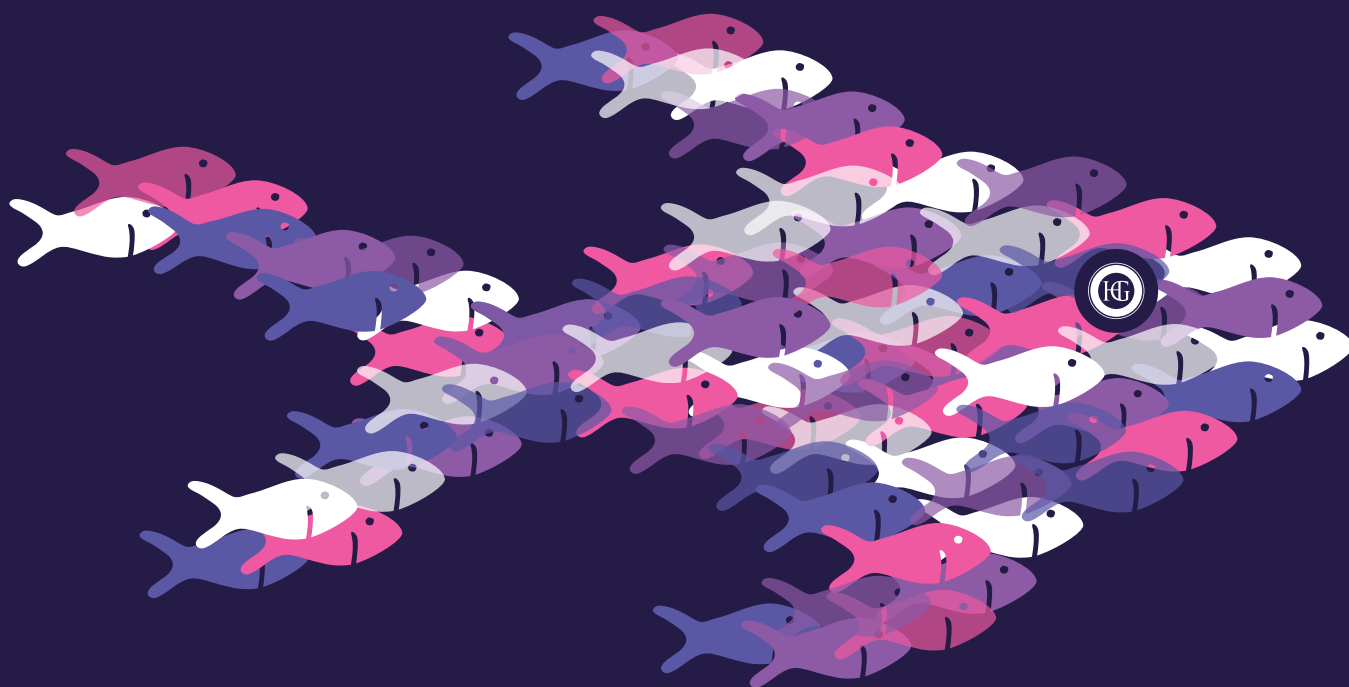




HAKIM
GROUP

LIFE AFTER LOCKDOWN

PRACTICE SUPPORT PACK V1



#STRONGERTOGETHER

This document is not intended to: (i) constitute medical or safety advice, nor be a substitute for the same; nor (ii) be seen as a formal endorsement or recommendation of a particular response. As such, you are advised to make your own assessment as to the appropriate course of action to take. Please carefully consider local laws and guidance in your area, particularly the most recent advice issued by your local (and national) health authorities, before making any decision.



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DISCLAIMER

Please use the contents of this pack to help you inform your ideas in navigating the COVID-19 challenge. It is purely to help in any decisions you are making for yourself, your teams and your business.

Please excuse any spelling errors, typos, etc as the purpose of this has been more about getting information out quickly rather than word perfect or aesthetically appealing.

No endorsements are made or liability accepted and any information or resources used are all at your discretion. HG accept no liability for the accuracy of the information. you will have to form their own views however this should help you in some meaningful way. If you already have all these bases covered then thats great. If you feel there is something else that we havent covered please feel free to send over and help us too....we dont have all the answers and always happy to recieve help.

Any data held will be destroyed once we are over this challenging period and the strongertogetheroptics website will be taken down.

Some of the resources may have pages and references missing. This is because there hasn't been any time to rewrite content for this website and format specifically. Some of it has been directly lifted from internal resources at Hakim Group and from materials provided by other stakeholders who have kindly contributed. The content should still be meaningful and of value, although may need adapting for individual practices. Any commercially or legally sensitive content has been removed to the best of our knowledge.

If you don't find what you are looking for and have a specific question then please email lukewren@hakimgroup.co.uk. You can also join in the conversation on the forum kindly setup by Trevor Rowley at Optix.

Please use responsibly and may you find some value in the contents. We hope you find useful information to help you as you formulate your Covid-19 strategy Thank you to everyone who contributes any content for the greater good of the industry over the coming weeks.

Best Wishes to all of you and your families,
Hakim Group

The situation surrounding COVID-19 is dynamic and rapidly evolving on a daily basis. Although we have taken great care prior to producing this document, it represents a snapshot at a particular point in time.

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- i constitute medical or safety advice, nor be a substitute for the same; nor
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LIFE AFTER LOCKDOWN

PRACTICE TRADING PLAN

1. What we can expect?

Various organisations have provided initial guidance and recommendations on how UK retail businesses could operate, if measures were to be relaxed over the coming weeks. They are based on the experience of those retailers who have been operating social distancing effectively in stores through the pandemic. These are non-exhaustive and the guidance is very fluid from all relevant organisations, so it is the responsibility of each business to decide the most appropriate methods to implement social distancing for their individual environment, as well as other coronavirus control measures in their business. This can be found here [Social Distancing](#)

This guidance should be implemented in addition to all legal requirements for example the Health and Safety at work regulations. Retailers are encouraged to frequently check the official Government advice which is updated daily. Government guidance for employers can be found here. Guidance for employers and businesses on coronavirus (COVID-19) and retail specific through: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches> or for the Government of Ireland <https://www.gov.ie/en/news/58bc8b-taoiseach-announces-roadmap-for-reopening-society-and-business-and-u/>

2. How will our independent practices approach this?

We must reiterate the following built into our professional services ethos:

- Make the safety of our patients and team members our primary concern
- Comply with the guidance of our insurers
- Stay up to date with the latest, fast changing guidance on PPE and Infection control

Currently the main recognised sources of guidance we have been following are FODO, AOP, AOI, College of Optometrists, Public Health England and the NHS England, Scotland and Wales.

Our priority is to ensure that our patients and our team members operate safely and effectively, whilst understanding when to use PPE and how it should be applied to each situation based on the guidance available.

As we make decisions that might be under very different circumstances to those which we have been accustomed to, our guiding principles will be:

- Use professional judgement
- Act in the interest of the public
- Act in good conscience

This approach and principles should be adopted across all our practices

3. What are the new guidelines?

SOCIAL DISTANCING IN AND AROUND OUR RETAIL PREMISES

Government advice

The Government has issued guidance for social distancing in retail outlets, which can be read here <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches> That advice is the basis for the practical guidance below. Or for the Government of Ireland <https://www.gov.ie/en/news/58bc8b-taoiseach-announces-roadmap-for-reopening-society-and-business-and-u/>

All employers are expected to follow social distancing guidance. Where the production environment makes it difficult to do so, employers should consider what measures may be put in place to protect employees. Once staff have left the work areas, social distancing and further hand washing guidance should be adhered to.

Government advice recognises that “the practical implementation of this advice will depend on the local circumstances.” The guideline goes on to acknowledge the need for a local management assessment of measures that can be implemented. Businesses can meet these objectives by implementing social distancing measures.

BRC recommendations on how to implement:

Throughout this document we have used the British Retail Consortium guidelines contained in the social distancing document which was released on the 24th April. You can find the full details here: [Social Distancing](#)

Measures to protect patients and team members

MANAGING THE WORKPLACE – ENSURING YOUR COLLEAGUES ARE PROTECTED

Government Advice

If anyone becomes unwell with a new, continuous cough or a high temperature in the business or workplace they should be sent home and advised to follow the stay at home guidance <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>. If you or an employee are experiencing symptoms, visit NHS 111 online or call 111 if there is no internet access. In an emergency, call 999 if they are seriously ill or injured, or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

For the UK other than IOM & NI: If you or an employee are experiencing symptoms, visit NHS 111 online or call 111 if there is no internet access. In an emergency, call 999 if they are seriously ill or injured, or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

For ROI: If you have symptoms, self-isolate to protect others and phone your GP. For information and advice and visit hse.ie or phone HSE Live 1850 24 1850

If a member of staff has helped someone who was taken unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell with symptoms consistent with coronavirus infection.

It is not necessary to close the business or workplace or send any staff home, unless government policy changes. You should keep monitoring the government response to coronavirus for further updates <https://www.gov.uk/coronavirus>

Recommendations on how to implement based on [Social Distancing](#):

- Ensure all staff are aware of the social distancing measures that are in place and trained on how they should support these measures being observed. Remind staff that social distancing applies in all areas of the store, including non-customer facing areas
- Regular and visible written or verbal communication of the government messages

Frequent reminders using the following:

- Additional signage to ask staff not to turn up for work if they have symptoms
- Written communication
- Posters and signage
- Daily reminders to all staff via noticeboard and/or intranet

LIMITING SPREAD OF CORONAVIRUS IN THE WORKPLACE

Government Advice

Businesses and employers can help reduce the spread of coronavirus (COVID-19) by reminding everyone of the public health advice. Posters, leaflets and other materials are available for the ROI <https://www.gov.ie/en/collection/ee0781-covid-19-posters-for-public-use/> For the rest of the UK <https://coronavirusresources.phe.gov.uk/nhs-resources-facilities/resources/>

Team members and patients should be reminded to wash their hands for 20 seconds more frequently than normal.

Government advice is clear PPE, including facemasks, is only necessary for those working in clinical situations. However, we are aware from the experience of our food retail members that some colleagues remain concerned and good practice is to supply masks or visors, and gloves to those who request them. It is important that these are used correctly to minimise the risk of infection. The use of such PPE does not replace or reduce the need to follow the government guidance in relation to hygiene practices.

Frequently clean and disinfect objects and surfaces that are touched regularly, using your standard cleaning products.

- Wash your hands with soap and water often – do this for at least 20 seconds.
- Use hand sanitiser gel if soap and water are not available
- Wash your hands as soon as you get to work and when you arrive home, after you blow your nose, cough or sneeze, before you eat or handle food
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- Put used tissues in the bin immediately and wash your hands afterwards

Recommendations on how to Implement:

- General Considerations
- Regular and visible written/verbal communication of the government messages.

Daily reminders about hand washing and correct coughing etiquette using the following:

- Additional signage
- Written communication
- Posters and signage
- Daily reminders to all staff via notice boards and briefings

Regular review and compliance checking

It is important that any of the measures put in place are regularly checked to ensure patients and team members understanding and compliance.

With regards to customer compliance, retailers should review their in-store and out-of-store security measures and requirements on a regular basis. Patient facing staff could be faced with difficult situations when trying to manage social distancing measures and other requirements (e.g. non-compliance). Team members should be supported when trying to manage and enforce government guidance and it is important that it is made clear to team members to treat staff with respect. This can be done through increased signage and the appropriate action where necessary. We have a duty to protect our team members, and there must be a zero tolerance approach to verbal and physical abuse from patients, with clear measures in place to protect team members and deal with abusive patients.

4. How could we implement these protection guidelines in our practices?

Ensure all practice team members are aware of the social distancing measures that are in place and trained on how they should support these measures whilst being observed. Remind team members that social distancing applies in all areas of the practice, including non-patient facing areas.

Social distancing measures could include:

- 1 Use floor markings inside the practice with the social distancing advice of 2 metres, particularly in the most crowded areas and where queueing is likely to occur in larger practices. Place clear signage outside of the practice explaining the social distancing measures in place that patients should follow. Limit the number of patients in the practice at any time and assess the size of the practice and its layout which will enable you to calculate the number of patients who can reasonably follow 2m social distancing.
- 2 Place clear signage throughout the practice reminding patients of the social distancing measures and asking them to follow these rules.
- 3 Review the layout of the practice to ensure aisles/walkways are as clear as possible to accommodate 2m social distancing, including the removal of promotional fixtures if necessary. Identify choke points and control access to any toilets available to patients.
- 4 Limit the amount of patients into the practice to ensure social distancing is maintained, which could include doors being locked particularly in smaller practices.

Other measures

- Regular and visible written or verbal communication of the government messages
- Telephone script for patients prior to coming into the practice - Delivered by a team member. Reiterate any measures that the patient should be aware of when sending the email or SMS reminder for any booked appointments
- Team members to meet patients, explain the social distancing requirements and control the number of customers entering a practice at any one time. Provide a script for when patients enter into the practice
- Team members to ask patients to minimise anything they touch

Frequent reminders using the following:

- Additional signage to ask team members not to turn up for work if they have symptoms in the staff area.

Written communication to each team member, to highlight the new ways of working arrangements if returning to the practice which could include:

- Frequently clean and disinfect objects and surfaces that are touched regularly, using your standard cleaning products
- Clean frames used after each patient and all work areas [Coronavirus: How to disinfect optical equipment and premises](#)
- Wash your hands with soap and water often – do this for at least 20 seconds
- Use hand sanitiser gel if soap and water are not available
- Wash your hands as soon as you get to work and when you arrive home, after you blow your nose, cough or sneeze, before you eat or handle food
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- Put used tissues in the bin immediately and wash your hands afterwards
- Provide hand sanitisers for the practice in each area, reception, testing room and dispensing area
- Introduce frequent deep cleaning of work areas, with attention to multi contact points. For example, between shifts, staff change overs and/or during breaks. Practices to conduct a thorough deep clean at the end of each day, whilst maintaining light touch targeted cleaning at points of frequent patient contact
- Encourage use of disinfectant wipes to clean all equipment before and after each use
- Have available sufficient gloves, masks and/or visors for those team members who require them. If you supply reusable visors ensure team members are reminded to clean them regularly during use, and before and after each use. If visors are being worn these can be sessional between cleaning unless contaminated
- Remind staff not to share items for example, pens. If using same pen, wipe down between patients

To increase protection in the practice environment, we will be encouraging patients to wear face masks at all times. We will be actively requesting patients to bring their own facemasks, or we will offer to provide them with a paper mask before entering the practice.

All team members to follow the latest PPE guidance issued by our governing bodies. If correct levels and type of PPE are not available then you will not be able to accept patients in your practice in line with current regulations

Approach based on size of each practice:

- Very small practice which could make it impossible to achieve >2m - Reception staff need IIR surgical masks and need to operate allowing one patient at a time in practice who are wearing a paper mask
- Small practice but reception staff can maintain >2m – Treat as very small and all patients and team members to wear masks
- Medium to large practice – Treat as small, but staffing determined by patient volume and any staff <2m wearing PPE. Number of patients in practice at one time determined by number of 2m “safe zones”

We will continue to monitor the use of safety guards and glass screens, in line with regulatory recommendations

What would the practice team set up look like?

Each practice is different and alterations to the layout may be required, which could include the removal of chairs, seating, furniture etc to meet the social distancing rules of 2m> in line with BRC and Gov.uk guidelines.

Restriction of patients being allowed to touch and handle all frames. Team members to accompany the patient with a tray and select frame options through the process.

- For smaller practices a team could comprise of an Optom and a DO
- For medium size practices the team could comprise of an Optom, DO and a Receptionist
- For larger practices a variation of the above based on patient demand - Discussion on whether to bring additional team members back from Furlough as long as the practice can sustain this. Please hold initial discussions with your practice buddy

5. What will we do to support our practices?

- Provide a guidance and support pack for each practice
- We will create the required checklists and scripts
- Support each practice with access to PPE, whilst communicating and adhering to government and regulatory requirements

6. What could our revised patient journey look like?

Each practice is unique and alterations to the layout could include the removal of chairs, seating, furniture etc to meet the social distancing rules of 2m>. Shark to produce a workable plan and brief this to the other team members who will be operating in the practice.

