

LIFE AFTER LOCK DOWN

SUPPORTING INFORMATION FOR ROI



HAKIM
GROUP



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SOURCING GUIDE

CLEANING AND SOCIAL DISTANCING MATERIALS (COVID)

Counter guards and screens can be used as an additional measure where you deem necessary.



SIGNAGE & FLOOR GRAPHICS FOR COVID-19

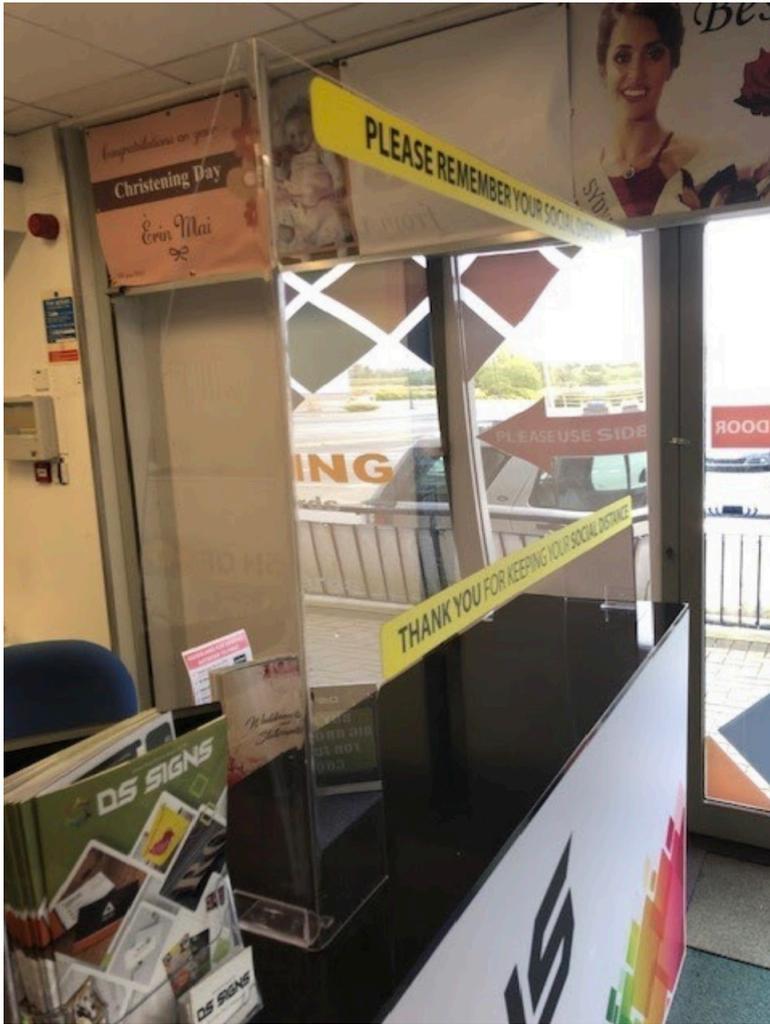
CONTACT DS SIGNS TO PLACE YOUR ORDER:
071 961 6680 | info@dssigns.ie

1. Social Distancing Sign (Yellow circle with 2M distance)
2. Strip Floor Graphic (Yellow)
3. Red Strip Floor Graphic (Red)
4. Stay Safe Stand Back Sign (Yellow/Black)
5. Stay Safe Stand Back Sign (Red/White)
6. Please Keep Your Distance While Queuing Sign (Yellow)
7. COVID-19 Instructions Sign (Yellow)
8. COVID-19 Notice Sign (Yellow)
9. Please Sit Here Sign (Yellow/Black)
10. Wash Your Hands Sign (Yellow/Black)
11. Please Stand Here Sign (Yellow)

CONTACT DS SIGNS TO PLACE YOUR ORDER:
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1. Oval Floor Graphics - €30 W 60mm x L 220mm	4. Square Yellow Sticker - €15 W 40mm x L 40mm	7. Premium Pull-Up - €80 W 60mm x L 2m	10. Circular Sticker - €10 W 50mm x L 50mm
2. Strip Floor Graphics - €15 W 2m x L 50mm	5. Square Red Sticker - €15 W 40mm x L 40mm	8. A2 Posters - €10 W 420mm x L 597mm	11. Circular Sticker - €10 W 50mm x L 50mm
3. Red Strip Floor Graphics - €80 W 2m x L 100mm	6. Rectangular Sticker - €35 W 100mm x L 50mm	9. Circular Sticker - €10 W 50mm x L 50mm	Prices all ex VAT, Supply Only

For signage, counter sneeze guard, Face shields and floor decals.



