



RETURN TO PRACTICE GUIDELINES FOR IN-COMMUNITY CARE

These guidelines should be read in conjunction with the directions issued by the Provincial Health Officer (PHO), the Ministry of Health, the BC Centre for Disease Control, and WorkSafeBC. The guidelines are designed to assist registrants who provide in-community care with the development of clinic protocols for addressing screening criteria, patient, staff and doctor workflow management, physical distancing, training on the proper use of personal protective equipment (PPE), and implementation of proper infection control.

Registrants are urged to monitor updates from the PHO and other government authorities as well as the College as conditions during the pandemic have been, and will continue to be, fluid.

General Guidance

These guidelines reinforce the importance of:

- adhering to the BCCDC's [Infection Prevention and Control for COVID-19: Interim Guidance for Outpatient and Ambulatory Care Settings](#) regarding in-person care measures applicable to the practice environment.
- adhering to [BCCDC](#) and [WorkSafeBC guidance](#) regarding occupational health and safety and exposure control plan to ensure a safe work environment for staff.
- ensuring that registrants and staff who exhibit or are concerned about symptoms of COVID-19 or respiratory illness, including cough, runny nose or fever, **do not** provide in-person care and or attend practice settings where others are present.
- following [BCCDC](#) and [WorkSafeBC guidance](#) for self-isolation when a clinic employee or contractor exhibits symptoms of COVID-19 or respiratory illness, supporting access to primary care provider assessment and testing, and providing sick-leave support where possible until symptoms have resolved.
- implementing COVID-19 screening practices for patients including encouraging their use of COVID-19 resources by calling 811 or visiting healthlinkbc.ca, and screening for risk factors and symptoms prior to the patient's attendance at the practice environment.
- referring patients to a COVID-19 testing centre and deferring treatment until symptoms have resolved if patient screening reveals they may be at risk of COVID-19.
- refraining from allowing patients who do not pass screening criteria from attending the office and referring those with urgent/emergent eye issues to 811, emergency or the local ophthalmologist on call.
- placing signage indicating screening criteria in a location that is visible from the exterior of the clinic.
- recognition that registrants are not expected to provide treatment unless, in their professional opinion, it is safe to do so for both patients and staff.

Work Environment

In addition to the mandatory requirements set out by the PHO, WorkSafeBC and the BC Centre for Disease Control, **the following recommendations should be considered** although it is ultimately up to each registrant to exercise his or her discretion on how best to safely deliver services:

(a) Clinic

- Telephone/online triage protocols prior to the office visit.
- Establish specific time slots dedicated to elderly or at-risk patients (such as those who are immunosuppressed).
- Reduce daily appointments to maintain adequate time in between patients and to allow adequate time for disinfection between patient visits.
- Determine a maximum capacity and configuration in the clinic, and associated areas of the clinic to allow for appropriate physical distancing.
- Arrange seating in patient areas to provide a minimum of at least 2 metres between patients.
- Refrain from unnecessary conversation between staff and patients during clinical testing procedures when appropriate physical distancing cannot be maintained.
- Complete examination efficiently to reduce exposure time between patient and examiner.
- Remove magazines, toys, and other non-essential items from waiting areas and exam rooms.



- Maintain a daily record of patients and other visitors to the clinic to facilitate infection tracing if required.

(b) Patients

- Request patients to sanitize hands upon entry to the clinic and provide hand sanitizer if possible.
- Encourage use of masks by patients while in the clinic since physical distancing may not be possible throughout testing and assessment.
- Request that patients attend appointments alone unless a support person is necessary (e.g. parents, mobility aide, translator).
- Establishing a designated route for patients to ensure effective and safe patient flow and minimize touch points (e.g. check in, check out, and dispensing at the same desk for each patient rather than separate areas; designated waiting chairs for each exam room).
- Collect as much information as possible prior to the appointment to minimize patient's time in the office.

(c) Registrants and Staff

- Wash hands immediately upon entry to the clinic and immediately after each patient interaction.
- Avoid sharing workstations, telephones, tools, and other equipment, whenever possible.
- Stagger staff break times to maintain appropriate distancing in staff areas.
- Maintain appropriate physical distancing, whenever possible.
- Disinfect common touch points in clinic frequently and regularly (doorknobs, counters, keyboards, telephones, POS machines, pens, patient and staff washrooms, faucets, etc...).
- Add plexiglass/acrylic partitions to reception and consider at dispensary desks.
- Mark the floor in staff workstations to ensure appropriate spacing between staff.
- Change clothing before entering the clinic and before returning home, keeping "office clothing" separate (which may be scrubs at the discretion of the clinic).
- Avoid wearing jewelry, scarves, or other loose-fitting items and tie up long hair.
- Disinfect objects touched by patients immediately after use.

Infection Control

- Clinic spaces should be cleaned and disinfected in accordance with the BCCDC's [Environmental Cleaning and Disinfectants for Clinic Settings](#) document.
- Training should be provided to registrants and staff on infection control prior to opening the clinic.