- 1 Set up an 45-60 min appointment schedule and allow one patient only in your practice at any one time
- 2 In larger practices based on space permitting within safe zones, allow up to 2-3 patients based on the 2m social distancing rules
- 3 Every patient to receive a phone call from a team member to highlight what to expect when they come into the practice which will be supported by a script and checklist
- 4 Before the patient enters the practice - A reminder of what to expect will be supported with a script and checklist
- 5 Always abide by the social distancing measures when a patient is in the practice
- 6 Manage walk-ins based on capability and within the social distancing rules - Refer patients to the external notices as reference and try to accommodate their need if it is safe and responsible to do so

7. Proposed patient journey framework

Framework: Steps along the customer journey pathway

- 1 Before arrival
- 2 Welcome and Waiting
- 3 Pre-screening and examination
- 4 Dispensing
- 5 Transaction and Departure

Additional Content:

- 1 Clinic management
- 2 Focussed clinics
- 3 PPE
- 4 Social Distancing
- 5 Infection control

The information below is intended to provide some guidance and recommendations on the customer journey through your practice when lockdown measures are relaxed and is based on guidance to date from several sources including FODO, COO, NHS, AOP and PHE to help you successfully apply the principles of infection control and social distancing during a patients visit to your practice.

It is the responsibility of each Shark to implement social distancing and other coronavirus control measures in their practice. We will provide a support pack to help us achieve this.

Framework

Before arrival

Remote consultation platforms and processes used prior to patients visiting the practice are the most powerful tools we have to mitigate the impact of social distancing and infection control in practice on the patient journey. They also represent the biggest opportunity to transform the way we work in the future.

- Creating new pathways for patient triage and consultation
- Reduce chair time
- Enable the capture of lifestyle needs and challenges prior to the eye examination and dispensing
- Provide a new channel for marketing messages, customer interaction and commerce
- Improve clinic efficiency and management

Platforms must meet the following requirements:

- GDPR compliant
- Access to patient records and PMS
- Offer choice to patient - video or voice

The following actions must be incorporated into remote, pre-visit triage and consultation:

- Confirmation of patient details, email, phone, mobile
- Explanation of patient journey when visiting the practice - scripted by site
- Introduction - Colleague role and qualifications
- Remote triage – Risk assess if patient has CV-19 (include in a script) – determine appointment type (remote or face to face) – determine symptoms – book remote consultation and face to face appointment in appropriate clinic – will need to use Optix or PMS/Diary to book appointment and have access to notes to record triage results - **Use the patient script and checklist provided**
- Remote consultation – Need access to Optix or PMS, video or telephone (Px dependent)
- Remote consultation CUES/MECS - refer or book a face to face appointment dependent on severity of symptoms
- Remote consultation as part of a hybrid examination – Need access to Optix, PMS or record card, history and symptoms, lifestyle questions, make an appointment during this call for the face to consultation – explain the revised procedures when visiting the practice
- Remote triage and consultation for routine eye examinations can take place up to 6 days ahead of the face to face appointment. For essential and emergency appointments face to face consultations should take place within 24-48 hours depending on the severity of symptoms or degree of urgency or as specified by CUES / local protocol.
- Call the patient ahead of the face to face appointment to explain the new practice procedures, email or message out a document that reinforces the message – potential to carry offers/marketing messages

Preparing to trade

Full guidance on social distancing can be found in the life after lockdown practice plan section 3. Many elements of the typical practice meet and greet routine will have been covered off during the remote triage and consultation process. The patient will have been briefed on what to expect when arriving at the practice so there should be no surprises in store for them.

- Welcome the patient and invite them to sanitise their hands and don a face covering if they haven't got their own
- Point out the social distancing measures in the space around them
- Check their details whilst maintaining social distancing
- Avoid loud conversations about personal details to comply with GDPR, all personal details should be checked ahead of the visit during the remote triage and appointment booking - any amendments can be made in the privacy of the consulting room
- Check that they have understood the new patient journey and be prepared to run through it again if they need a reminder
- The patient may feel nervous about infection or may not have left their house for some time
- Explain how long they will have to wait (if applicable) and show them to the waiting area pointing out the social distancing measures and signage, remind them not to touch anything
- Ask them to make you aware of any issue they may have while they are waiting to avoid unnecessary movement around the practice

Pre Screening and Consultation

The need to work within close proximity to the patient means that social distancing guidance of 2m cannot be adhered to during pre-screening. With the need for full PPE all pre-screening activity (if possible) should be carried out by the Optometrist to best facilitate the sessional use of PPE, or a colleague who is wearing PPE.

This will lead to a greater level of care for your patients as they will see the same clinician for all face to face elements of the clinical steps in the customer journey.

- Avoid prescreening unless clinically necessary based on patient H&S
- For Hybrid consultations where the history and symptoms have been carried out remotely in advance of the face to face episode, Time should be taken to briefly review the answer given during the remote H&S to ensure that nothing has changed in the intervening period
- Aerosol generating procedures such as non contact tonometry should be omitted from the routine until further guidance
- Three way handover of the patient from the Optometrist to the Dispenser should happen away from the waiting area to maintain privacy and include a full review of recommendations made during the consultation
- We will provide guidance on light touch sight testing in the practice support pack page 159

Dispensing

The need to implement infection control measures means that dispensing has to become a controlled process. Patients will no longer be able to handle and try on frames at will to avoid potential transmittance of Coronavirus. All frames that are handled by the dispenser and/or the patient will need to be cleaned and disinfected before they can be handled again. Challenging as this may seem taking a consultative approach to dispensing will enable the dispenser to positively control the handling of frames and enhance the customer experience at the same time potentially resulting in a better outcome.

- Seat the patient comfortably in the dispensing area
- Ask them not to handle the frames and point out the signage on the frame display
- How does the patient feel? Do they recognise the risk of transmittance from trying on a frame that somebody else has also worn?
- Explain to the patient that every frame taken from the display is thoroughly cleaned and disinfected between patients
- Explain that you will remove the frames from the display for them to minimise risk and ensure their safety
- Ensure that hand sanitiser is accessible to the patient to use after handling frames
- Review the lifestyle questions from the remote triage along with the recommendation from the eye examination
- Use open questions to establish how the patient feels about their current vision correction (what problems do they have) and what they are looking for from their new spectacles (how to solve them)
- Use open questions to establish what kind of frame and styles the patient is interested in and what they don't like.
- When shapes, sizes, materials and colours have been identified, select frames from the display that meet the patients requirements. Place these frames on a wipe clean tray within easy reach of the patient
- Wipe every frame before and after the patient tries it on, ask the patient to place the frame back on the tray after trying it on
- When the dispense is finished, every frame left on the tray should be cleaned and disinfected before returning them to the display
- All frames, rulers and tools to be disinfected between dispenses. [Guidance through Coronavirus: How to disinfect optical equipment and premises](#)

Transaction and Departure

See Practice Support pack – [Preparing to trade](#)

Clinic Management

The need to implement social distancing and infection control significantly impacts the flow of customers through your practice. A new approach to clinic management will enable you to efficiently and safely adapt your routine to life after lockdown. Social distancing and infection control measures will reduce the volume of customers who are able to visit your practice on a daily basis, so great clinic management will enable you to optimise the time you spend with your patient and maximise every opportunity.

- Face to face appointment times increased to one hour (includes pre-screen and consultation)
- Dedicate time in the diary for remote consultation sessions, these could include MECS, CUES and Hybrid consultations
- Dedicate time in the diary for face to face consultation sessions to optimise the sessional use of PPE
- Offer dedicated clinic time to key workers requiring essential care
- Set aside time in each clinic for emergency or essential appointments
- Offset clinic start and finish times to offer early or late appointments
- Schedule collections and adjustment clinics to run concurrently with remote clinics to optimise use of practice space and time (Front of house team able to work face to face while clinician works in consulting room)
- Schedule dedicated remote contact lens clinics with existing wearers
- Factor time into diary for home deliveries
- Complete triage, history and symptoms and lifestyle questions during remote clinics to optimise patient time during the face to face customer journey
- Set aside time in the day for repairs and adjustments to ensure other appointments are not interrupted

Patient Wellbeing

The regulatory requirement to implement infection control and social distancing measures will significantly impact the experience of your patients when they visit the practice. Additional measures should be taken to ensure the wellbeing and comfort of patients during their visit. These measures may not be quantifiably measured by science but will have significant value in making the patient feel safer and cared for. When applying these measures it is important to clearly demonstrate that the infection control and social distancing measures are there to ensure their safety and wellbeing is front of mind.

- Limit any essential patient companion to a parent, guardian or essential carer
- Offer patient a face covering if not already wearing their own
- Complete all aspects of patient registration online prior to their visit
- Ask patients to wait in their car rather than in the practice and text them when ready (if suitable)
- Increase the use of contactless payment
- Offer direct to patient or home delivery whenever possible
- Greet with a wave or friendly gesture rather than handshaking
- Clearly explain the customer journey and the measures in place prior to the patient attending the practice

PPE

For tasks which require close proximity to the patient or when maintaining social distancing of at least 2m is not possible, PPE should be used. Full guidance on PPE compliance can be found within the Practice Pack. PPE should be worn at the following stages of the customer journey and for the following tasks:

- Welcome and Waiting: A face mask should be worn if it is not possible to maintain the social distancing requirements of 2m
- Pre-screen and Consultation: For all clinical tasks carried out at less than a distance of 2m full PPE consisting of gloves, apron, face mask and eye protection must be worn. It is recommended that pre-screening tests are carried out by clinicians on a sessional basis rather than being delegated to practice team members
- Dispensing: Full PPE should be worn by the Dispenser if it is necessary to work within 2m of the patient and carry out tasks such as facial measurements and adjustments
- Transaction and Departure: A face mask should be worn if it is not possible to maintain the social distancing requirements of 2m
- Collections and Adjustments: Full PPE should also be worn for non-clinical patient episodes where it is necessary to work in close proximity to or touch the patient
- Additional protection including plastic screens and guards for practices will need to be considered

Social Distancing

Guidance for social distancing in the practice is outlined in the Life after lockdown practice plan. For the customer journey consideration needs to given to the following elements of the journey:

NB. Ensure furniture has been repositioned to enable safe, 2m social distancing whenever possible

- Welcome and Waiting - only one patient per time in any 2m zone
- Dispensing: Only when it is not necessary to work in close proximity of the patient e.g. to arrange a reglaze or repeat pair
- Transaction and Departure

Infection control

Full guidance on infection control can be found here, scrupulous adherence to hand washing and the cleaning and disinfection of any contact points or items used during the customer journey is essential: Infection control is paramount at the following stages of the customer journey and for the following tasks.

NB: Prior to re-opening ensure that the practice has had a deep clean before team members return and check if any windows that can be opened to ensure circulation of fresh air

Welcome and Waiting:

- Patient to sanitise hands on arrival
- Offer patient a face covering if not already wearing their own
- Sanitise door handles, grab rails and any contact points that are touched during welcome and waiting

Pre-screen and Consultation

- Cleaning and disinfection of all instruments and contact points touched during consultation
- Chin and head rests
- Cough guards
- Chair arms, grab rails and door handles
- Trial frames and trial lenses
- Reading charts
- Hand held test units e.g. Mallett, stereopsis tests
- Patches and occluders (avoid fabric patches)
- Cleaning of PPE between patients
- Clean face shield, replace gloves and wash hands between patients
- Worktop surfaces
- Changing of contaminated PPE if it becomes soiled
- Patient to sanitise hands after handling anything during the consultation

Dispensing

- Cleaning and disinfection of all instruments, frames and contact points touched during consultation
- All frames handled and worn by the patient
- Frame rulers and Pupilometers
- Chair arms, grab rails and door handles
- Hand held mirrors
- Reading charts
- All worktop surfaces
- Cleaning of PPE between patients
- Washing or use hand sanitiser on gloves and face shields
- If PPE becomes soiled, dispose single use items and disinfect reusable items i.e. face shields
- Patient to sanitise hands after handling anything during the dispense
- Only the Dispenser removes and replaces frames from the display
- Frames disinfected before being returned to the display

Transaction and Departure

Patient has the opportunity to sanitise hands on departure

- Clean and disinfect PDQ machine and keypad
- Clean and disinfect any pens used for signatures
- Sanitise door handles, grab rails and any contact points that are touched during transaction and departure
- A full decontamination routine and process checklist should be completed after every patient episode

As the country looks ahead to the phased easing of the current lockdown, social distancing measures will remain in place. The 'New Normal' into which we will resume trading will include social controls, regulations, referral pathways and additional measures to limit the spread of coronavirus.

As of Sunday 10th May, the government guidance in England changed from:

STAY AT HOME, PROTECT THE NHS, SAVE LIVES



STAY ALERT, CONTROL THE VIRUS, SAVE LIVES

As you prepare for the new normal, new measures need to be implemented before you resume trading to ensure your practice is compliant, and then maintained until such a time that Government or regulatory guidance states otherwise. The measures to be implemented broadly fit into 3 categories:

- Social Distancing
- Infection Control
- People and Procedure

As of the 1st May, the ROI have set out their road map phased over five stages for reopening society and businesses <https://www.gov.ie/en/news/58bc8b-taoiseach-announces-roadmap-for-reopening-society-and-business-and-u/>

Social Distancing

All practices are expected to follow social distancing guidance to maintain a 2m distance between individuals whenever possible. Government advice recognises that “the practical implementation of this advice will depend on the local circumstances.” The guideline goes on to acknowledge the need for a local management assessment of measures that can be implemented. If the size and shape of the practice makes it difficult to do so, consider what measures may be put in place to protect patients and employees.

Actions: Preparing for Social Distancing

- Survey and map the practice workspace identifying the following zones: Reception, Waiting, Clinical (pre-screen & consulting room) and Dispensing. Identify pinch points and areas where 2m distancing is not possible. (Consider using spare test rooms as waiting areas if space is limited)
- Use floor markings to identify 2m distances and calculate how many patients and staff can safely occupy the space at any one time
- Risk assess pinch points and areas where 2m distancing is not possible. Identify what additional measures can be taken to mitigate the risk e.g. Screens / PPE / one way systems
- Submit risk assessment to Practice Buddy for requisition of screens / tools required to mitigate risk
- Remove or rearrange furniture to open up available space and ensure walkways and corridors are as free as possible
- If possible replace soft furnishings with chairs that have easy to clean and disinfect surfaces
- Implement locked door policy to control patient volume and flow through the practice
- Place clear signage throughout the practice to remind patients and staff of the social distancing measures and asking them to comply with the rules
- Limit customer access to customer toilets
- Place clear signage in staff areas to remind staff of the social distancing measures and asking them to comply with the rules

Infection Control

The following measures are required to be implemented in addition to the use of PPE which can be found in the [light touch customer journey document](#) and the [PPE and Infection control guidance document](#).

Clinicians and Dispensers who work within 2m of a patient during consultations and dispensing respectively must wear full PPE. Reception and admin staff who are unable to maintain a distance of 2m but do not come into contact with the patient are required to wear a fluid resistant face mask. The use of such PPE does not replace or reduce the need to follow the government guidance in relation to hygiene practices.

Actions: Prepare for Infection Control

- Ensure all staff are aware of the social distancing measures that are in place and trained on how they should support these measures being observed. Remind staff that social distancing applies in all areas of the practice, including non-customer facing areas
- Place clear signage throughout the practice to remind patients and staff of new infection control measures required and asking them to comply with the rules
- Place clear signage throughout staff areas to remind staff of the infection control measures and asking them to comply with the rules including hand washing and decontamination
- Take an inventory of PPE, disinfecting consumables: Wipes, cleaning solutions, tissue, soap and ensure the practice has sufficient stock to service the volume of patients and staff
- Set up a sanitisation station at the entrance to the practice with alcohol hand gel, disinfectant wipes, tissues and disposable face masks
- Stock every workstation with hand sanitiser, wipes and tissues
- Ensure all staff are aware of the infection control measures that are in place and trained on how they should support these measures being observed including hand washing and decontamination
- Sanitisation station set up in staff area with supporting signage
- Adjust staff rotas to stagger start, finish and break times if possible to avoid crowding
- Check opening windows are open to allow circulation of fresh air through the practice
- Carry out a deep clean of the practice to include cleaning and disinfection of all surfaces, workstations, touchpoints, instruments and frame stock

People and Procedure

The social distancing and infection control measures help to protect our patients, ourselves and our colleagues, risk of transmission and infection is worrying for both patients and staff. It is vital to ensure our staff understand the measures and how to work with them. It is equally important to establish ongoing best practice and to maintain good compliance through regular huddles and reviews.

The health and wellbeing of our patients and staff is paramount so it is essential that support mechanisms are in place and that team members know how to access them.