Quotation for 6 or more practices:

- 950mm x 950mm Counter Sneeze Guard with cut out on bottom for sales
- 2 Face Shields
- 5 floor decals for covid -19
- 10 A3 Coronavirus prevention posters

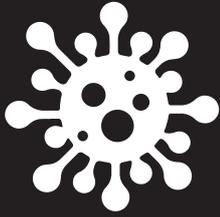
€195 plus vat based on order of 6 shops.

Or for counter screens only: <https://www.365displays.ie/protective-plastic-screen-2-1000mm-x-930mm.html>

For signage only: <https://www.retailsigns.ie/>

We are reviewing further guidance on cleaning materials for the ROI and the rest of the UK and will update this document when we can share more information

Updated clinic guidelines for Optometrists



COVID 19 PROTOCOL

Valid as of 1st May 2020

Subject to review as per evolving situation regarding Covid 19 pandemic

KEY POINTS

- Contact time with patient should be less than 15 M if under 2m distance apart
- Only urgent/emergency cases should be seen
- Use of COVID risk assessment
- Telephone/virtual triage
- Taking patient's temperature
- PPE; masks, goggles, face shield, gloves, disposable apron
- Hand hygiene
- Practice and equipment hygiene

Dear Member,

The profession of Optometry needs to prepare for impending ease of lockdown and we need to ensure this preparation minimises risk to ourselves, our staff and our patients. Ophthalmology will be under unprecedented pressure and we will need to prepare to work with ophthalmology to reduce the pressure by using virtual triage methodologies and careful referral refinement. Currently we have no communication from HSE regarding what will be happening in the next few weeks and when we do, we will be in a better position to issue more definitive guidance.

The AOI recommends that only urgent, non-routine eyecare should be offered and all routine examinations should be deferred.

Examples of urgent eye care includes symptoms of

Suspected retinal detachments
Oncology
Retinoblastoma
Acute Glaucoma
New onset of diplopia
Foreign body
Ocular trauma
Sudden loss of vision
Wet AMD
Sight threatening retino-vascular disease (CRVO, CRVO Proliferative DR)
Sight threatening orbital disease

Other reasons that a patient may require your services include

Contact lens stuck in the eye
Breakage/loss of glasses

You should make the decision about seeing any patient at this time with due to consideration of exposure of risk on infection versus patient need.

STANDARD OPERATING PROCEDURE DOCUMENT

As you are aware the HSE protocols for corona virus/Covid 19, **require 2m separation distance OR less than 15 minutes at less than 2m separation.**

This clearly affects how an Optometrist must practice due to the nature of how we do our job. We work in close proximity with patients. We cannot change the 2M distance but we can modify our work practice to allow for the 15 minute window. **CORU permits us to adapt our code of practice to meet the needs of these new circumstances and this document outlines adaptations that can be made to keep you and your co-workers safe while meeting the needs of your patient.**

Your practice should develop health and safety COVID protocols. This is called a Standard Operating Procedure (SOP) document and this will be particular to your mode of operation in practice. It is essential that your co-workers are all fully trained on all new practice protocols during this time. These should be disseminated in printed form to all staff as well as being displayed on notice board or wall where clearly visible. For additional security, the AOI recommends each staff gets a copy of the SOP document to read. Each staff member should sign the document agreeing that they have read, understand and agree to all protocols in the SOP document. This also allows all staff the opportunity to raise any issues or suggestions they may have with the protocols. It ensures all staff are included and have their voice in the process.

It is important if using the following suggested protocol, that front of house staff explain clearly to the patient that due to time and social contact restrictions, **the format of the eye examination must be changed and the patient will not have the full eye examination completed within the allocated space and time and separate visits may be required to complete all aspects of the examination.**

Prior to attending for the appointment, the patient should be screened to ensure that the appointment is urgent, to identify if the patient in a risk group (underlying illness, age, immunocompromised etc) and if the patient is well; are they experiencing any symptoms.

Prior to the patient presenting for their appointment, you should carry out a COVID risk assessment; follow this link to HSE guidelines for such an assessment <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/adviseriskassessmentandmanagementofpatients/COVID19%20Telephone%20Assessment%20and%20testing%20pathway%20for%20patients%20who%20phone%20GP.pdf>

Before the patient enters your premises



- The COVID poster should be clearly displayed on your door.

<https://healthservice.hse.ie/filelibrary/staff/covid-19-a3-poster.pdf>

- Your practice policy for seeing patients at this time should be posted on your practice door
- The door to your practice should be closed at all times and patient presenting should only do so with a scheduled appointment.



PPE GUIDANCE

PPE or personal protection equipment is expensive and difficult to procure. Links are provided to inexpensive but effective alternatives if you cannot get PPE.

