

## **COVID – 19: Guidelines for Providing Urgent Care**

In an effort to support our clinics during the COVID-19 pandemic, IRIS the Visual Group is providing the following guidelines for providing urgent care. We recognize that the situation is fluid and so we defer to the communications and direction of both the government and regulatory authorities. In case of discrepancy between internal IRIS documents and government and/or regulatory authority guidelines, the latter shall prevail. Additionally, we acknowledge and respect the professional judgment of our optometrists.

*~ The information contained in this document is subject to change ~*

### **Scheduling Urgent Care Appointments:**

Patients will contact their optometry clinic by phone or by booking an appointment on [iris.ca](http://iris.ca) if they think they require urgent care. A verbal assessment of the situation will be made by phone prior to scheduling an appointment and if needed date and time of the appointment will be determined.

Conversation with a patient should begin with the following initial screening questions in the Declaration Memo:

- Have you travelled abroad in the last 14 days?
- In the last 14 days, have you experienced any flu-like symptoms such as fever, cough and difficulty breathing?
- In the last 14 days, have you, to the best of your knowledge, had contact with an individual having just returned from traveling abroad in the last 14 days or who experienced any flu-like symptoms such as fever, cough and difficulty breathing?

We recommend to ask this additional question:

- Have you been in contact with a person that had been diagnosed with COVID-19?

If the patient answers “Yes” to any of the above questions please redirect them to local medical facilities and instruct them to call public health immediately (1-866-797-0000).

If the patient answers “No” to all of the above questions, please continue with the process of scheduling an urgent care appointment.

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Staff should collect information from the patient that may include the following:

- a) What is the condition?
- b) Is it involving one or both eyes?
- c) When did the condition start?
- d) Is it improving or worsening?

Based on this information, staff should use the *IRIS COVID-19: Triage Guidelines* to start determining if the patient should be booked for Urgent Care.

Staff should also ask the patient if they are a health care professional. If the patient is a health care professional, especially if they are working with patients who have been diagnosed with COVID-19, the optometrist will likely want to ask more questions of the patient to determine the risk of welcoming the patient in the clinic.

For all patients, advise them that an optometrist will review their case to take a decision on whether the patient has to be seen in clinic or not and that the locations will contact them later that day to schedule an appointment, if possible.

The staff person and optometrist providing urgent care should meet once per day by phone. During this meeting the staff person and optometrist will review all requests for urgent care. It may be of help for staff to separate requests for care into three categories:

- a) Likely Urgent
- b) Unsure of Urgency
- c) Likely Routine

The optometrist may elect to contact any or all of the patients by phone to further assess the patient's condition.

Optometrists should be particularly vigilant with cases that appear to be viral conjunctivitis. The optometrist should contact all suspected cases of viral conjunctivitis by phone to complete a more detailed initial case history (question of travelling abroad, contact with someone who has travelled recently, fever, cough, etc.) before scheduling an appointment. Depending on the regulatory requirements of the province and the optometrist's discretion, a photo of the affected eye(s) might be requested. If a viral conjunctivitis secondary to COVID-19 remains a possibility, the patient should be referred to the appropriate medical facility (e.g. clinic or hospital equipped to manage COVID-19).

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If the optometrist contacts a patient by phone, they may elect to block their caller ID. Alternatively, optometrists could investigate applications that can create a second line phone number specific for patient calls. (IRIS does not have a recommendation on any specific applications at this time).

Once the optometrist has completed the needed phone consultations, the optometrist and staff person will meet to finalize the schedule. The staff person will then call all patients:

- a) Patients requiring urgent care will be provided an assigned appointment time
- b) Patients determined to be non-urgent should be added to a list and should be advised that they will be contacted as soon as we resume normal operation. These patients should also be advised to call the clinic if their condition changes, particularly if it worsens.

A blocked section of 15 minutes should be placed between patient appointments. As a result, patients will likely be scheduled on a 30-45-minute interval.

Where possible, patients should attend their appointment at the time it is scheduled and should be asked to remain off site until their appointment time (ex. Patient can wait in their vehicle and the staff member will contact them on their cell phone when the Optometrist is ready to welcome them in the clinic).

Where possible, patients should attend their appointment alone. If another person accompanies the patient, the clinic team may elect to ask the accompanying person to remain offsite (ex. In their vehicle) while the patient receives urgent care.

Where possible, the maximum number of people in a location at a given time should not exceed 4.

These measures help us avoid crowding and practice social distancing.

## **Personnel on Site:**

An optometrist must have a staff person on site when providing urgent care.

Where possible, the same staff person should be working with the same optometrist on all scheduled urgent care clinic days. The staff person and the Optometrist should sign the Declaration questionnaire every day before seeing patients. Staff member and Optometrist must respect social distancing between each other.

It is very important to complete a team huddle before providing urgent care. This helps ensure that the team works together to use the least number of diagnostic and clinical tests and maintaining quality of care and patient outcomes.

# IRIS

The staff member and the Optometrist must wash their hands upon arrival in clinic, before and after a contact with a patient, before and after eating and before and after washroom usage.

High touch areas (keyboards, mouses, iPad tablets, phones, pens, doorknobs, etc.) must be disinfected frequently. If possible, each person should use a different phone, computer and iPad. If this is not possible, it is recommended to disinfect every item after usage.

If there are no patients requiring urgent care for a given clinic day, the optometrist is not required to be on site. This provision is specific to the timeframe when IRIS has reduced services to Urgent Care only.

## **Patient on Site:**

Prior to the patient arriving all unnecessary items must be removed from waiting room (e.g. magazines, brochures, toys, coffee maker, etc.). It is also important to increase space between chairs in the waiting room to respect the 2-meters distance between every person. This may mean removing 50%, or more, of the chairs usually available in the waiting room. Paper tissues, trash can and hand washing station should be available for the patients.