Actions: Prepare and ongoing actions for People and Procedure

- Identify the number of staff and select which team members required to re-open
- Ensure all team members are aware of the new operating procedures that are in place and have been briefed before they return to work on how they should support these measures being observed (See briefing sheet)
- Once each team member has been briefed, then please provide them with a letter and ask them to sign a copy which will be retained by the Shark (Template contained in the pack)
- Nominate a suitable team member to be compliance champion responsible for daily review and audit of social distancing and infection control measures
- Implement daily team huddles to review current operating procedures using the practice daily checklist to ensure social distancing measures are in place and compliance to infection control procedures plus inventory check. Identify risks and opportunities to improve safety and performance. Daily reminders on hand washing and decontamination, training and implementation of new measures as and when announced by Government or regulator

- Establish and maintain close contact with the local CCG and Trust, read, action and respond to all local communications about referral pathways, remote services and CUES
- Ensure all qualified staff have completed safeguarding level 2 certification (or equivalent) or that current certification is still in date

Preparing to trade - Airsweb

To support practices in being able to trade under the new measures, we have created a full checklist through Airsweb which each practice will need to complete prior to opening their practice under the new measures. This will ensure that all safety protocols and key actions have been adhered from the social distancing measures.

Practice risk assessments

Based on government advice, everyone needs to assess and manage the risks of COVID-19. As an employer, you also have a legal responsibility to protect patients, team members and others from risk to their health and safety. This means you need to think about the risks they face and do everything reasonably practicable to minimise them, recognising you cannot completely eliminate the risk of COVID-19.

Here are the key guidelines, which have been extracted from HM Government – Working safely during COVID-19 in shops and branches <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches>

- In every workplace, increasing the frequency of handwashing and surface cleaning
- Workplaces should make every reasonable effort to comply with the social distancing guidelines set out by the government (keeping people 2m apart wherever possible).
- Where the social distancing guidelines cannot be followed in full, in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and if so, take all the mitigating actions possible to reduce the risk of transmission between their staff.

Further mitigating actions include:

- Increasing the frequency of hand washing and surface cleaning.
- Keeping the activity time involved as short as possible.
- Using screens or barriers to separate people from each other.
- Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.
- Reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others).
- Finally, if people must work face-to-face for a sustained period with more than a small group of fixed partners, then you will need to assess whether the activity can safely go ahead. No one is obliged to work in an unsafe work environment.

In your assessment you should have particular regard to whether the people doing the work are especially vulnerable to COVID-19.

We believe that it is good practise for each practice in the group to complete their own risk assessment to consider the above as part of their life after lock down trading plan.

For practices in the UK (England Scotland, NI and Wales), please complete the risk assessment through the Health and Safety executive website and create a simple record to cover:

- Who might be harmed and how
- What you are already doing to control the risks
- What further action you need to take to control the risks
- Who needs to carry out the action
- When the action is needed by



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PRACTICE LAYOUT OPTIONS

In this part of the document, we will include photographs and examples of floor layouts as we progress through the next stages of our trading journey, but in the meantime please find a list of recommendations based on the guidance we have been exposed to so far:

- Reposition furniture within the practice, where necessary, to maintain safe 2m social distancing
- You may even have to remove items of furniture, so that you can achieve the 2m social distancing which you will need to consider as part of your plan based on the size of your practice
- Consider covering furniture which will still be retained and used by patients in the practice, if they are not able to be cleaned using an appropriate disinfectant (See guidance on Housekeeping and cleaning)
- Use floor markings inside to facilitate compliance with the social distancing advice of 2 metres, particularly in the most crowded areas and where queueing is likely to occur in larger practices (See sourcing guide)
- Place clear signage throughout the practice reminding patients of the social distancing measures and asking them to follow these rules. Signage will vary depending on region (NHS, HSE etc)
- Continue to review the layout of the practice to ensure aisles/walkways are as clear as possible to accommodate 2m social distancing, including the removal of promotional fixtures if necessary. Identify choke points and control access to any toilets available to patients.

We will share more guidance on practice layouts as they become available.

Please note, these are posters for ROI.

The posters for UK practices will be provided in the full Covid-19 marketing pack which will be sent through separately by the marketing team.



PRACTICE POSTERS REPUBLIC OF IRELAND

Please find a selection of COVID-19 (Coronavirus) informational posters below.
The literature is available in both English and Irish languages for use.

To download various sizes and formats please visit: <https://www.gov.ie/en/collection/ee0781-covid-19-posters-for-public-use/>

English poster example

Irish poster example

Irish poster example

English poster example


Coronavirus COVID-19

Coronavirus COVID-19 Public Health Advice


Stay safe. Protect each other.

Know the symptoms. If you have them, self-isolate and contact a GP.


Continue to:




Wash
your hands well and often to avoid contamination.



Cover
your mouth and nose with a tissue or sleeve when coughing or sneezing and discard used tissue safely.



Limit
contact with others when out and about.





Distance
yourself at least 2 metres (6 feet) away from other people, especially those who might be unwell.

Symptoms of COVID-19

- > a fever (high temperature – 38 degrees Celsius or above)
- > a cough – this can be any kind of cough, not just dry
- > shortness of breath or breathing difficulties

#holdfirm
Visit [HSE.ie](https://www.hse.ie) for updated factual information and advice

Ireland's public health advice is published by WHO and ECDC advice

  **Rialtas na hÉireann**
Government of Ireland

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-stay-safe-poster-a3-portrait-.pdf>

Coróinvíreas COVID-19

Coronavirus COVID-19 Public Health Advice

Bí sábháilte. Coinnigí a chéile slán.

Biodh a fhios agat céard iad na comharthaí. Má bhíonn siad ort, fan asat féin agus téigh i dteagmháil le do dhochtúir teaghlaigh.

Coinnigh ort agus:



Nigh
do lámha go maith agus go maic chun an éill a sheachaint.



Clúdaigh
do bhéal agus do shroin le clárúir páipéir nó le do mháinleáilte nuair a bhíonn tú ag casacht nó ag sracfhartach agus cuir an clárúir páipéir sa bhruisac.



Gearr siar ar
theagmháil le daoine eile nuair a bhíonn tú amháin. Fan amach 2 mhéadar (6 troithe) ar a laghad ó dhaoine eile.



Fan amach
2 mhéadar ar a laghad (6 troithe) ó dhaoine eile agus go háirithe ó dhaoine atá tinn.

Comharthaí sóirt COVID-19

- > Fíabhras (teocht ard – 38 céim Celsiús nó os a chionn)
- > Casacht – casacht d'aon chineál, ní gá gur casacht thirim í
- > Giorra anáil nó deacrachtaí ag anáil

Tá an t-eolas is úire agus is cruinne faoin choróinvíreas ar fáil ar [hse.ie](https://www.hse.ie)

#holdfirm

Tá an chomhairle ábhartha seo ar fáil in Éireann ag teacht le comhairle WHO agus ECDC


  **Rialtas na hÉireann**
Government of Ireland

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-stay-safe-poster-a3-irish-.pdf>


Coronavirus COVID-19

Coronavirus COVID-19 Public Health Advice


Help prevent coronavirus




Wash your hands




Cover mouth if coughing or sneezing




Avoid touching your face



Keep surfaces clean



Stop shaking hands and hugging





Keep a safe distance

The virus spreads in sneeze and cough droplets, so regularly taking the above measures helps reduce the chance of it spreading.

Visit [HSE.ie](https://www.hse.ie)
For updated factual information and advice
Or call 1850 24 1850

Protection from coronavirus.
It's in our hands.


  **Rialtas na hÉireann**
Government of Ireland

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-prevention-a4-poster.pdf>


Coróinvíreas COVID-19

Coronavirus COVID-19 Public Health Advice


Cuidiú leis an gcoróinvíreas a chosc




Nigh do chuid lámh




Clúdaigh do bhéal má bhíonn tú ag casacht nó ag sracfhartach




Ná leag do lámh ar d'aghaidh



Coinnigh dromchlaí glan



Ná croith lámha nó nach tabhair barróga do dhaoine





Fan achar sábháilte amach ó dhaoine

Scaiptear an víreas trí sraoth agus trí bhraoiníní ó chasacht, mar sin má dhéantar na bearta thuas cuideoidh sé leis an seans go scaiptear é a laghdú.

Tabhair cuairt ar [HSE.ie](https://www.hse.ie)
chun an fhaisnéis agus an chomhairle fhiosrach is déanaí a fháil
Nó cuir scairt ar 1850 24 1850

Cosaint ar an gcoróinvíreas.
Is fúinn féin atá sé.

  **Rialtas na hÉireann**
Government of Ireland

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-how-to-prevent-irish-.pdf>

Coronavirus COVID-19

Know the signs

- High Temperature
- Shortness of Breath
- Breathing Difficulties
- Cough

For 8 out of 10 people, rest and over the counter medication can help you feel better.

If you have symptoms, self-isolate to protect others and phone your GP. Visit [hse.ie](https://www.hse.ie) for updated factual information and advice or call 1850 24 1850.

Protection from coronavirus. It's in our hands.

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-symptoms-a4-poster.pdf>

Coróinvíreas COVID-19

Bíodh na comharthaí ar eolas agat

- Teocht Ard
- Giorra Anála
- Deacrachtaí ag Análu
- Casacht

Do 8 nduine as 10 nduine, is féidir le scith agus cógas thar an gcontar cuidiú leat mothú níos fearr.

Má tá siomptóim ort scar tú féin amach ó dhaoine eile agus cuir scairt ar do dhochtúir. Tabhair cuairt ar HSE le chun an faisnéis agus an chomhairle fhíorasach is déanaí a fháil. Nó cuir scairt ar 1850 24 1850.

Cosaint ar an gcoróinvíreas. Is fuinn féin atá sé.

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-symptoms-irish-.pdf>

Coronavirus COVID-19

Who is most at risk?

- People over 60
- People with long term medical conditions like heart disease, lung disease, diabetes and cancer

Please take extra care if this affects you or someone you know.

If you have symptoms, self-isolate to protect others and phone your GP. Visit [hse.ie](https://www.hse.ie) for updated factual information and advice or call 1850 24 1850.

Protection from coronavirus. It's in our hands.

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-who-is-at-risk-a4-poster.pdf>

Coróinvíreas COVID-19

Cé hiad na daoine is mó atá i mbaol?

- Daoine os cionn 60
- Daoine a bhfuil riochtaí leighis fadtéarmacha orthu amhail galar croí, galar na scamhóg, diaibéiteas agus ailse

Má bhaineann sé sin leatsa nó le duine a bhfuil aithne agat air nó uirthi, bí an-chúramach le do thoil.

Má tá siomptóim ort scar tú féin amach ó dhaoine eile agus cuir scairt ar do dhochtúir. Tabhair cuairt ar HSE le chun an faisnéis agus an chomhairle fhíorasach is déanaí a fháil. Nó cuir scairt ar 1850 24 1850.

Cosaint ar an gcoróinvíreas. Is fuinn féin atá sé.

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-who-is-at-risk-irish-.pdf>



<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/hand-hygiene-poster-english.pdf>



<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/nigh-do-lamha-hand-hygiene-poster-in-irish.pdf>

Staff wellbeing posters HSE

Occupational Safety and Health Newsletter COVID-19

<https://www.hse.ie/eng/staff/safetywellbeing/oshnewsletters/occupational-safety-and-health-newsletter-covid-19.pdf>

COVID -19 Tips for managing stress - A4 Poster

<https://healthservice.hse.ie/filelibrary/staff/covid-19-tips-for-managing-stress-a4-poster.tif>

COVID-19 Don't Bring it Home - A4 Poster

<https://healthservice.hse.ie/filelibrary/staff/covid-19-don-t-bring-it-home-a4-poster.tif>

COVID-19 Fatigue in the workplace advise for managers poster

<https://healthservice.hse.ie/filelibrary/staff/covid-19-fatigue-in-the-workplace-advise-for-managers-poster.tif>

COVID-19 Psychosocial tips for staff

<https://healthservice.hse.ie/filelibrary/staff/covid-19-psychosocial-tips-for-staff.tif>

COVID-19_Fatigue - A4 Poster

https://healthservice.hse.ie/filelibrary/staff/covid-19_fatigue-a4-poster.tif

COVID-19_How to combat fatigue - A4 poster

https://healthservice.hse.ie/filelibrary/staff/covid-19_how-to-combat-fatigue-a4-poster.tif

COVID-19 Managing Stress - A4 Poster

https://healthservice.hse.ie/filelibrary/staff/covid-19_managing-stress-a4-poster.tif

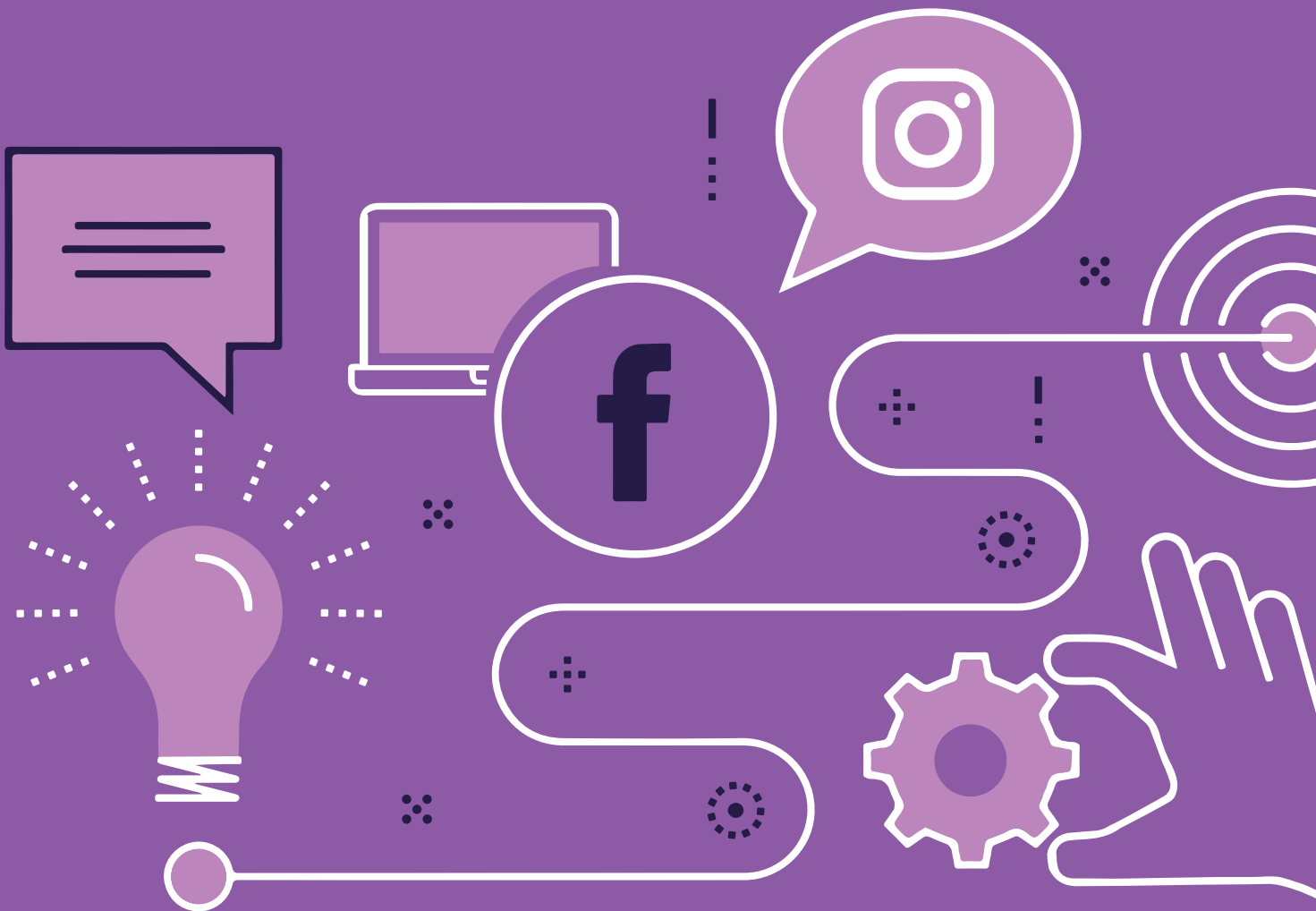
COVID-19 promoting positive relationships in the workplace - tips for managers

<https://healthservice.hse.ie/filelibrary/staff/covid-19-promoting-positive-relationships-in-the-workplace-tips-for-managers.tif>