AOI has modelled our guideline on PPE as per guidelines on use of PPE recommended by the WHO and HSE for low risk patients in the community health setting:

- Hand Hygiene <https://www.youtube.com/watch?v=lisgnbMfKvI>
- Use of face masks by health care professional and patient **Home made face mask; devised by Consumer council/University of HongKong-Shenzhen Hospital** <https://www.youtube.com/watch?v=aNjpH5IBZ8w>
- For safe use of gloves see this video <https://www.youtube.com/watch?v=1zwmny4vwel>
- Face masks must be used by both optometrist and patient. Optometrist should wear protective goggles or face shield if available. <https://www.youtube.com/watch?v=05wyH1-mLGk&authuser=0>
- Use of white coat and disposable apron; <https://www.youtube.com/watch?v=1Q6LJsz0Fso>
- Use of slit lamp guard; Slit lamps should have an appropriate guard. <https://www.youtube.com/watch?v=pXm624pBDUM&authuser=0>

The safest and most effective way to observe hand hygiene throughout your examination is by washing of hands pre and post session with each patient as per link above (soap and hot water), then disinfect your hands throughout the session with hand sanitiser gel as you change from one stage of your clinical procedure to the next. Maintain social distance where at all possible during your time with the patient, even if only at 1m.

Use of protective gloves when physically examining the eye with/without contact lenses is not as essential if you are observing hand hygiene as the virus will not pass through unbroken skin, but ensure optimal hand hygiene prior and post contact with the patient.

Change your disposable apron, between patients as these are single use only.

Use of disinfectant spray or wipes on face shield or goggles, in between patients.

Use of disinfectant spray on room, chair and all equipment in between patients.

Clean door handles and other areas of the room where patients may touch or handle.

Use of disposable paper towels on the room.

Have a box of tissues to hand should a patient wish to sneeze or blow their nose.

All paper towels and tissues used should be immediately disposed of.

PROTECTING STAFF

As with other retail outlets, all staff should wear PPE and steps should be taken with the patient journey through your practice and all staff the patient will encounter to ensure optimal protection is observed at each point of contact on the patient journey. As mentioned, it is vital to maintain high levels of practice hygiene in all areas front and behind house. You should develop a staff protocol which is detailed in your Standard Operating Procedure (SOP) document detailing all steps being taken for staff protection.

Staff should have temperature taken every morning on presentation for work and this should be logged into a book for tracing purposes.

Provision of Perspex shield at reception desk or floor markings for 2m distancing

Use of face masks and/or face shields

All staff should practice regular hand washing and have access to soap and water

Hand washing protocols (as per HSE guidelines or links provided here) should be printed off and displayed at all washing areas on the premises

Provision of disinfection sanitiser hand gels placed at various contact points front and behind house (you should discuss with staff and colleagues where this is most appropriate)

Reception staff should be reminded to regularly practice hand hygiene using sanitiser gel, regularly cleaning phone, pens, desk area etc with disinfection sprays/wipes.

PROTECTING THE OPTOMETRIST

It is appropriate to **take and record on the patient record, the patient's temperature when they present**. Ensure that you have patient consent (it can be included in the data protection record). Ensure that if you decide to , advise them before presenting that their temperature will be taken and noted, and record temperature of a patient, that you use a thermometer with either disposable heads or can be sterilised using mediswab. Suspicious temperature for COVID is considered to be a reading of over 38 degrees centigrade.

It is appropriate to **invite patients to wash their hands/wear gloves** when presenting for their appointments and to limit patients to presenting on their own or if necessary with a carer.

It is also acceptable to **ask the patient to wear any sort of face mask** that they may have as this will protect you from them if they are infected. Face masks will prevent the wearer from transmitting infection via droplet transmission. This is the "protect me to protect you" policy. You may consider getting basic facemasks for the patient to wear if they do not have one themselves. You should ask the patient to dispose of this themselves once they leave the practice.

Appointments should be well spaced to ensure there are no other patients in the waiting room if at all possible, if this is unavoidable, social distancing of 2M should be strictly observed and facilitated with seating and floor markings.

Clinical rooms and all patient contact areas should be regularly sanitised between patients (chairs, door handles, contact surfaces, equipment etc) using alcohol surface wipes or similar sanitiser. Cleaning solutions should contain a minimum of 70% ethanol or 1% sodium hypochlorite (Milton) to be effective. A solution of bleach (5 tablespoons to 1 gallon) is also effective.