Personal Protective Equipment (PPE)

- PPE is not required for staff who work more than 2 metres from patients at all times
- Registrants and staff must use a mask (medical or surgical) any time that appropriate physical distancing of 2 metres from others cannot be maintained: [COVID-19 health and safety: Selecting and using masks](#).
- Registrants and staff are encouraged to use eye protection (goggles, full coverage safety glasses or face shield) when physical distancing of 2 metres cannot be maintained.
- Single use latex or nitrile gloves can be used once in a single patient encounter. If latex or nitrile gloves are not used, hands must be washed or sanitized immediately before and after any patient encounter.
- Gowns and N95 masks are not currently required in an outpatient setting for asymptomatic patients who pass the COVID-19 screening questions.
- All registrants and staff should be educated on proper techniques for donning and removing PPE.



Additional Considerations for Specific Procedures

Pretesting/auxiliary testing

- Registrants and staff must use a mask (medical or surgical) any time that appropriate physical distancing of 2 metres from others cannot be maintained: [COVID-19 health and safety: Selecting and using masks](#). Eye protection is also recommended.
- All equipment must be disinfected after each use.
- Consider breath shields for auxiliary testing equipment (i.e. slit lamps, phoropters, etc...) to prevent possible transmission by breathing, coughing, or sneezing.
- **Visual Field Testing:** At this time, full threshold visual fields (i.e.: Zeiss/Humphrey/Octopus/Medmont) may be conducted for urgent, emergency, and time-sensitive cases only, as the interior is sensitive to frequent disinfection. If this procedure is clinically necessary, encourage patients to wear a mask. The registrant and staff must wear appropriate PPE, and efforts should be made to maintain physical distancing of 2 metres when possible.
- **Non Contact Tonometry (NCT):** Registrants should use their best clinical judgment, and evolving clinical evidence, when deciding when to measure IOP and the method of IOP measurement.
- Single use diagnostic drops should be utilized when possible. If multi-drop containers are used, the container must be discarded if it comes into contact with the patient's eyelid, eyelashes, facial skin, or tears.

Glasses dispensing

- New glasses may be fit, observing proper use of PPE, during the encounter.
- After each patient interaction, wash or sanitize hands immediately.
- Frames must be sanitized immediately after contact by each patient, before being placed back on display.
- Encourage efficiency in frame and lens selection to minimize the length of time of the encounter.
- Adjustments and repairs may be made to a patient's personal frames. Frames must be sanitized prior to making the adjustment/repair and tools must be sanitized after use (hands must be washed/sanitized, or gloves donned/removed immediately before and after handling the patient's glasses).
- Consider mounting plastic shields on pupilometers or using a ruler or automated measuring device to maintain extra distance whenever possible.
- Consider booking specific appointments for dispensing glasses and repairs.

Contact lenses and training

- Registrants and staff must use a mask (medical or surgical) any time that appropriate physical distancing of 2 metres from others cannot be maintained: [COVID-19 health and safety: Selecting and using masks](#). Eye protection is also recommended.
- Precautions should be taken when dealing with patients wearing contact lenses.
- Contact lens instruction sessions should require patients to handle their own contact lenses and staff to handle their own trial disposable lens when demonstrating proper contact lens insertion, removal, care and handling. Staff should not touch a patient's face or eyelids during the instruction session. Contact lenses handled by staff should be discarded immediately following each contact lens instruction session.

Disinfection/Sanitization for Optometry Specific Devices

Tonometry

- Wipe applanation probes clean and then disinfect with a 10 minute immersion in either 1:10 diluted bleach solution or 3% hydrogen peroxide, both followed with a thorough saline rinse and air dry.
- iCare probes and tonopen covers must be disposed of after use on each patient.

Hand-Held Lenses (90D, Super Field, 20D, etc...)

- Must be sanitized or cleaned with warm soap and water after each patient. Any lenses which are not being used should be stored in a closed drawer.



Gonio Lens

- Must be washed in soap and water and the ocular contact zone must be soaked in 3% hydrogen peroxide or a 1:10 diluted bleach solution for 10 minutes, followed by a thorough saline rinse and air dry. Anterior segment imaging with OCT may be considered as an alternative to slit lamp gonioscopy, where clinically appropriate, to reduce exposure time between patient and examiner.

Guidelines for Contamination

- Precautionary protocol should clinic contamination occur should be established. The plan should consider the following: isolation, reporting, safe disposal of contaminated PPE, exit strategy to avoid further contamination, disinfection and assessment to avoid further transmission and circumstance.

Resources

- BC CDC PDF on [cleaning and disinfecting](#) for physicians' offices
- BC CDC PDF on [donning and doffing PPE](#)
- [BC CDC Personal Protective Equipment](#)
- [Donning and doffing PPE video](#)
- [College of Optometrists of BC Standards of Practice](#)
- [COVID-19: Infection Prevention and Control guidance for Community-Based Allied Health Care Providers in Clinic Settings](#)
- [COVID-19 health and safety: Selecting and using masks](#)
- [Worksafe BC – Health professions: Protocols for returning to operation](#)