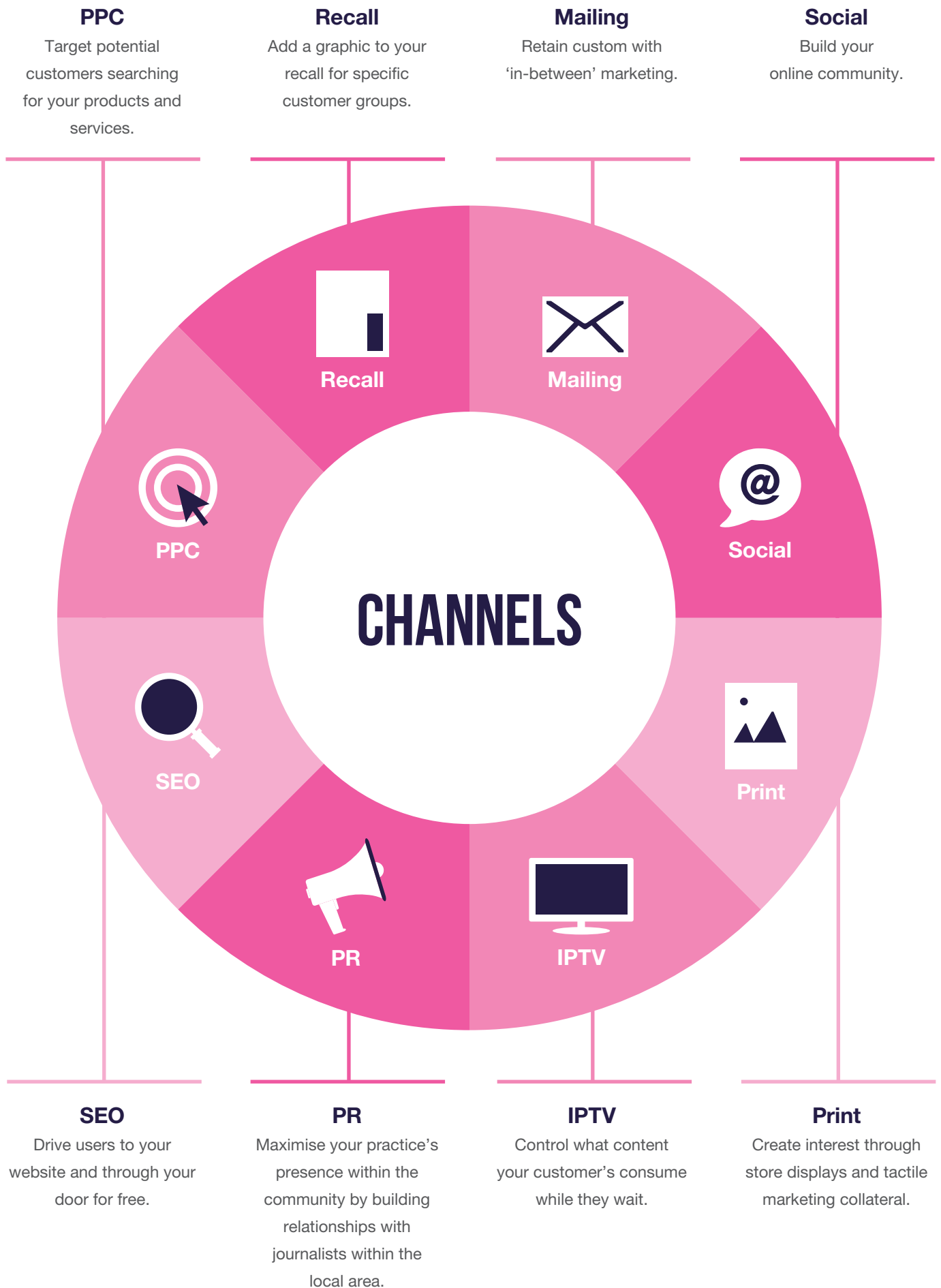
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LIFE AFTER LOCKDOWN CAMPAIGN GUIDE



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INTRODUCTION

As we head out of lockdown we have to adopt new ways of working to ensure our teams and our patients safety. As well as adapting our customer journey and operational processes, our communication to patients must be clear and concise.

The HGHQ team have created a series of assets to support your efforts in practice that will work across all touchpoint's, both online and locally.

There is no 'one size fits all' which is why we have collated an extensive range of messages to suit every practices needs. Furthermore if you would like to adapt any artwork with your own message you can do that too.

Creative Ideas

There is no one 'thing' that will transform your business in the current situation, it's a combination of multiple actions happening at the right time and to the right audience. Here's a recap of some of the initiatives in place:

Phone lists - One of the strongest tools and forms of communication during this period of uncertainty will be telephone conversations. You can request a list using this link - <https://www.hghelphub.co.uk/en/article/px-list-request-form>

Recall - The operations have already started recall to stay in the hearts and minds of patients and remind them that we are still here to support them where possible.

Email & SMS marketing - There are a bank of templates to use at your disposal. Visit - <https://www.hghelphub.co.uk/en/article/growth-toolkit> to view the templates and start building your direct marketing campaigns.

Online sales - Patients can now browse your Project 100 and Eyespace sunnies collection and order online.

Video Consultations - For patients that are unable to come into practice you can still take care of them from the comfort of their own home.

Marketing messages - Use the marketing messages within this pack to bolster your efforts.

PR stories - Let the community know how you are supporting them during these difficult times, you may even acquire some new patients.

Onwards and Upwards.

the marketing team

EXAMPLES AS WE HEAD OUT OF LOCKDOWN



COVID-19 PREVENTION

CVP20-01

This prevention message highlights the steps we should be taking to be socially responsible both as businesses and individuals.

Coronavirus Prevention

Take steps to protect yourself

- Avoid close contact
- Clean your hands often
- Stay alert
- Cover coughs and sneezes
- Wear a facemask
- Clean and disinfect

Bennett & Batty
est. 1978

Poster CVP20-01



IPTV

CVP20-01



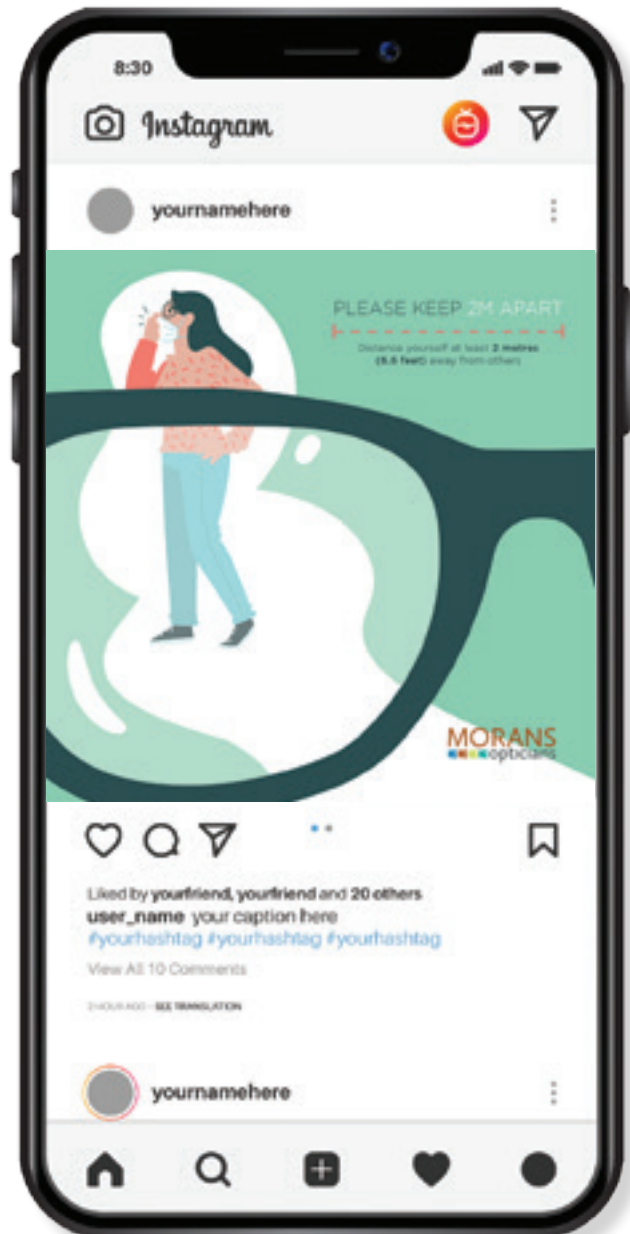
Suggested Channels

- IPTV Posters
- Social Media

PLEASE KEEP YOUR DISTANCE

KYD20-01

Informative POS is essential in practice. This message uses a softer design to ask patients to comply with social distancing measures.



Social Media

KYD20-01

Suggested Channels

@ Social Media

Poster IPTV

NHS SUPPORT DECALS

NHS20

As we head out of lockdown passing footfall will increase and so now is the time to start creating visually strong window displays that create unity and interest within the community.

Suggested Channels

 Window Vinyl



PROUD TO BE PART OF THE NHS

PTB20-01



The NHS are heroes and for good reason, make sure you let your patients know you are a part of the NHS and supporting the community.

Suggested Channels

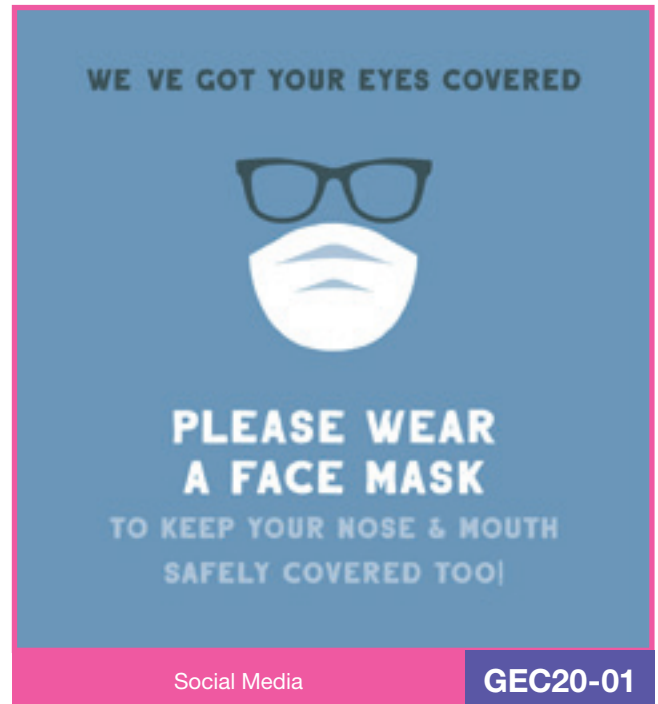
🖨️ Posters 📺 IPTV



GOT YOUR EYES COVERED

GEC20

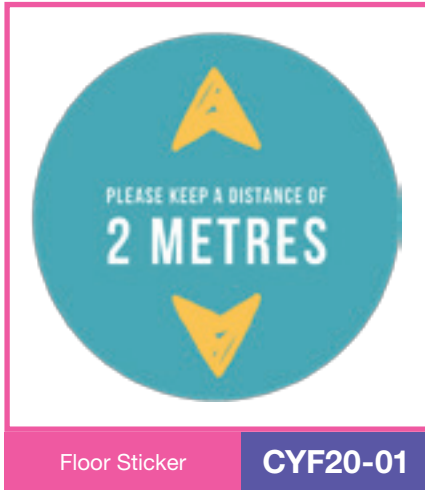
This message and visual helps explain how patients should visit us under the current government guidance.



Suggested Channels

- 📄 Posters @ Social Media
- 📄 Floor Sticker 📺 IPTV

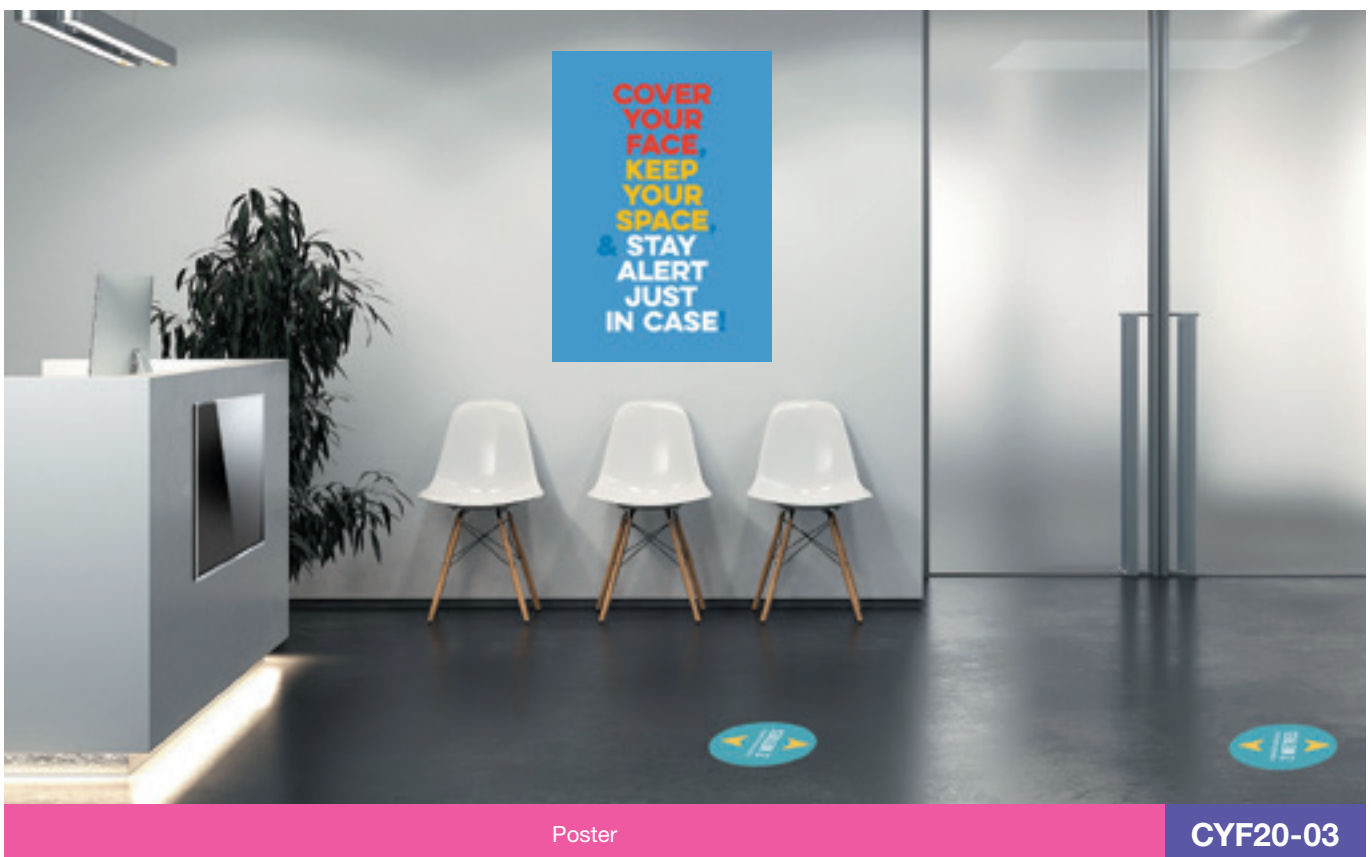
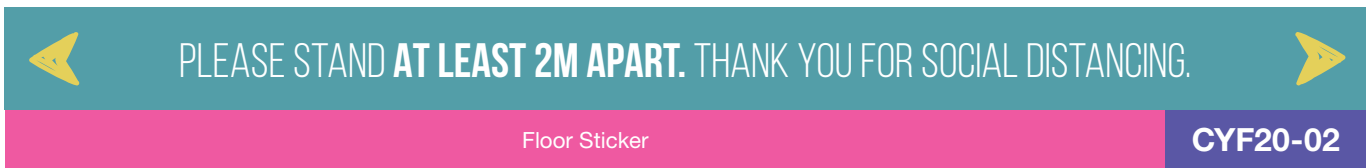
COVER YOUR FACE CYF20



These messages are a lot softer and more playful in their approach whilst still highlighting important messages.