THE EYE EXAMINATION

The AOI recommends that your priority for the first session with your patient should be to address the patient's immediate reason for presenting as determined by the pre-consultation triage; ie a clinical investigation for suspected pathology should be carried out; refraction is not immediately required. Broken/lost glasses where repeat Rx is not possible; refract and dispense on first visit. Contact lens complication; anterior seg exam. The eye examination routine has been compartmentalised below to facilitate your decision making process. These are only suggestions and do not cover all clinical scenarios. It is up to you as the clinician to decide the approach that you feel is safe and ethical for you and your patient.

We can break up the elements of the eye examination to fit in with the safety guidelines as follows:

1. Symptoms and history

Ideally this should be done by telephone/video link using a triage sheet of relevant questions prior to the appointment. The AOI have sent you a sample of such a sheet already but you may wish to design your own.

The results of this will depend on why the patient is requesting an appointment. Is it routine presentation or non-routine?

You will need to make **your clinical call** as to what you are going to do with your 15 minutes of patient contact time. Is it for new glasses or routine check-up or does the patient have a specific complaint with signs and symptoms.

If a routine non-urgent presentation with normal signs and symptoms, then **it is strongly recommended** that you reschedule if deemed appropriate.

If non routine, then an extended symptom and history can be done via phone/videolink by the optometrist.

In the event of deciding to proceed with an eye examination; Advise the patient that conversation should be kept to a minimum and avoid patient contact where at all possible. You have 15 minutes only.

2. Auto-refraction

This depends on where your auto-refractor is situated. Can be done by trained lay staff to minimise time you have with the patient. This now leaves you with 15 minutes to do the next stage of the examination. Retinoscopy will use up your 15 minutes of allocated patient time. If you only do retinoscopy, this needs to be factored into your 15 minutes.

3. VAs BV work up and Refraction

15 minutes should be ample time to complete a refraction if only new glasses are required. If you find it is not, you will need to reschedule the patient to complete.

4. Anterior Seg and Ophthalmoscopy

Direct ophthalmoscopy, is not considered safe and should be avoided at this time and the patient recalled for this part of the examination at a later date. Volk can be performed using a slit-lamp hygiene filter (as per AOI communication).

5. IOP

Puff tonometry is not recommended due to generation of aerosols. Pulsair is not recommended for this reason in addition to the additional risk of proximity to the patients. **Perkins or ICare** tonometers are considered unsafe only because of close proximity but use of face shield and masks with appropriate hand hygiene will reduce that risk considerably. **GAT** is considered safest as well as most accurate.

- **Fundus photography or OCT** is safest and could be done at the same visit, time permitting.
- **Volk is preferable over direct** as there is more distance between you and the patient especially if you use a slit lamp guard.
- You should use your clinical judgement as to whether fundus examination is essential. It should be scheduled for a separate visit if you are under time pressure within the 15mins slot.
- **Slit lamp examination:** If the patient is presenting with a complaint which specifically requires slit lamp and or volk, then a protective screen should be used (a link to making such a



screen has been already sent to members). The patient should be instructed NOT to touch the slit lamp or its surrounds, not to speak and you yourself should not speak during the examination and hand signals should be used to direct where you wish the patient to look. Use cotton buds if you need to touch the patient's eye or lids. Observe strict hand hygiene (Gloves, hand washing before and after).

6. Supplementary tests

Same protocol goes for patients requiring field tests or other supplementary tests. This should be done at a separate appointment.

It is essential that you record on the patient file, what tests were done, the clinical reason why and what tests you are recalling the patient for at a later safer date.

You should have a method for recalling those patients who need supplementary follow up at a later date (ex; keep name, contact numbers and recall reason on a spreadsheet)

DISPENSING

Should be carried out by a different member of staff if possible when following refraction, and only in an emergency (lost or broken glasses).

If not possible, invite patient back to do this otherwise you are exceeding the contact time of 15 minutes.

- Maintain 2m where possible
- Keep under 15 minutes (suggest timer and point time restrictions out to the patient)
- Use alcohol wipes or UV lamp to clean the frames prior and after trying on
- Collections may be done by asking the patient to collect their glasses at a designated collection point. Maintain social distancing.

Contact lens appointments

These are generally longer and require significantly more contact both physically and time-wise with the patient. Essentially the following categories exist for these patients

The AOI does not recommend new fits at this time.

1. **Re-fit:** unless urgent, refits should also be postponed and recalled at a safer time. If a prescription is out of date and the patient is not having any issues, it is acceptable to issue a new prescription on emergency supply for just 1 month without examining the patient. The AOI have produced a form for assessing the patient in the case where a prescription is being refilled. This has been emailed to you. The patient can be interviewed over the phone using the checklist and this added to their file. Contact lenses can be posted if possible or collected with minimal contact maintaining the safe distance of 2M (for example leaving them in a box on a table at reception and instructing the patient to take the box).
2. **Removal of lens stuck or lost in the eye:** triage patient at 2M distance. Limit contact time to under 15 minutes. Use PPE. Irrigate eye, instil fluorescein and remove lens. Use slit lamp procedure as detailed above.



