Effective May 4, 2020

Guidance for Reopening Optometry Practices

The Arkansas Department of Health (ADH) recognizes that, due to the COVID-19 crisis, Arkansans have been unable to receive routine eye care and other in-person vision care services since the directive on April 3, 2020 suspended such visits. Optometrists may resume routine in-person eye care visits on May 4, 2020 as long as they adhere to the following requirements to address the safety of employees, patients, and themselves.

Screening:

Screening is a key strategy to reduce the risk of COVID-19 transmission in a facility. Screen all patients, visitors, and staff upon arrival at the facility with temperature checks and a questionnaire regarding COVID symptoms as well as possible exposure to COVID-19 (travel or contact). Do not allow any staff member, patient, or visitor who answers “yes” to a screening question to enter the facility; direct them to contact their PCP. Post signage on windows and doors stating that patients with a fever or cough, or those who have had contact with someone with COVID-19, must reschedule their appointment. A screening questionnaire can be found here: https://www.healthy.arkansas.gov/images/uploads/pdf/Screening_Tool4.27.20.pdf

Patients who meet the following criteria should NOT be treated by optometrists at this time:

- Have returned from travel to NY, NJ, CT, New Orleans or overseas within the last 14 days;
- Have a fever of 100.4°F or greater (practices should use a digital thermometer to check each patient prior to treatment);
- Have a cough, difficulty breathing, sore throat, or loss of taste or smell;
- Had contact with a person known to be infected with COVID-19 within the previous 14 days;
- Have compromised immune systems and/or present with chronic disease (ASA 2 or above);

Protective equipment and hygiene measures

- All practitioners and staff must wash hands and use hand sanitizer before and after each patient encounter.
- All practitioners and staff must wear face masks.
- Wear gloves for any contact with patients.
- Require patients to wear face coverings/masks while in the office.
• Discuss safety protocols with patients as appointments are made, including need to wear a face covering at the visit. Advise that if they become ill prior to visit, they need to postpone the visit.
• Reduce patient and staff contact with paperwork; encourage electronic registration before arrival.

Social distancing measures.

• Utilize telehealth visits as often as possible.
• Adjust or remove seating in waiting room and optical to ensure social distancing.
• Do not accept walk-in appointments.
• Increase times between appointments to limit the number of patients in the office at one time during this initial phase.
• Allow patients to be accompanied by only one companion and only if necessary. For example, parents/guardians or other caretakers.
• Consider dispensing glasses and contacts curbside, when possible.

Infection control and disinfection practices.

• Sanitize equipment (and all things patients touch) before and after each patient.
• Use gloves while cleaning
• Ensure hand sanitizers are widely available to patients and staff.
• Use proper germicides to disinfect (following CDC guidelines).
  o Products with an EPA-approved emerging viral pathogen claims are expected to be effective against COVID-19. Follow the manufacturer’s instructions for these products. For a list of EPA-approved emerging pathogen sanitizers, click here. (Hard surfaces may be sanitized with 1/2 cup of regular, unscented bleach per gallon of water followed by a 5-minute contact time.)
• Disinfect all commonly touched surfaces frequently.
• Disinfect frames after the patient has tried them on before placing back on frame display.
• Provide hand sanitizer for patients and opticians before and after frame selection.

This guidance made in consultation with the Arkansas State Board of Optometry. Material also drawn from this Arkansas Optometric Association document, which is a good resource: https://aroa.memberclicks.net/guidance-on-re-opening.

In case of differences between this ADH guidance and the ArOA document, use ADH guidance.