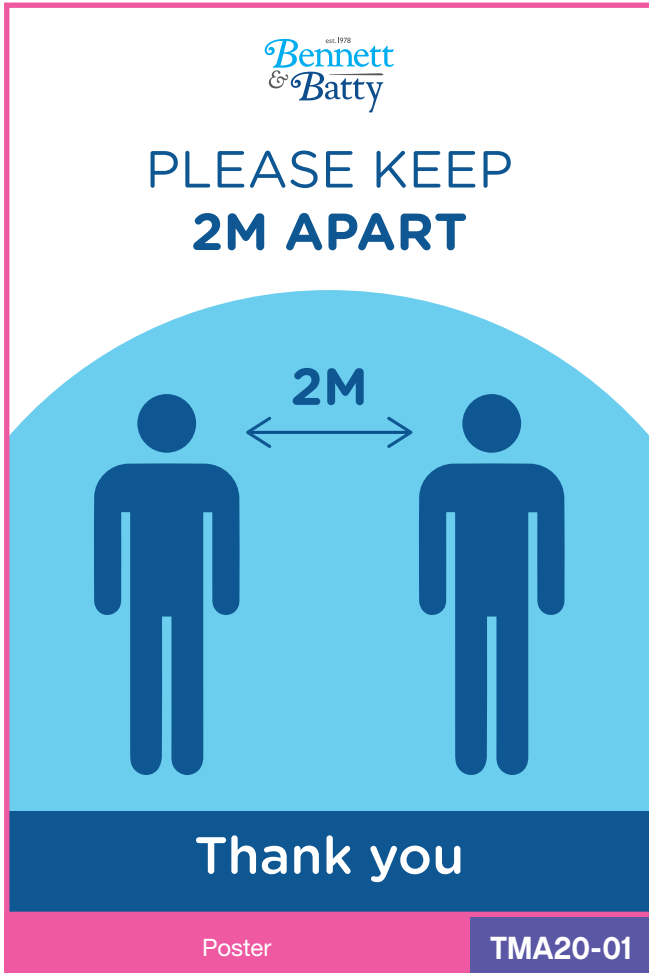
Suggested Channels

- 📄 Posters
- 📱 Social Media
- 📄 Floor Sticker
- 📺 IPTV



2 METRES APART

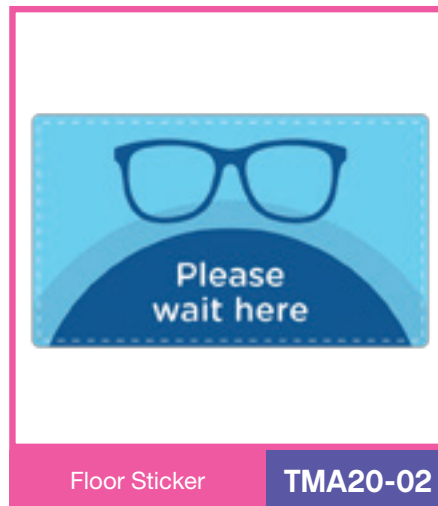
TMA20



As primary health care professionals patients will rely on us to have the appropriate steps in place as we move out of lockdown. Floor stickers and informative POS will help support our efforts.

Suggested Channels

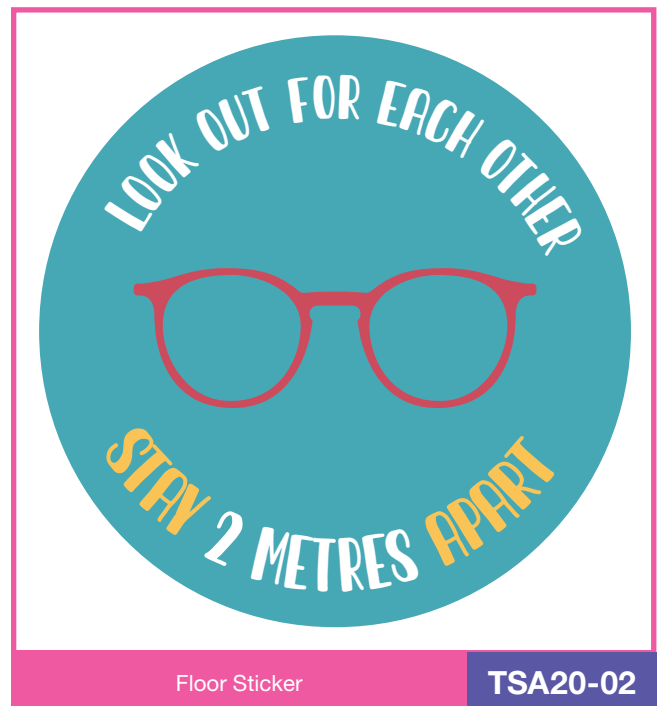
- 📄 Posters
- 📄 Floor Stickers
- 📱 Social Media
- 📺 IPTV



COMING TOGETHER BY STAYING APART

TSA20

An uplifting message to say thank you could be key to keeping spirits high through the practice for both patients and staff.



Suggested Channels

- 📄 Posters @ Social Media
- 📺 Floor Sticker 📺 IPTV

SEE THROUGH THIS

STT20

Supporting your community during the COVID-19 pandemic will improve your reputation and give you a hidden benefit of existing and potentially new patients considering you later on when making a purchasing decision.



Suggested Channels

- 📄 Posters
- 🖼️ Window Vinyl
- @ Social Media
- 📺 IPTV

OFFICIAL EMERGENCY EYECARE

OEE20-01



This message was created specifically for Scotland practices, however, the message can be adapted to suit your needs in regards to local MECS and CUES arrangements.



Suggested Channels

 Posters  Window Vinyl

 IPTV

MINOR EYE CONDITIONS (MECS)

MEC20

Communicating MECS can be a challenging message to get across, but this graphic helps to explain to your patients what might qualify for an emergency appointment in a clear and concise manner.

SUZANNE DENNIS
OPTICIAN

Struggling with Minor Eye Problems?

Sore eyes? Watery eyes?

Red eyes? Irritation or inflammation?

Improving eyelashes

Floaters in the eye?

Visit us for emergency and essential appointments only and ease the pressure on the NHS hospitals

Proud to be a part of the **NHS**

Poster **MEC20-01**



IPTV

MEC20-01

Suggested Channels

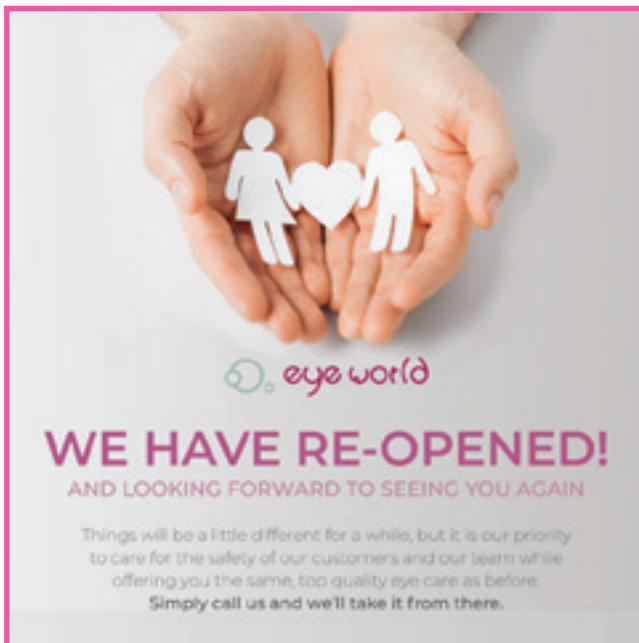
IPTV Posters

Social Media

WE'RE OPEN

WO20

Supporting your community during the COVID-19 pandemic will improve your reputation and give you a hidden benefit of existing and potentially new patients considering you later on when making a purchasing decision.



Social Media

WO20-01







Poster

WO20-01



Suggested Channels

-  Posters
-  Window Vinyl
-  Social Media
-  IPTV

PURCHASE WITH PURPOSE

DTN20

Appreciation for health care workers is an important message to communicate in the current climate and donating 10% of purchases to the NHS helps to reinforce your commitment to the community, further highlighting to your patients how much you care.



Poster

DTN20-01



IPTV

DTN20-01

Suggested Channels


 IPTV  Posters

 Social Media

HERE FOR YOU

H4Y20

While the nation is on lockdown and people are not sure of what they can and can't do, we can take this time to let patients and communities know that you are open for emergencies and that you are here to help.



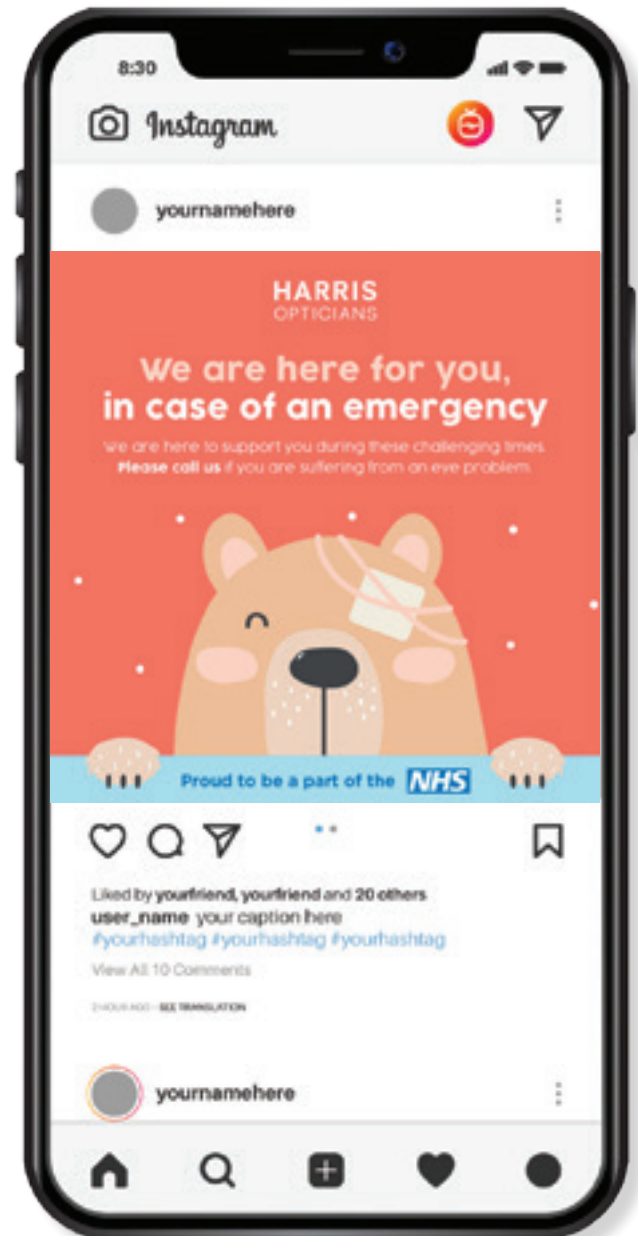
HARRIS
OPTICIANS

We are here for you, in case of an emergency

We are here to support you during these challenging times. **Please call us** if you are suffering from an eye problem.

Proud to be a part of the **NHS**

Poster **H4Y20-01**



Suggested Channels

 IPTV  Posters



 Social Media

COMMUNITY SERVICES

COS20

We need to stay in the thoughts and minds of our px's and update them on the measures and precautions we are taking to support our communities. The below artwork showcases the different actions practices are taking to ensure the same level of service and care is being provided. You can also order as individual assets. See next page.

Suggested Channels

-  IPTV
-  Posters
-  Social Media

CAROLYN PARKER
OPTOMETRISTS

Your eyes are one of your most valued assets and would be difficult to live without. Therefore, here are some of the additional measures we are taking for your peace of mind.

READY TO COLLECT?
We can deliver instead!

NEED A REPAIR?
Use our send and receive service

NEED TO STOCK UP?
Contact lenses and solution can be delivered to your door

NEED AN EMERGENCY APPOINTMENT?
Extra hygienic measures are being taken

HELPING YOU SEE THROUGH THIS
Video consultations are now available

PROTECT YOUR EYES IN THE SUN
You can now order sunglasses online

For more information contact practice owner, Joyce Terry on 07535698551

Proud to be a part of the **NHS**

Poster **COS20-01**



FOR YOUR TEAMS

FYT20

We know that your teams understanding and safety is just as important as patients that's why we have created a series of informative posters you can share within your teams and place in the staffroom.

COVID-19

WATERLOO EYE CENTRE
EYECARE & EYEWEAR SINCE 1994

Don't Take It Home!



Wear simple clothes and wash them each day
Wash clothes as soon as you get home at 60°C with any reusable bags you've used.



Leave pens at work and other stationery at work
Clean pens and other writing equipment regularly with sanitiser.



Drink only sealed bottled drinks
Remember to re-seal between uses, and don't use reusable cups or mugs.



Bring your own food with you to work
Ideally in a reusable and washable bag, and avoid eating in communal spaces.



Don't bring wallets or handbags to work
Instead place cards, cash and drivers licenses in a sealable plastic bag.



Remove the protective case from your phone
Keep it in a sealable plastic bag, cleaning with sanitiser regularly between use.



Avoid using your hands as much as possible
Use elbows or knees to push doors and sanitise your hands regularly.



At the end of each day, clean with sanitiser
Clean your hands, arms and face, and any items that you've been in contact with.



When you get home, no hugging until you're clean
Take your shoes off outside, take your clothes off and shower immediately.

Poster
FYT20-01



ADVICE FOR COMBATTING FATIGUE



CHECK IN WITH EACHOTHER
Check in with colleagues on-duty and pay extra attention to staff coming off duty. Watch out for signs of fatigue.



ENCOURAGE SELF-CARE
Develop a healthy sleep routine, keep hydrated and go outside if and when you can for some fresh air.



ESSENTIAL TRAVEL
Ensure you're OK to drive when finishing your shift. If you feel drowsy when driving, follow the RSA advice - **Stop, Slip, Sleep.**



INFORMATION/HELP AVAILABLE
Staff are working longer hours with greater demands. Keep staff updated with advice and supports available to them.



OPEN DOOR POLICY
Keep an 'Open Door Policy'. It will encourage staff/colleagues to approach you if they are experiencing difficulties.

FACTORS THAT CONTRIBUTE TO STAFF FATIGUE

- INCREASED WORKLOADS
- LONGER WORKING HOURS
- NEW PRESSURES AND STRESS
- UNFAMILIAR WORK LOCATIONS
- MAKING TOUGH DECISIONS

NEGATIVE EFFECTS OF ADDITIONAL BURDENS

- REDUCED REACTION TIMES
- POOR DECISION-MAKING
- DIFFICULTY IN COMPLEX PLANNING
- REDUCED ATTENTION SPAN
- IMPAIRED MEMORY & RECALL

Poster
FYT20-02

Promoting positive & supportive relationships

Tips for new staff



BE PROACTIVE

MORANS

opticians

GET INVOLVED



Don't forget **no handshaking** while social distancing!

Arrange to **virtually socialise** with everyone when appropriate.

Find out what's expected. Clarify your role and what duties you will carry out.

Stay in touch with work colleagues. They are a valuable support network and crucial to maintaining your resilience.

Look after yourself. You must care for yourself to care for others. Your own health and wellbeing is paramount. Seek support when you need it.

Figure out the system

Are there shift rosters? What are the break times? Do you need to provide cover for others over lunchtime?

Poster
FYT20-03

V1.0 - 21st May 2020

FOR YOUR TEAMS

FYT20



Managing Stress In The Workplace



It's normal to feel sad, stressed, confused etc during a crisis. Just talking to someone can help, the HSE Employee Assistance Program have qualified counsellors who are here to listen.



Remember what you've done in the past to help manage stress and challenges. Know that you've developed skills and strategies to manage your emotions. Use them during this time too.



Try to reduce stress caused by constantly watching or reading the news. Limit time on social media, especially when you feel the content is upsetting you.



Be aware that not everything being said about COVID-19 is accurate. Go to reliable sources like gov.uk



Self care is key. Stay healthy by eating well, getting enough sleep, exercising when possible and keeping in touch with loved ones.

Ways You Can Practice Self Care



Try to get outside. If you normally exercise, try to fit some in. Even taking a walk outside will help.



Try to rest. When possible, try to switch off and sleep when you can.



Don't forget to eat. It's easy to miss meals when you're busy. Have you had lunch? Maybe a healthy option?



Try to stay connected. Keep in touch with friends and loved ones by phone or video chat.



Stay hydrated. Try replacing a sugary drink or coffee with water. Hydration is good for mental and physical health.