OTHER PRESENTATIONS

Red eye

Triage patient at 2M distance. Symptoms and history are essential as this is what will direct you in determining clinical findings. Slit lamp assessment using the above protocol to identify a problem (conjunctivitis, foreign body, acute glaucoma etc). Be mindful that early signs of Covid 19 infection is red eye, non-bacterial conjunctivitis.

Flashes and floaters

Triage patient, ideally over the phone and evaluate risk factors...refer directly to eye hospitals services on this basis. Realistically you will not have enough time to do a full work-up, unless you can split the examination with a colleague. Refer if you decide not to dilate. Once you dilate, you need to work through your examination protocol until you make a decision. How efficiently you can do this depends on your experience and clinical skills. Take no risks.

Sudden vision loss or reduction in vision

Triage patient to identify risk factors, identifying features and act accordingly. This may vary from someone who just noticed their vision was reduced but is otherwise asymptomatic and just needs a routine eye examination to someone who experienced rapid vision loss with symptoms. The former can be scheduled for an eye examination as non-urgent and the latter needs referral to hospital eye services. You may have enough time in 15 minutes to do a work up on VAs, Amsler, Fundus photography and slit lamp (as per above protocol).

Please bear in mind that some Hospital Eye Clinics are not in a position to offer Eye Casualty service. The AOI will continue to email out updated referral protocols adapted by all the major hospitals in the state with regard to referral of patients for Eye emergency and out patients. This is updated as communications are received by the AOI. Please watch out for these updates as they are emailed to you.

Clinicians should use their best professional judgement as to whether to manage a patient in-practice (treat, or review). Please ensure that you are aware of any change in local protocols. **DO NOT REFER A PATIENT TO EYE CASUALTY** without having made telephone contact with your local department to determine how they want to manage the patient.

- The most important factor is you maintain 2M distance where possible; interviewing patient
- Where this is not possible, you keep within the 15 minute close contact rule
- Where possible reschedule close contact or non-essential procedures to a separate session.
- A healthy patient requiring only refraction and new glasses can be recalled at a later safer date.
- The key is; identify and manage immediate needs and ensure follow up where safe and appropriate to do so.
- Keep clear concise clinical notes supporting your decisions to support actions.

FOREIGN BODY REMOVAL

Do not use Alger brushes to remove rust rings, use a needle or refer to ophthalmology.

Use caution if injury is over 2/3 days old as epithelium may have grown over the affected area and infection risk is higher with such removals unless the clinician is experienced.

PAEDIATRIC EYE EXAMINATION

Children are known vectors for the virus even when asymptomatic. Particular care must be observed when examining children.

It is recommended that non-essential paediatric eye examinations are best postponed.

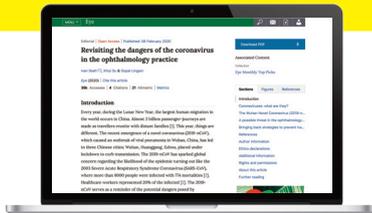
However, at this stage of lockdown, this may not be always possible. You will have to carefully triage the child prior to examination to minimise time needed to examine the case in situ.

If a child definitively requires an appointment, then it should be instructed that **ONLY** the parent/guardian attend with only the child in question and no-one else. Same protocols regarding screening for COVID risk as with all other patients should be applied to both parent/guardian and the child.

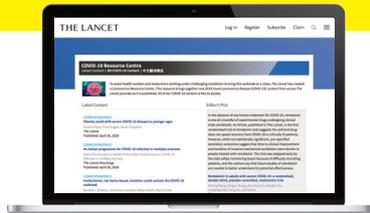
A similar testing protocol as detailed above, can then be adapted to the paediatric eye examination splitting symptoms and history, VA's, retinoscopy, Cyclo BV work up etc into 15 minute slots and advising the parent that multiple sessions may be required. Ideally the initial consultation should be a work up, only to decide if the child needs to be returned sooner or if the review can be deferred to a later safer time.

Remember these are stressful times and NO health professional is able to carry out their normal protocols in the current environment. The AOI recommends that you should discuss how best to adapt these guidelines and framework to your practice with your employer/employees/co-workers. Everyone is at risk and the optometrists most of all. You should feel protected and safe at this time. In the event of you feeling that your employer or an employee is taking risks, this may be reported to CORU.