A poster can be put on the clinic door to remind at risk patients (as per the FTOCC questionnaire) and vulnerable patients (70 yo and older, immunosuppressed or having a chronic or degenerative disease) not to enter the clinic and to contact the clinic by phone.

Upon entry, the patient should be asked if there has been any change in their answers to the initial screening question. The staff person that welcomes the patient can, if material is available, wear gloves and a mask (preferably a surgical one but a procedural one is acceptable; N-95 masks are not a requirement). All staff persons that will interact with patients must be trained on hands and respiratory hygiene as well as on how to put and remove a mask and gloves.

To confirm that the patient has no fever, the team member can, where possible, take the patient's temperature with a non-contact infrared thermometer. Patients with positive response to the questionnaire or fever ( $\geq 37,5^{\circ}\text{C}/100,4^{\circ}\text{F}$ ) should be asked to put on a mask when available. The patient should be redirected to local medical facilities or ophthalmologist and instructed to call public health immediately (1-866-797-0000).

Patients or anyone accompanying a patient that cannot remain offsite (e.g. parent if an appointment is for a young child) should be asked to wash their hands (soap and water for 20 seconds) and sign the declaration form before moving to the waiting room. The team member should remind the patient about respiratory hygiene. It might be useful to have posters explaining hands and respiratory hygiene to help in educating the patients.

Patients or anyone accompanying a patient should not be allowed to browse the dispensary.

# I R I S

If a patient needs to select glasses, they should be brought to the patient as opposed to the patient browsing the shelves. Once the patient has tried the frames, they must be put into a tray pending disinfection. Use the iMeasure to take the patient's measurements to respect social distancing and avoid the patient being in contact with the pupillometer.

If payment is required and where possible, avoid taking payment in the form of cash. Payment by debit or credit card is preferred. Please remember to clean the payment terminal with a disinfectant wipe after each use.

Once a patient has completed their appointment clean all surfaces, equipment and door handles with a disinfectant wipe or cleaner and use a disinfectant wipe to clean the frames before putting them back on the shelf. The waiting room, particularly any surface that might have been touched by the patient (e.g. chairs, arm rests, etc.) must be sanitized in between every patient.

## **Pre-Testing / Clinical Testing:**

It is suggested not to complete Non-Contact Tonometry (NCT).

During the team huddle, the optometrist and the staff person should discuss each case and determine the minimum amount (if any) of pre-testing required.

Staff completing pre-testing should wash their hands (soap and water for 20 seconds) before and after completing pre-testing. Pre-testing equipment must be disinfected before and after completing pre-testing (chin and forehead rests, visual field controller, and any surface that might have been in touch with the patient).

While it is the optometrist's discretion, it is recommended that the optometrist use the minimum number of tests. This may include omitting tests in a routine exam that are not critical to diagnosis and treatment of the patient's specific condition.

Where possible, try to keep doctor-patient discussions to a minimum while also collecting the needed information for the patient's case. It is also reasonable to advise the patient of the rationale behind this practice, particularly if it is a change from the normal doctor-patient conversations.

Optometrists should document in the patient file that the examination was completed during the COVID-19 pandemic while urgent care measures are in place.

Optometrists might consider using sterile single use cotton swabs to manipulate the patient's lids.



If Goldmann Applanation Tonometry (GAT) is used in the exam (it can be omitted if deemed unnecessary), it is recommended that the tonometer tip is wiped with an alcohol prep pad and then completely soaked for 5-10 minutes in 70% ethyl alcohol or equivalent (ex. 10% peroxide). Do not let tips soak for more than 10 minutes to avoid damaging the prisms. If available, consider using single use Goldmann tips or Icare tonometer and use a new tip for every patient.

If instilling a diagnostic pharmaceutical drop is required, please use additional caution to ensure that multi-use bottles do not become contaminated. In the event that a multi-use bottle is contaminated, please dispose of the bottle. If available, single-use containers of diagnostic pharmaceutical agents may be preferred.

### **Personal Protective Equipment (PPE):**

Regulatory, Advocacy and Government authorities have provided a range of advice about the type and timing for use of personal protective equipment.

Where possible, biomicroscopes (Slit Lamps) should be equipped with a breath shield. If your clinic wants to purchase a breath shield, it is recommended to contact the supplier of the biomicroscope first (e.g. INNOVA, Topcon) to determine if a breath shield is available specifically made for your biomicroscope. Alternatives could then include purchasing a third party version of the breath shield or making one. The breath shield should be as large as possible (190-200 mm). Plexiglas of 1/8" thickness available in hardware store can be used.

If the optometrist and/or staff person are wearing a mask while interacting with patients, it is suggested to wear the mask continuously for the time in clinic and that the mask is discarded when leaving the clinic for the day. This method reduces the chances of the person, wearing the mask, contacting their face to adjust, remove or apply the mask several times in a given day. It is important to wash your hands (soap and water for 20 seconds) before and after applying or removing the mask.

If the mask becomes soiled or compromised, it should be replaced.

Gloves however, have to be changed and discarded between each patient.

If an optometrist is to provide urgent care for a patient who has fever or is COVID-19 positive, the patient should be isolated in a separate room right upon arrival. The required PPE for the Optometrist includes but is not limited to face masks, gloves, protective eyewear, slit lamp breath shield and gowns. These patients should also wear a mask for the duration of the time at a clinic.

Given the need for specific requirements for PPE, it remains the recommendation that patients who have fever or are COVID-19 positive should be referred to a local medical facility that is equipped to manage COVID-19 cases and to have the patient call public health.