Poster FYT20-04

Staying COVID-19 Secure in 2020

We confirm we have complied with the government's guidance on managing the risk of COVID-19

FIVE STEPS TO SAFER WORKING TOGETHER

- ✓ We have carried out a **COVID-19 risk assessment** and shared the results with the people who work here
- ✓ We have **cleaning, handwashing and hygiene procedures** in line with guidance
- ✓ We have taken all reasonable steps to **help people work from home**
- ✓ We have taken all reasonable steps to **maintain a 2m distance** in the workplace
- ✓ Where people cannot be 2m apart, we have done everything practical to **manage transmission risk**

Employer _____ Date _____

Who to contact: _____
(Your Health and Safety Representative)
(or the Health and Safety Executive at www.hse.gov.uk or 0300 790 6787)

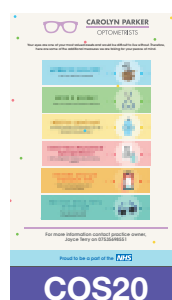
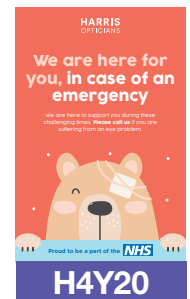
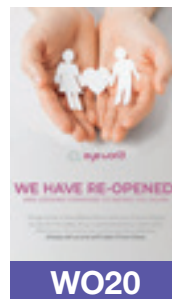
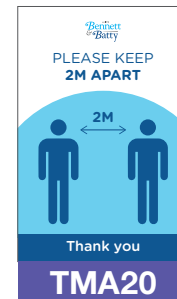
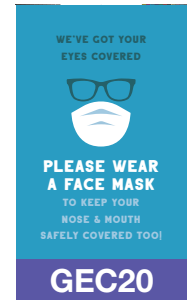
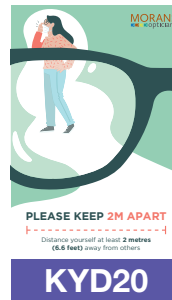
Poster FYT20-05

Promoting positive & supportive relationships

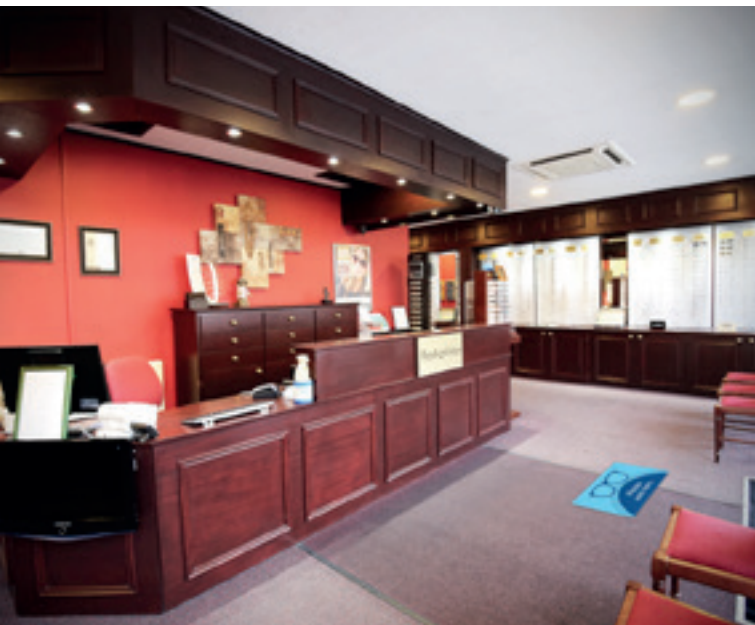


Poster FYT20-06

POSTER EXAMPLE



FLOOR STICKER EXAMPLE

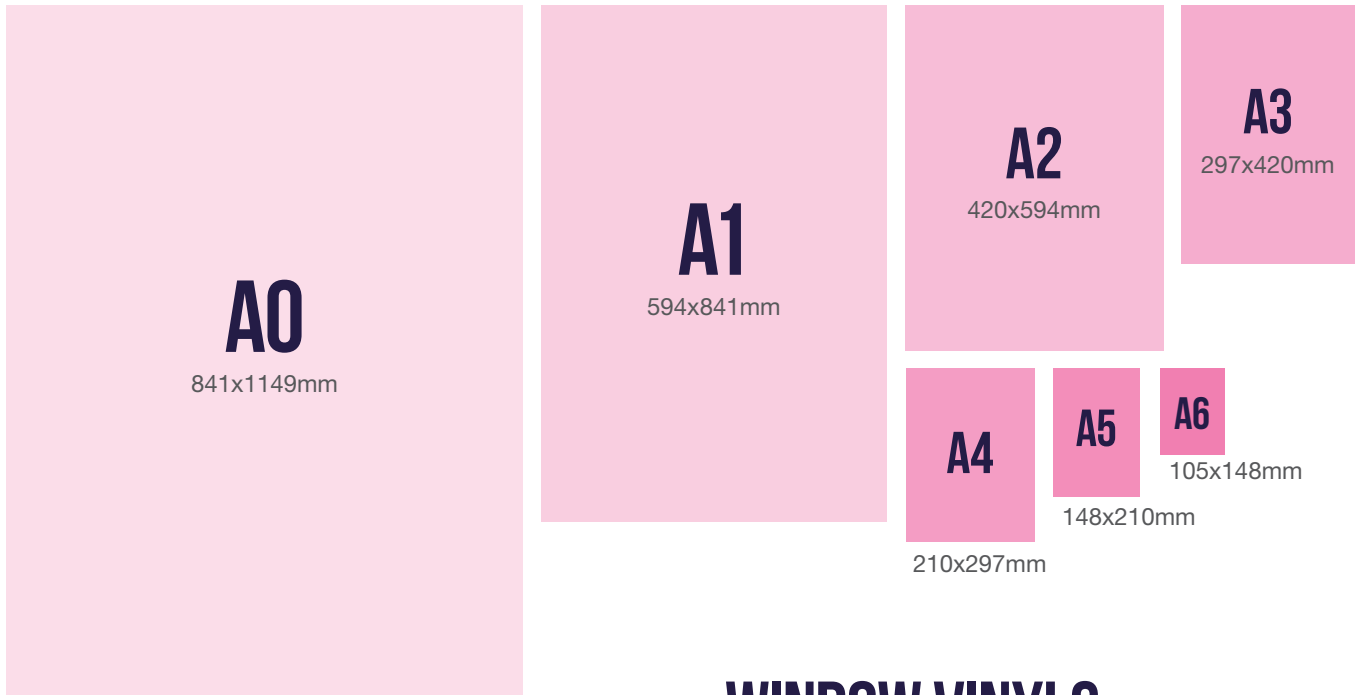


WINDOW VINYL EXAMPLE

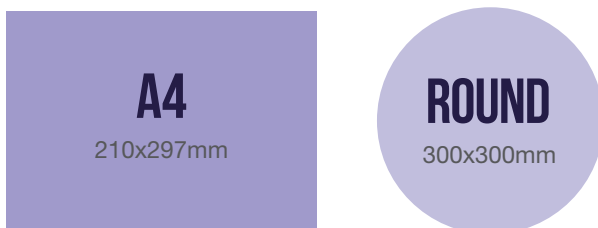


ARTWORK FORMATS

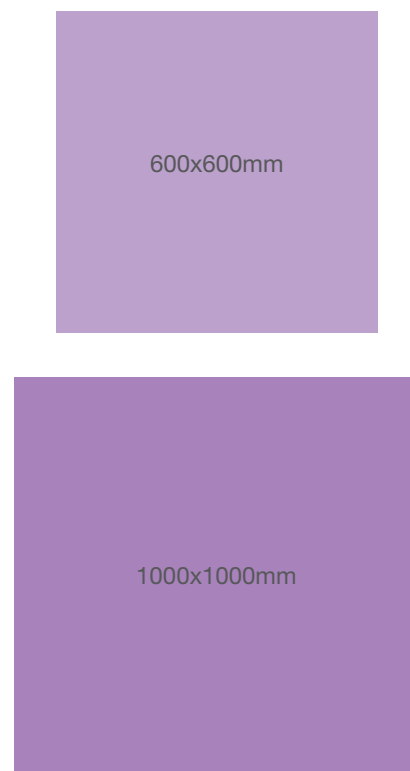
POSTERS



FLOOR STICKERS



WINDOW VINYLs



STRUT CARDS



THE JOURNEY

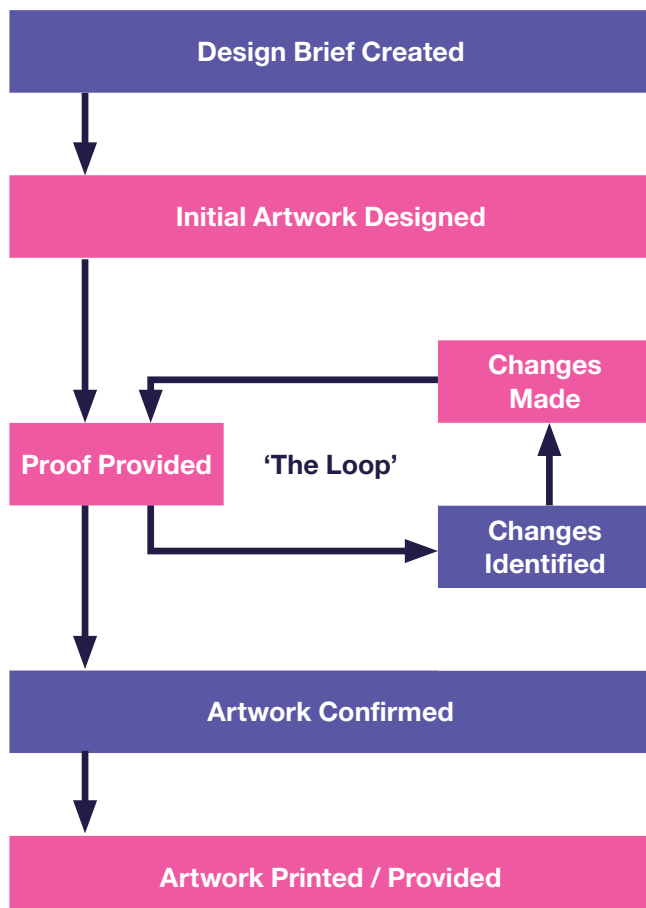
Submit a request through HelpHub via www.hghelphub.co.uk/en/article/marketing-campaign-request-form
Printed assets are sent to the practice and online assets are uploaded.
Any mailing will be managed by HQ.

Making a request

The marketing team is always on hand. If you would like to discuss your campaign before making a request you can either contact the team at HGHQ or email marketing@hakimgroup.co.uk.

Thereafter you need to submit a request through [HelpHub > Digital & Marketing > Marketing > Marketing job request form](#). You can put as much or as little information as you want however, the more detail the sooner you will receive your assets.

The Design Process



Checking The Design

The first thing to do is check that you're happy with the general design of the artwork. The main things you should be looking for are:

- does the artwork adequately communicate the message I'm trying to send?
- does the artwork appeal to the kind of people I'm trying to communicate to?
- does the artwork have a clear message and call to action (i.e. - the audience will know what you're trying to say, and how to act upon it)

It's always good practice to check the small details too. The design team will do their best to pick up on these errors, but mistakes do sometimes happen! These include:

- spelling and grammar
- contact details (addresses, phone numbers, email and social details).

The Next Step

The next step is to send your feedback to the design team via marketing@hakimgroup.co.uk. You will need to communicate any areas that need to be amended as clearly as possible, or confirm the design if the artwork is perfect first time.

Any changes will be made once received and a new proof will be sent. This part of the process is called 'the loop' and will repeat until you are satisfied with the design. Depending on the scope of the project, 'the loop' could last a single cycle or several. Proof versions will be numbered so you can keep track.

Once you're happy with the design, your artwork will be sent to print, uploaded, or provided on file as required.



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marketing@hakimgroup.co.uk

01254 708422



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COVID-19

PPE GUIDE FOR PRACTICES

This document has been created to provide a coordinated, single resource for PPE and Infection Control for all HG practices that meets the following criteria:

- Make the safety of our patients and team members our primary concern
- Comply with the guidance of our insurers
- Stay up to date with the latest, fast changing guidance on PPE and Infection control

Currently the recognised sources of guidance are FODO, AOP, AOI, College of Optometrists, Public Health England and the NHS. Our priority is to ensure that our patients and our team members operate safely and effectively, whilst understanding when to use PPE and how it should be applied to each situation based on the guidance available.

Understanding PPE requirements in Primary Care

FODO's guidance is based upon guidance from the College of Optometrists which is in turn derived from Public Health England. The guidance for infection control comes from the NHS. The overview below will highlight the relevant actions and measures that need to be in place in your practice.

Within the Republic of Ireland guidance from the AOI, HSE, Gov.ie and the CORU code of conduct apply.

Links to the source documents are listed at the end of this document and relevant links are embedded in the appropriate sections.

The guidance is issued jointly by the Department of Health and Social Care, Public Health Wales, Health Service Executive ROI, Public Health Agency Northern Ireland, Health Protection Scotland, Public Health England and NHS England. It therefore applies to all eye care services in the UK. Within the Republic of Ireland guidance from the AOI, HSE, Gov.ie and the CORU code of conduct applies.

Overview from FODO

The College of Optometrists has updated its PPE guidance in response to this official guidance. The College guidance explains:

- Primary eye care practices should not be seeing patients with signs or symptoms, or confirmed cases, of Covid-19
- Social distancing and scrupulous handwashing remain essential
- You should assess the risk of infection to patients and colleagues in practice. This risk assessment will help you ensure you use the appropriate level of PPE based on official advice (more below).

This is important because PPE is in addition to:

- Other official public health advice and sector guidance
- Social distancing

[Best practice handwashing](#) and [best practice use of hand rub](#).

PPE does not replace these core principles of infection control. For example:

- You should continue to screen patients before they attend practice and place information notices on your practice door to minimise the risk of somebody with a possible or confirmed case of Covid-19 attending
- If you can provide care remotely or while maintaining a 2m distance this is better than using PPE to carry out those tasks at a closer distance

In addition, you should use the correct PPE as instructed.

What PPE should you wear?

“For direct patient care at less than 2m colleagues should wear disposable gloves, disposable apron, a fluid resistant face mask (type IIR) and/or eye/face protection.”

- Gloves and apron disposed of between each patient
- Face masks can be worn on a sessional basis but must be disposed of if contaminated
- Eye protection and face shields can be worn on a sessional basis but must be cleaned and disinfected if they become contaminated

Actions Sharks and Clinicians (**Compulsory highlighted in pink**)

- 1 [Read the College's new PPE guidance in full.](#)
- 2 **All clinicians must read the UK's official PPE guidance** particularly sections: 3,4,7,8.9 and 9, read Table 2 (page 7 of this pack) which outlines PPE for primary, outpatient and community care settings. Whilst this recommends PPE for primary, outpatient, community and social care by setting, NHS and independent sector, it is recommended for suspected or confirmed cases and so not suitable for community optometry as this goes against college advice as does aerosol generating procedures. The shading is to highlight the different care settings (practice vs domiciliary) and the different procedures. The comment at the side highlights the likelihood of a procedure and whether it is at odds with the relevant guidance from the College of Optometrists.

- 3 **Table 4 (on page 9 of this pack)** is the best fit in line with the College guidance
- 4 **All clinicians must** read the PHE guide to donning and doffing PPE [non-AGPs](#).
- 5 [Please also keep up to date with the extremely vulnerable list](#) – last updated 30 March – to ensure this is factored into remote care triage processes.

PPE for non-clinical Colleagues

For all other staff not involved in direct patient care, every effort should be made to maintain social distancing of 2 metres. Where this is not practical use of Fluid Resistant Surgical Mask (FRSM) is recommended.

Infection Control

All services that continue to be delivered must use robust infection control procedures, including:

- Using a cough guard on slit lamps.
- Wiping clinical equipment and door handles after every patient, as well as other surfaces that may have been contaminated with body fluids using a suitable disinfectant such as an alcohol wipe. All surfaces must be clean before they are disinfected.
- Sanitising frames before patients try them on. If a focimeter needs to be used on patients' spectacles, the patient should be asked to take them off and should be provided with a wipe to sanitise their frames before these are touched by the professional.
- Supporting good tissue practice (catch it, kill it, bin it) for patients and staff by having tissues and covered bins readily available.
- Ensuring that thorough hand washing techniques are adhered to.

If you are unable to access PPE you should follow College advice:

In the absence of appropriate PPE, if you consider there to be an infection risk to yourself or your patients, we recommend that you see patients virtually, until your practice is able to provide these essential items of PPE. You can refer the patient to another practice in the area who has appropriate PPE, or on to secondary care if they require urgent treatment. You can continue to provide patients with contact lenses or spectacles by post and if a patient contacts you for advice there are many issues that you can resolve over the phone or by video consultation, including a clinical consultation.

How do I source PPE equipment?

This is the message from the NHS regarding supply of PPE:

PPE kit for staff should be available. If any practice has concerns around the kit, please contact NHS National Supply Disruption line on 0800 915 9964 or email supplydisruption@nhs.uk who will be available to help, Monday to Friday between 08:00 and 18:00.

Supply of PPE in the Republic of Ireland

Practices in the R.O.I. should follow local guidelines for the sourcing of PPE.

What have we been doing at HG HQ?