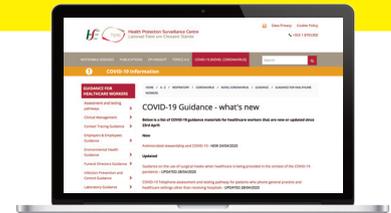
Please consult the following links to access up to date **Covid 19** information



www.nature.com



www.thelancet.com



www.hpsc.ie

In the event you suspect a patient is positive for Covid 19 see the following link for HSE protocols



COVID-19

HAND HYGIENE BEFORE
AND AFTER USING A MASK



Safe use of Masks

THE MASK YOU NEED

DO: REMEMBER TO WEAR THE CORRECT MASK FOR THE TASK:

Wear Surgical mask: for droplet precautions, or when providing care within 2 meters of any patient, or when working within 2 meters of another healthcare worker for more than 15 minutes.



Only wear FFP2 (Fit Checked) or FFP3 mask (Fit Tested) for aerosol generating procedures.



WEARING THE MASK

DO: Wear your mask so it comes all the way up, close to the bridge of your nose, and all the way down under your chin.



DO: Press the metal band so that it conforms to the bridge of your nose.



DO: Tighten the loops or ties so it's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit.



DO NOT: Wear the mask below your nose.



DO NOT: Leave your chin exposed.



DO NOT: Wear your mask loosely with gaps on the sides.



DO NOT: Wear your mask so it covers just the tip of your nose.



DO NOT: Push your mask under your chin to rest on your neck.



ONCE YOU HAVE ADJUSTED YOUR MASK TO THE CORRECT POSITION, FOLLOW THESE TIPS TO STAY SAFE:

- ALWAYS change your mask when you answer the telephone or you take a drink/break.
- ALWAYS change mask when leaving a cohort area or exiting a single patient isolation room
- NEVER fidget with your mask when it's on.
- ALWAYS wash your hands before and after handling a mask.
- ALWAYS change mask if it is dirty, wet or damaged
- NEVER store your mask in your pocket.

REMOVING THE MASK



Use the ties or ear loops to take the mask off.

Do not touch the front of the mask when you take it off.

DISPOSING OF THE MASK



Dispose of mask in a healthcare risk waste bin.

IF HEALTHCARE RISK WASTE SERVICE IS NOT AVAILABLE:

The mask, along with any other PPE used, needs to be double-bagged and stored for 72hrs in a secure location, then put in the domestic waste.



Return-to-care guidelines

Valid as of 18th May 2020

This is a living document subject to change with Public Health advice

From May 18th Optometrists are permitted to re-open their practices/premises.

COVID-19 still poses a significant risk and, on return to care, optometry must develop ways to practice safely but effectively in this “new reality”

A Standard Operating Procedure (SOP) document should be drawn up for each practice in line with HSE guidelines, the Government’s “Return to Work Safely Protocol” and public health advice.

It is up to each Practice/Registrant to operate within the CORU code of conduct, these guidelines are to assist in returning to work safely within the code.

The SOP must include:

- Updated safety statement
- Updated occupational Health and Safety risk statement
- Staff induction and training programme
- Appointment of a lead worker who will ensure adherence to the policies introduced

The SOP should include:

- Protocols for practice staff
- Protocols for the management of patients in the practice
- Hygiene and health protocols
- Cleaning and disinfection protocols

Links are provided in the appendix to resources to assist with these.

The SOP will be developed around staff operations and the patient journey. It will be individual to each practice, informed by the pertaining circumstances including location, staffing, layout and equipment

COVID-19 Prevention & Control measures for workers

- COVID-19 “pre-return to work form” to be signed by all employees 3 days prior to returning to work (template attached in Appendix)
- Staff are required to participate in induction training
- Staff training must include-appropriate use of PPE, hand hygiene, practice hygiene, cleaning routines, waste disposal, Respiratory etiquette, signs and symptoms of COVID 19, how it spreads and what a worker should do if they develop symptoms of COVID-19;
- Further details of how the workplace is organised to address the risk from COVID-19 should be included in the Occupational Health and Safety Risk statement.
- Implement temperature testing in line with public health advice
- Mandatory self-reporting of symptoms
- Recording names and times when staff enter and leave the premises each day
- Maintain social distance, avoid physical contact
- Use of PPE or barrier when less than 2m from any individual or for over 15mins with any individual.