- All practices have been sent face shields, surgical masks, gloves, aprons and hand gel.
- We have further stocks of aprons arriving this week. We do have surgical masks and we have some stocks of gloves left which we are trying to source more of. Please contact Julie Gooden directly if you need any of these items.
- There are more packs of sani wipes on order which will now be delivered by the end of the month. These will be ring fenced for the our independent practices, but will be held at the supplier and Paul Forsythe will control orders and despatching of these products. Anti Bac Hand Gel in 500ml bottles now available. Please contact Paul Forsythe via email and refer to page 29 in this document for more details.
- FFP3 masks are due anytime from a supplier and will issue them to each practice directly once they have arrived.
- A page has been published to either access products from Julie Gooden or go directly to suppliers which will be a quicker method of acquiring items we don't currently have. **Please see: PPE Direct Sourcing PDF on page 27 of this document**

Other supporting information:

We are currently working on a bulk supply of required PPE for the group and will advise when these are in stock.

New source of PPE for Optical practices

<https://primaryeyecaresupplies.co.uk/>

PPE supply updates from the NHS

<https://www.england.nhs.uk/coronavirus/publication/guidance-supply-use-of-ppe/>

NHS guidance on when to use a surgical mask or FFP3 respirator

<https://www.rdash.nhs.uk/wp-content/uploads/2017/08/Appendix-47-Surgical-Face-Mask-FFP3.pdf>

Coronavirus: How to disinfect optical equipment and premises

https://www.aop.org.uk/coronavirus-updates/coronavirus-how-to-disinfect-optical-equipment-and-premises?utm_campaign=2654999_Coronavirus%20member%20update%20%2317&utm_medium=email&utm_source=Association%20of%20Optometrists&dm_i=2E50,1KWLZ,2AH6MZ,5CRCH,1

This document is not intended to: (i) constitute medical or safety advice, nor be a substitute for the same; nor (ii) be seen as a formal endorsement or recommendation of a particular response. As such, you are advised to make your own assessment as to the appropriate course of action to take. Please carefully consider local laws and guidance in your area, particularly the most recent advice issued by your local (and national) health authorities, before making any decision.

PPE FURTHER SUPPORT DOCUMENTS



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COVID-19

PPE BEST PRACTISE & FAQs

We wanted to put together a quick reference guide to take you through the minefield of PPE information which is currently out there now. Please refer to our main PPE document in the pack, but here is an overview of some key best practises and to answer some of the questions that have been raised so far.

Best practice

- Social distancing should always be observed, maintain 2m distance whenever possible.
- Use remote consultation whenever possible.
- If PPE is not available consult with your local trust for referral options.
- Stay up to date with current guidelines from FODO, College of Optometrists and Public Health England.








Frequently asked questions

- 1 What items of PPE do I need to wear in my practice during consultations with patients? **Answer: Disposable gloves, Disposable apron, Fluid resistant mask, Eye protection / Face shield.**
- 2 Should support staff wear PPE? **Answer: No, support staff should maintain a 2 metre distance from patients. If this is not possible a fluid resistant mask should be worn.**
- 3 How often should I change my PPE? **Answer: Disposable gloves and aprons need to be replaced between patients. Face masks can be used on a sessional basis and should remain in place for the length of the clinic unless they become contaminated in which event, they should be replaced. Reusable items of PPE such as face shields and eye protection should be worn on a sessional basis unless they become contaminated in which event they should be cleaned and decontaminated before reusing.**

- 4 What if my PPE becomes contaminated (coughed or sneezed on)? **Answer: Clean or replace as appropriate. If the patient is suspected of suffering from Covid-19 they should be isolated, and PPE should be discarded safely.**
- 5 Do I need to change my PPE between patients? **Answer: Disposable gloves and aprons need to be changed between appointments. Masks, eye protection and face shields can be worn on a sessional basis unless they become contaminated**
- 6 Should I clean my PPE between appointments? **Answer: Disposable gloves and aprons should not be cleaned and should be replaced between patients. Face masks should not be cleaned and should be used on a sessional basis for the length of the clinic unless they become contaminated in which event, they should be replaced. Reusable items of PPE such as face shields, eye protection and slit lamp cough shields should be cleaned and decontaminated if they become contaminated or come into contact with the patient.**

PPE is scarce, manage clinics to minimise the number of sessions and maximise the number of patients per session to ensure this precious resource is optimised safely.

PPE Equipment Update 06/05/20

Item.	Information	Contact for Supply
Full Face Mask	 We have managed to secure a number of these Full Face Shields . If you require one (they are reusable and can be wiped down) please contact Julie	juliegooden@hakimgroup.co.uk
Face Mask for Supporting Staff	 We have stock of these please e-mail Julie	julie.juliegooden@hakimgroup.co.uk
Disposable Gloves 100pcs	 We have some stock of these please e-mail Julie	julie.juliegooden@hakimgroup.co.uk
Aprons	 We have a supply of aprons arriving this week should you require a number please contact Julie Gooden	julie.juliegooden@hakimgroup.co.uk
Slit Lamp Guards	 Grafton , BIB & Louis Stone do have some :- Please order direct from supplier	https://www.bibonline.co.uk/products/bib-universal-slit-lamp-breath-guard
Disinfecting Wipes Sani Wipes	 We are expecting some Sani wipes from another supplier shortly and will update when these come into stock	
Alcohol hand gel	 We have a small supply of alcohol hand gel in stock 60ml pocket sized.	julie.juliegooden@hakimgroup.co.uk
Alcohol hand gel Large 500ml	 We have ringfence a supply of 500ml bottles of Anti Bac Hand Gel. These are much more cost effective than the smaller bottles.	
Tissues	 Please source locally these are generally back on supermarket shelves now	Local supermarket



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PERSONAL EYE PROTECTION

HG can supply a variety of eye protection but for ease we have split it into three categories with the following specifications;

- 1 Full Face shield (Optically clear/foam-padded/adjustable-elasticated head band/anti-fog/peel off layer before use) **CE/EN166/ANSI Z87.1 certified/FDA approved**. Protects eyes/mouth/nose and face against contamination from respiratory droplets/secretions and bodily fluids)
- 2 Protective Goggles (Optically clear/indirectly vented or non-vented/anti-fog/adjustable-elasticated head band/ideal for sealed use) **CE/EN166/ANSI Z87.1 certified/FDA approved**
- 3 Safety Glasses (Optically clear/Indirectly vented/Polycarbonate or equivalent/anti-fog glasses with ideal coverage/deep plastic sides for maximum coverage-ideal for normal ward or health and social care instead of a face shield. User friendly and fit for purpose. (Not ICU/Critical care as need full seal) **CE/EN166/ANSI Z87.1 certified/FDA approved**

Please note: We only use reputable certified ISO 9001, EU:2016/42 (PPE) registered suppliers.

If you would like to order any of these items then you can purchase directly from Eyespace and we also have some stock at HQ. Please contact Julie Gooden on juliegooden@hakimgroup.co.uk

Protective Goggles



Face Shield



Safety Frame



Anti-Bac Hand Gel



Anti-Bac Hand Gel has a 70% alcohol content. It is a hand sanitising gel with moisturiser. Supplied in handy 500 ml flip top bottle providing quick and effective hand sanitising to help guard against the spread of bacteria infection and cross contamination of virus infections that can cause respiratory problems.

Anti Bac Hand Gel helps guard against Weils Disease, MRSA and the spread of Common Flu Virus and other types of coronavirus where there is a risk of cross contamination through person to person contact.

Suitable for use in Hospitals, Nursing Homes, Portable Sanitation, Waste Transfer Stations, Home, Office, Workshop, in conditions of flood and natural disaster and any other areas subject to high risk from bacterial or viral contamination.

Directions: Apply a small amount to palms and rub hands together briskly until dry.

Disposable Eye Patches



Single-use Mask-it™ eye patches are disposable, hygienic and easily applied.

These light, translucent patches never touch the eye itself, which allows patients to keep both eyes open during testing, thus eliminating dark adaptation and corneal surface change.

Simply pull one from the dispenser, fold and place around the patient's eye. It's as easy as that!



- Sterile and hygienic
- Replaces reusable eye patches and the need to keep re-sterilising between patients
- Eliminates the difficulty of totally sterilising the elastic cord on traditional reusable eye patches

Ophthalmologists and other ophthalmic clinical professionals performing similar clinical assessments are in prolonged close contact with patients and may be at higher risk of infection than other specialities. The table interprets the PHE guidance for the specifics of ophthalmology care.

General principles

1. Defer all low risk and non-urgent care, risk assess others for deferment or remote consultation where possible.
2. If likely infected, if possible defer high risk /urgent care until well.
3. **Maintain a scrupulous standard of infection control. Good hand and tissue hygiene are key: CATCH IT, BIN IT and KILL IT.**
4. Minimise accompanying adults in the examination room, wherever possible only allowing the patient in.
5. Minimise staff in the operating theatre.
6. Clean the consulting room door handle after each patient.
7. Minimise the time in close contact, using alternative treatment where appropriate.
8. Clean slit lamps before and after each patient, including the breather, on/off switch and any controls used.
9. Ensure the clinical area and all equipment is cleaned regularly.
10. Clinical staff not in uniform who are in close contact with patients should wear scrubs.

Notes on specific PPE

- The same surgical mask may be worn for multiple patients to be seen at the slit lamp. However, scrupulous care must be taken not to transmit the virus on the front of the mask via hands or clothes. If using the same mask, do not take on and off between patients and do not allow it to dangle on the chest
- PPE should be put on and removed in an order that minimises the potential for self-contamination: the order for PPE removal is (i) gloves, (ii) hand hygiene, (iii) apron or gown, (iv) eye protection, (v) surgical face mask or FFP3 respirator and (vi) hand hygiene

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Reference to Table 4



<= Advised against by College of Optometrist guidance

Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-resistant coverall/gown	Surgical mask	Fluid resistant (Type BFF) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Direct patient/resident care accessing an individual that is not currently a possible or confirmed case ² (within 2 metres)	✓ single use ³	✓ single use ³	✗	✗	✓ risk assesses occasional users ⁴	✗	✓ risk assesses occasional users ⁴
Any setting	Performing an aerosol-generating procedure ⁵ on an individual that is not currently a possible or confirmed case ²	✓ single use ³	✗	✓ single use ³	✗	✗	✓ single use ³	✓ single use ³

Table 4

- This may be single or reusable face/eye protection/face visor or goggles.
- A case is any individual meeting case definition for a possible or confirmed case. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-early-investigation-of-possible-cases/investigation-and-laboratory-management-of-possible-cases-of-novel-coronavirus-2019-ncov-infection>
- Single use refers to disposal of PPE or occupational use of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, wash, or another, before or between subsequent users after each patient contact as per standard infection control precautions (SICPs).
- Risk assess refers to disposal of PPE or occupational use of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, wash, or another, before or between subsequent users after each patient contact as per standard infection control precautions (SICPs). **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid resistant surgical mask with or without eye protection as determined by the individual staff member for the care undertaken.**
- A single session refers to a period of time where a health care worker is undertaking a task in a specific care setting/department/setting e.g. on a ward round, providing ongoing care for a patient. A session ends when the health care worker leaves the care setting/department/setting. Additional use should always be risk assessed and considered the risk of infection to and from patients, residents and health care workers when COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncontaminable.
- The full list of aerosol-generating procedures (AGPs) to which the IPC guidance for AGPs are undergoing a further review at present.

This guidance is for dealing with patients who are not a suspect or confirmed case as per note (a), to the left. It does however assume that every patient is a potential carrier and appropriate personal protective equipment (PPE) should be worn for all patient encounters at <2m.

Consistent with guidance from the Royal College of Ophthalmologists issued 03/04/2020



Public Health
England

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- 1 Put on your plastic apron, making sure it is tied securely at the back.


- 2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.


- 3 Put on your eye protection if there is a risk of splashing.


- 4 Put on non-sterile nitrile gloves.


- 5 You are now ready to enter the patient area.



Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1 Remove gloves. Grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.


- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water.


- 3 Snap or unfasten apron ties the neck and allow to fall forward.



4 Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

- 4 Once outside the patient room. Remove eye protection.


- 5 Perform hand hygiene using alcohol hand gel or rub, or soap and water.


- 6 Remove surgical mask.


- 7 Now wash your hands with soap and water.



Please refer to the **PHE standard PPE video** in the **COVID-19 guidance collection**:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

If you require the **PPE for aerosol generating procedures (AGPs)** please visit:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures



Public Health
England



COVID-19 Safe ways of working

A visual guide to safe PPE

General contact with confirmed or suspected COVID-19 cases

- Eye protection to be worn on risk assessment
- Fluid resistant surgical mask
- Disposable apron
- Gloves

Aerosol Generating Procedures

- Eye protection eye shield, goggles or visor
- FFP3 or FFP2 respirator
- Long sleeved fluid repellent gown
- Gloves

Wash your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High risk areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

For more information on infection prevention and control of COVID-19 please visit:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control



Public Health
England



Frequently Asked Questions

on wearing Personal Protective Equipment (PPE)

What is PPE?

Personal Protective Equipment is what we use at work to protect ourselves (all health care workers) and our patients from coronavirus. The amount of PPE you need will depend upon where you work.

Why do we have a new guide on PPE?

We are learning more about coronavirus every day. The new guide has been produced by experts from many different areas and takes into account this new knowledge.

Does the WHO (World Health Organisation) support his guide?

The WHO has confirmed that the UK's guidance is consistent with the highest levels of protection in the world.

Does all face-to-face patient contact put me at risk of catching coronavirus and should I wear PPE all the time?

Looking after patients means that we often have to get closer than 2 metres. What PPE you need to wear will depend upon where you work. We take your safety very seriously and you will be given clear instructions on what to wear in each area.



What is an aerosol generating procedure (AGP)?

An AGP results in tiny droplets of fluid that become suspended in the air and may contain coronavirus which could then be breathed in. If you are working in an area where AGPs are performed, you will be given the right PPE to protect yourself and training to make sure you use it correctly.

If I am on a COVID-19 ward but am not in direct contact with patients, do I need to wear PPE?

Yes, if you are on a COVID-19 ward more than 2 metres from a patient then you should wear a face mask and assess the need for eye protection.

If you are within 2 metres of a patient on a COVID-19 ward, you should use disposable gloves, a disposable apron and fluid-resistant surgical mask, with eye protection. If an AGP is to be performed you will need more protection and these procedures will not be performed until all staff in the area are safe. You will need to wear gloves, gown, an FFP3 mask (or FFP2) and eye protection.

Can the virus land and stay on my hair? Do I need to wear a cap to cover my hair as well as recommended PPE?

The virus does not land and stay on hair for any length of time. Surgical hats or other headwear is not required for clinical staff apart from areas where they are normally worn such as operating theatres.

What should I do with my shoes?

You should wear the right shoes for the area where you work and your trust will have a dress code you should follow.

Should I shower when I get home?

There is no requirement to routinely shower after you finish work. However, do ensure you follow recommended hand hygiene measures at work, when you are out and about, and when you are at home.

Should I remove my uniform or workwear before going home?

It is best practice to change into your uniform when you arrive at work and out of it before you leave. You shouldn't wear your uniform when travelling. If you wear your own clothes, then you should change when you get home.

This does not apply to community health workers who are required to travel between patients in the same uniform.

Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric. A wash for 10 minutes at 60°C removes almost all micro-organisms. Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms, including coronaviruses.

Should clinicians wear scrubs in all clinical areas with patient contact?

There is no requirement to wear scrubs, but you will be given local guidance on this. Organisations may consider the use of theatre scrubs for staff who do not usually wear a uniform but who are likely to come into close contact with patients e.g. medical staff.

Should staff assisting with AGPs wear PPE as well as staff carrying out the AGP?

Yes. AGPs should only be performed when all staff in the area are safe and wearing the correct PPE.

In an emergency do I need to put on PPE if it costs valuable time?

If you are working in an area where emergency care is given, your department will ensure that you are wearing the right PPE. Sudden procedures, such as chest compressions for cardiac arrest can be started without PPE. However, if an emergency AGP is needed, this will be delayed until staff in the area are safely protected in the appropriate PPE.

What is the difference between standard surgical mask and FFP2/3?

A standard surgical mask will protect you and your patient from virus that may be present in spittle. You will be clearly told where and when you should wear this mask and also when patients should wear one.

A FFP mask has a filter that removes particles and must be used in certain areas where there is a risk of particles in the air carrying coronavirus usually where an AGP is taking place. The areas and times when these masks are needed will be made clear by your trust.

You should make sure your FFP mask fits properly. If you have any doubts, ask!

Can you re-use PPE?