- Staff should be protected by physical barriers/screens where 2m distance cannot be maintained, or the use of PPE is not practical (at reception, dispensing area, till points)
- Staff displaying COVID-19 symptoms should be isolated, returned home to seek medical advice and not use public transport. The practice is required to provide an area for staff and patients to isolate when suspected of having COVID. Follow the HSE and Back to Work Safely guidance on how COVID suspects should be managed in order to develop your practice policy.
- Considerations must be given to how staff who are vulnerable will manage their role in the practice.
- It is mandatory that all staff are protected and feel safe in their role.
- Other considerations for the management of staff include taking breaks, access to hand washing facilities, access to disinfection gel, use of toilet and canteen facilities within the practice.
- Staff must be provided with PPE according to their level of risk
- Risk levels may differ according to the role in the practice
- PPE includes face masks, face shields, goggles and gloves
- Links to the use of PPE are provided in the appendix section.

COVID-19 Prevention & Control measures for patient journey

Pre-appointment triage of patient

- Use of tele-triage encouraged to minimise the time a patient must spend in the practice
- Use of screening form for history and symptoms
- Ask patients to attend the practice alone if possible
- Patients reporting COVID-19 symptoms should be advised to contact their GP
- Advise patient of new practice protocols; masks, COVID risk assessment, dilation

Reception and waiting room

- Methodology to control traffic in and out of the practice in line with your practice safety policy
- Covid-19 signage is mandatory – this should direct patients and inform them of your safety procedures
- Regular cleaning and disinfection of all areas contacted by patients (surfaces, furniture etc.)
- Floor markings at reception indicating 2m social distance
- Separate seating to maintain required social distance
- Hand sanitiser Must be provided at entry and exit
- Removal of magazines, leaflets, toys etc.

Patient arrival

- Patient should be advised to check in immediately at reception and asked not to handle anything thereafter
- Patient is required to use Hand sanitiser
- Record details of accompanying person on the patient record
- Reconfirm COVID-19 risk assessment
- Where possible bring patient straight into consultation area

Vulnerable patients

Consideration should be given to patients in a vulnerable group (older, immunocompromised or unwell). You might offer a dedicated time for this group in the practice schedule.

Consulting room

- Hand hygiene of patient is essential; advise patient to wash hands/use of hand sanitiser
- You may consider offering the patient the use of a mask to provide further protection
- Optometrist/Dispensing Optician must use appropriate PPE and observe hand hygiene
- Optometrist /Dispensing Optician should regularly disinfect hands throughout examination between procedures
- Good hygiene protocols for furniture and equipment must be practised; all surfaces making patient contact should be cleaned and disinfected
- Minimise conversation and close contact as much as possible
- Face shield on slit lamp is recommended
- Avoid NCT
- Avoid direct ophthalmoscopy if possible
- Consider dilated fundus assessment and thus minimise close contact time
- Supplementary tests used only when necessary i.e. when clinically indicated (based on optometrist's clinical judgement) or done at return visit
- Room and equipment to be cleaned and disinfected between patients

Contact lenses

- New fits can be done at your own clinical discretion and are not contraindicated
- Ask patient to insert/remove their own lenses, bring their own case
- Observe strict hygiene protocols
- Use hand washing to clean hands prior to CL handling; not hand sanitiser

Foreign body removal

- As per normal procedures but do not use Alger brush

Spectacle dispensing

- Consider whether the use of a screen or other PPE is most appropriate
- Staff member should only deal with one patient at any time
- Disinfect frames after handling (provide a box or an area where frames to be sterilised should be placed to avoid replacement onto shelving)
- Use of PD rule that can be disinfected after use (or other non-contact method)
- Practice hand hygiene

Spectacle collections

- Spectacle collections by appointment where possible
- Repeat COVID-19 protocol on arrival
- Use of designated collection point; social distancing and/or PPE as required
- Clean and disinfect all tools, pliers etc used in adjustments
- Practise hand hygiene

APPENDIX

Additional resources

Return to Work Safely protocol

- <https://dbei.gov.ie/en/Publications/Return-to-Work-Safely-Protocol.html>
- <https://www.youtube.com/watch?v=ztj7JhMt3Wc>
- <https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safetystatementsandriskassessments.html>

Posters and info HSE

- <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>

WHO online course

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>

Risk assessment; <https://www.besmart.ie>

- <https://www.nsai.ie/covid-19workplaceprotection/>

Hand Washing

- <https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/resources/handwashing.pdf>
- <https://www.youtube.com/watch?v=lisgnbMfKvI>

Face Masks

Safe donning and doffing of face mask

- <https://www.youtube.com/watch?v=z-5RYKLYvaw>

Gloves; Use of gloves For safe use of gloves see this video

- <https://www.youtube.com/watch?v=1zwmny4vwel>

COVID patient questionnaire

- <https://www.nsai.ie/images/uploads/general/NSAI-Guidelines-COVID-19-Questionnaire.pdf>

Staff wellbeing posters HSE

[Occupational Safety and Health Newsletter COVID-19](#)

[COVID -19 Tips for managing stress A4 Poster](#)

[COVID-19 Don't Bring it Home -A4 Poster](#)

[COVID-19 Fatigue in the workplace advise for managers poster](#)

[COVID-19 Psychosocial tips for staff](#)

[COVID-19 Fatigue -A4 Poster](#)

[COVID-19 How to combat fatigue -A4 poster](#)

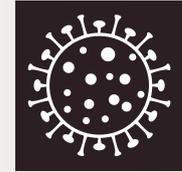
[COVID-19 Managing Stress A4 Poster](#)

[COVID-19 promoting positive relationships in the workplace -tips for managers](#)

Reopening Business

Getting Ireland Back to Work—Safely





Overview of Reopening Phases

Commencing May 18th

1 (Commencing 18th May)

2

3

4

5

Community Health



5km travel limit.
Avoid unnecessary journeys.
Small groups meet outdoors.

5km to 20km.
Avoid unnecessary journeys.
Retail hours and visits for coconers.
Short home visits in small groups
Easing of funeral restrictions.

5km to 20km.
Avoid unnecessary journeys.

Travel beyond home area
Short but slightly larger home visits.
Small social gatherings (e.g. small weddings, baptisms).

Travel beyond home area
Some larger social gatherings (e.g. weddings).

Education & Childcare



Childcare for essential healthcare workers.
Opening of schools and colleges for teachers.

Childcare for essential healthcare workers.
Opening of schools and colleges for teachers.

Phased opening of crèches and pre-schools for children of essential workers.

Phased opening of crèches, childminders and pre-schools for all.

Schools, 3rd level and adult education centres opening on a phased basis for 2020/21 academic year.

Economic Activity & Work



Phased return of outdoor workers
Remote working continues for all that can do so.

Limited return to onsite working subject to compliance capability
Remote working continues for all that can do so.

Return to low-interaction work.
Remote working continues for all that can do so.

Return to work where employees cannot remote work.
Staggered hours.
Remote working continues for all that can do so.

Phased return to work across all sectors.
Remote working continues for all that can do so.

Retail, Services & Commercial Activity



Retail that is mainly outdoor + home-ware, opticians, motor, bicycle & repair, office products, electrical, IT, phone sales & repair open.
All subject to social distancing.

Small retail outlets with control of numbers open.
Marts open.
All subject to social distancing.

Open non-essential retail outlets with street level access.

Gradual easing of restrictions on higher-risk services. e.g. Barbers and hairdressers

Further easing of restrictions higher-risk services. e.g. shopping centres, tattoo, piercing.

Cultural & Social



Open outdoor public amenities, incl. pitches, tennis courts and golf courses, tourism sites, beaches and walks. Outdoor sporting and fitness activities, in groups max. four people, resume
All subject to social distancing.

Open public libraries.
Small group team sports training (not matches) resume.
All subject to social distancing.

Open playgrounds. / Behind closed doors sporting activities. Open cafés and restaurants providing on-premises food & beverages—all subject to social distancing and strict cleaning protocols

Museums, galleries and places of worship re-open. Sports and team leagues (e.g. Soccer & GAA) and swimming pools.
All subject to social distancing.

Pubs, bars, nightclubs, theatres, cinemas and casinos. Close physical contact sports. Open gyms, exercise, dance studios and other indoor and outdoor festivals, events and mass gatherings.

Transport & Travel



Social distancing and hygiene measures continue for public and private transport as passengers increase.
Specific measures at ports and airports.

Numbers restricted and monitored. Social distancing and hygiene measures continue for public and private transport as passengers increase.
Specific measures at ports and airports.

Travel restrictions on numbers travelling to and in major urban centres. Social distancing and hygiene measures continue for public and private transport as passengers increase. Specific measures at ports and airports.

Gradually decrease restrictions in major urban centres. Hotels etc. on a limited occupancy basis re-open. Bars remain closed. Social distancing and hygiene measures continue. Specific measures at ports and airports.

Resume tourist travel to offshore islands. Social distancing and hygiene measures continue for public and private transport as passengers increase. Specific measures at ports and airports.

Criteria for progressing from one phase to the next are:



Progress of disease



Testing and contact tracing



Secondary morbidity and mortality



Healthcare capacity/resilience



Shielding at-risk groups

The details of this phased re-opening of our country are now available on gov.ie
Please stay the course, and please continue to save lives by staying apart.

Supported by the Government of Ireland.



Rialtas na hÉireann
Government of Ireland