You should change gloves and aprons between each patient and wash your hands. However, you can wear gowns, respirators and eye protection for an entire session (eg ward round or GP session), depending on the area where you work. This will be made clear to you by your organisation.

Some of the PPE I have is out of date, is it safe?

Yes, these have a much longer shelf-life than the date marked and all PPE has passed stringent tests. Any supply that is not up to standard is destroyed.



SOURCING GUIDE

CLEANING & SOCIAL DISTANCING MATERIALS



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LIFE AFTER LOCKDOWN

PROTECTIVE SCREENS & SCRUBS

Protective screens

Screens can be used as an additional measure to protect patients and team members where you deem this necessary, based on your risk assessment of the practice.

Here are some organisations that we have identified who are able to provide screening products:

Flexi PPE

<https://www.flexippe.com/shop/>



Protective Screening

Instantprint

<https://www.instantprint.co.uk/essentials/sneeze-guards>



Printed.com

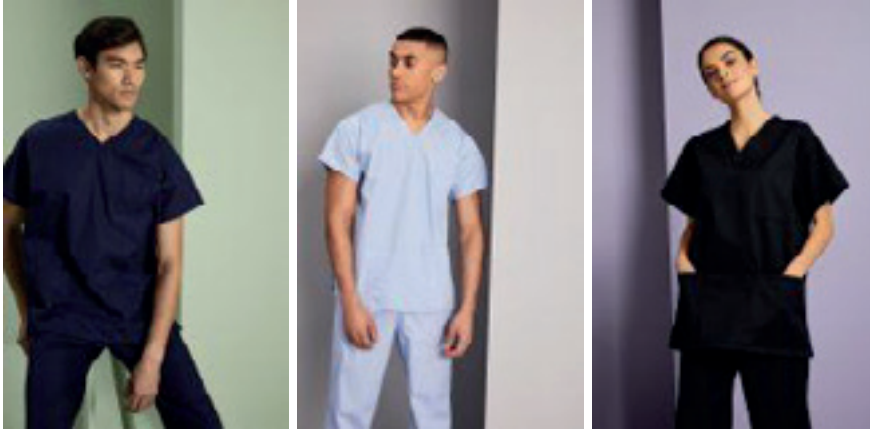
https://www.printed.com/products/1087/countertop-guards?mc1&utm_source=Segment+Marketing&utm_campaign=cefe053865-early-may-bh-promo-20&utm_medium=email&utm_term=0_d95691c565-cefe053865-277520841

Scrubs

Simon Jersey - Medical scrubs.

<https://www.simonjersey.com/shop-all-c4/scrubs-c84>

They deliver to the whole of the UK and ROI.





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PRACTICE CLEANING AND DISINFECTING

We are reviewing additional options and pricing so that we have multiple pricing and choice. This will be update in the next iteration.

All the cleaning and disinfecting materials below are available through Safechem.

Please use the order form in the pack or the spreadsheet version which we will circulate separately. How to order: On the order form simply indicate the quantity of each product required and we will send the goods to you.



Anti Bac Hand Gel

Is designed for use on the hands. The product contains 70% alcohol and should be used sparingly. Apply a small amount to the palm of the hand and rub both hands together until the product has disappeared. No need to use a hand towel.



6 x 500ml

10% Sodium Hypochlorite - For floor cleaning

A concentrated product which should be mixed with water prior to use. Under no circumstances should the product be used in its neat form as this may give rise to surface damage. Dilute product with clean water, cold or warm, 1 part product to 100 parts water. So for 10 ltrs water you would require 200ml of the neat 10% product. Use a plastic mop bucket and ensure that no other chemical is involved.

This solution should be used for floor sterilisation and application should be made by means of clean mop specifically set aside for this purpose. Thoroughly immerse mop in prepared solution and wring out until damp. Ensure that the entire floor area is treated then allow to dry. 10% sodium hypochlorite for floor cleaning and sterilisation.



1 x 5 Ltrs

Virusan - For cleaning frames

A ready to use disinfectant/cleaner for use on most water washable surfaces. It is designed to clean and sterilise surfaces treated. It contains a virucide which helps prevent the spread of bacteria, fungi and viruses, MRSA Hepatitis B and C Salmonella etc. Apply sparingly to the surface you need to treat then wipe over using a clean cloth or low lint tissue. Should a cloth be used it is advisable to wash this thoroughly before re using as failure so to do could give rise to transference of germs from one surface to another.

Tissues should be disposed of immediately after use.

Supplied in 750ml trigger sprays and 5 Ltr size for refilling trigger sprays.



1 x 5 Ltrs



6 x 750ml

Polyspray

For use in conjunction with the IPA solution.

Maximum content 600cc



1x 600cc

Sani Wipes

A universal wiper, anti bacterial and anti virus, for surfaces and non invasive medical devices (nhs approved). Can be used on all hard surfaces chin rests, forehead rests, chairs, tables, work surfaces, keyboards, card machines etc
Information sheet attached.



1 x 200

COSHH Sheets

Provided for each product as part of this pack.

Safechem 70% Alcohol Sanitiser

IPA solution can be used on soft furnishings. Contains 70% IPA. Use a hand held sprayer apply a fine mist and allow to dwell on the surface of the fabric for 45 seconds. Wipe over with a low lint tissue and allow to dry. This product will kill off surface bacteria and viruses.



Order Form

HAKIM GROUP ORDER FORM					
PRODUCT	DESCRIPTION	PACK SIZE	UNIT PRICE	QTY	TOTAL PRICE
ANTI BAC GEL 70%	70% hand sanitiser	6 x 500ml			£0.00
SODIUM HYPOCHLORITE 10% SOLUTION	For use for floor sterilisation	1 x 5 Ltrs			£0.00
VIRUSAN	A ready to use disinfectant/cleaner	6 x 750ml			£0.00
VIRUSAN	A ready to use disinfectant/cleaner	1 x 5 Ltrs			£0.00
SANI WIPES	A universal wiper; anti bac/anti virus	1 x 200			£0.00
SAFEHEM 70% ALCOHOL SANITISER	IPA Solution for soft furnishings	1 x 5 Ltrs			£0.00
POLYSPRAY	To be used in conjunction with IPA Solution	Each			£0.00
Branch Address:					
Order number:					
Carriage Charge Mainland UK for orders under £200.00 £10.00					
ROI Carriage Charge £26.80					
NI Carriage Charge £21.40					
IOM Carriage Charge £20.95					

Alcohol free Disinfection wipes

For Surfaces and Medical Devices



Effective against NOROVIRUS in **30** Seconds
Cleans and disinfects in one

Sani-Cloth AF Universal

are disposable disinfection wipes for non-porous hard surfaces and non-invasive medical devices. Sani-Cloth AF Universal wipes can be used to pre-clean or decontaminate medical devices prior to sterilisation or high level disinfection.

	Test Method	Contact Time
Bacteria	EN 16615	60 seconds
	EN 16615	60 seconds
	EN 16615	60 seconds
	EN 13727	30 seconds
	EN 13727	30 seconds
Enveloped Virus	EN 13727	30 seconds
	EN 14476	30 seconds
	EN 14476	30 seconds
	EN 14476	30 seconds
	EN 14476	30 seconds
Non-enveloped Virus	EN 16615	60 seconds
	EN 16615	60 seconds
	EN 13624	30 seconds
Yeasts	EN 13624	60 seconds
	EN 14348	2 minutes
TB	EN 14348	2 minutes

Multipurpose
Cleans and
disinfects
in one

Broad
spectrum of
kill with low
contact
times

Cost effective
via product
standardisation

EN 16615
Supported by
extracted liquid
testing

Alcohol Free
PHMB Free

Sani-Care
Training
Package*
*Terms & Conditions
Apply



Class IIa
Medical
Device

- 200 Count Flow Wrap **Product code:** XP00390
Wipe size: 267mm x 210mm
- 40 Count Flow Wrap **Product code:** XP00391
Wipe size: 200mm x 200mm
- 100 Count Flow Wrap **Product code:** XP00363
Wipe size: 280mm x 200mm
- 200 Count Canister **Product code:** XP00366
Wipe size: 200mm x 200mm
- 225 Count Bucket **Product code:** XP00365
Wipe size: 270mm x 267mm



LIQUIDLINE

ANTI-MICROBIAL FOOT OPERATED HAND SANITISER STAND

Robust foot operated hand sanitising station, coated in an anti-microbial powder. The adjustable design allows multiple sizes of sanitizer bottles to be used.

PROPERTIES

- Zero hand-touch required
- Suitable for interior/ exterior use
- Adjustable to suit different size bottles
- Self-supporting and easy to move around
- Mobile or Fixable
- Simple to operate
- Robust design
- Anti-theft technology
- Anti-microbial coating reduces up to 99.99% of bacteria and mould
- Available in a wide range of colours that can be matched to your company livery (coloured unit availability may depending on quantity).

SPECIFICATION

- Can take up to 100mm diameter x 300mm high sanitiser bottles
- Sturdy 400x400mm steel plate with fixing holes
- 1.05m overall height

CARE AND MAINTENANCE

- Easy clean
- Stable technology through cleaning
- Helps to reduce bacteria in-between cleans



ORDER YOURS TODAY!

Visit www.liquidline.co.uk, call 0800 849 9110

or email orders@liquidline.co.uk



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UV FRAME STERILISATION UNITS

Product	Trade Price	Discount Price
OWO UV Unit – 8/10 Frames - 15 minute sterilisation time		
Briot UV Unit – 6/8 frames – 25 minute sterilisation time		

UV BOX – 8W

Instruction Manual



Device description : UV box with High power UV-C (254 nm)light source with germicide high capacity.

Germicide capacity depends on the exposure time of the frame located on the box.

For a better efficiency a mechanical cleaning with wipes is recommended before to place the frame into the uv box.

Read for more information about UVC germicide capacity : the publication from The illuminating US standard society report and FAQ.

<https://media.ies.org/docs/standards/IES-CR-2-20-V1-6d.pdf>

Please read carefully this specification before use.

Warning:

Whenever and wherever an electric apparatus is used, especially when there are children nearby, attention should be paid to the following precautions:

Attention: A power socket with a leakage protection switch be used.

1. After finished, pull the plug out of the power socket immediately.
2. This device cannot be used or stored in the bath-room and other humid places.
3. The power line should not be prolonged in any way.
4. After the plug is inserted into the power socket, the user should not leave the device alone or ignore it,
5. It cannot be dipped into water or any other liquid, If it happens to fall into water, you should not touch the water or this device, and immediately pull out the plug from the power socket.
6. Never open the cover before turning off the power.

Specifications for Application

.....Put the tool into the cabinet, adjust the cabinet to a proper position, Switch on the power, when the Light, becomes purple, the disinfection begins. After disinfection, turn off the power first, and then take out the tools from cabinet (if the tools must be taken out during disinfection, the power must be turned off before taking the tools out).

Disinfecting time:

Minimum recommended 25 minutes

Specifications:

220V-240V 50Hz 8W □

Dimensions : 40x30x14.8 cm / 6 frames

Regulations :



LVD EN 60335-2/60335-1

EMC EN 55014-1 / EN 61000-3-2/ EN 61000-3-3 / EN 55014-2

ROHS compliant

This device is not a medical device

OWO

Learn more about the effectiveness of Owo - Device for uv-ray decontamination.



Germicidal ultraviolet radiation is a method of decontamination that it uses ultraviolet (UV) light at the UV-C wavelength, so as to modify and damage the DNA or RNA of microorganisms and therefore prevent them from reproducing or to be harmful. It also acts at the level of the bonds of the protein chains, changing its conformation.

How to use Owo correctly:

STEP1: it is essential to correctly evaluate the object we are about to disinfect with Owo.

Disinfection takes place only on surfaces affected by light and only if exposed for a specific period. Therefore, one must have the foresight to evaluate the shape of the object and try to understand if all or at least the most of the tool surfaces are exposed to light.

WARNING! UVCs are very aggressive and can spoil plastics over time

STEP 2: once the object is considered suitable for the process, it is necessary to make sure that its surfaces are never encrusted or covered with organic material, which would invalidate its disinfection. It is therefore essential to carry out a preparation by washing and brushing the object, better if carried out with a hydroalcoholic detergent or disinfectant. These detergents are already predisposed to decrease the bacterial load and therefore improve the performance of the Owo device. Dry the objects very well before proceeding to...

STEP 3: once you have verified that the object does not have any encrusted parts or of the material deposited on the surface, you can insert it in Owo and start the decontamination cycle.

Then follow the instructions below:

- 1) Check that the power switch located on the back of the appliance and marked with the words 0 (zero - appliance off) and 1 (one - appliance running), is placed in position 0 (zero), ensuring that the appliance is turned off.
- 2) Insert the appliance plug into a suitable power outlet.

3) Lift the protection door making the internal compartment of the appliance accessible.

4) Insert the objects to be sterilized, arranging them so that they do not even overlap each other

starts to ensure effective decontamination on the total surface of the object. It is essential that the largest possible surface of the object is exposed, so that the light hits any side facing the lamp. Shaded parts are NOT decontaminated.

5) Close the appliance by moving the protection door to the previous position.

6) Turn on the appliance using the appropriate switch, located on the back of the appliance, which must be placed in position 1 (one).

Switch marked 0 (zero -appliance off) and 1 (one - appliance on).

STEP 4: Decontamination time.

It is a variable value depending on the type of microorganism to be killed. For efficient killing of most viruses, bacteria, prions, spores and fungi it is necessary to leave EVERY SINGLE SIDE exposed to UV-C radiation for 15 minutes. A lower exposure leads to a lower abatement.

WARNING! It is essential never to place the side already exposed to the light on the area previously in the shade, as it would contaminate the surface again

EXTRACTION OF DECONTAMINATED OBJECTS:

7) Turn off the appliance using the appropriate switch located on the back of the appliance, which must be placed in position 0 (zero).

8) Wear sterile gloves.

9) Lift the protection door.

10) Remove the decontaminated objects ready for use and close the door.

11) It is possible to store the instruments in containers previously subjected to the decontamination, however be aware of the loss of a part of disinfection during that process

TECHNICAL DATA

Supply:

230 V ~ 50 Hz - 13 W

Dimensions: 143x34x22H cm



Stock availability and cost are TBA

UVC Steriliser YM- 9013



The unit will comfortably hold up to 8 adult frames.
Recommended sterilisation time is 15-20 minutes.

YM - 9013 UV Sterilizer Instruction

Product Specification

Voltage /Frequency	A.C (220-240V/50Hz) ● (110-120V/60Hz) □	
Watt	9W	
Dimension	Outer size: W398*D300*H142mm	Inner size: W290*D202*H87mm
Weight	2.2kg	

Product structures



1. Cover 2. Lampshade 3. Frame 4. Bracket 5. Base plate
6. Side 7. Power wire

YM-9013 Warning



YM-9013 Product Features

- High tech ozone, ultraviolet sterilizing device-Without harming, safe and efficient, no auxiliary agent needed to achieve sterilization and disinfection efficacy.
- Advance luxury styling-Space saving with comfortable and styling body shape.
- Personalized design—Special cover design without switch board, a perfect design to shut off the harmful ultraviolet light when opening the cover, its start sterilization when cover is closed.
- Materials application-Special material to block Ultraviolet light, UV resistance with dark blue transparent cover and ivory body.

Product Function

- Use high Ozone, ultraviolet rays to kill Bacteria on the tools.

Attentions

- Read the instruction carefully before using the products.
- Products Using method, attentions and maintenance procedure.

Using method

- Put the sterilizer on a flat and stable surface.
- Put the tools which need to be sterilized into the shelf orderly, close the door.
- Make sure the voltage is the same with the machine, connect to the electricity.
- To start the device by closing the cover, UV light will turn on, the device will turn off when the cover is opened.

Maintenance

- Using neutral cleaner to clean the machine regularly, strictly prohibited to use acid, alkaline and corrosive or toxic cleaner for cleaning.
- Keep the sterilizer in a dry cool place.
- Look for a professional mechanic to repair if the machine is not functioning.



HOW TO SANITIZE YOUR SUNGLASSES AND OPTICAL FRAMES

Dear Valued Customers and Marcolin Community,

The below referenced information is being provided in an effort to assist our employees, sales representatives and customers with cleaning and handling of our eyewear frames.

HOW TO SANITIZE YOUR SUNGLASSES AND OPTICAL FRAMES

Supplies Needed

Disposable latex or vinyl gloves
Hydrogen peroxide wipes or solution
Microfiber cleaning cloth

Method

Frames can be cleaned with hydrogen peroxide wipes.

If hydrogen peroxide wipes are not available a 50-50 3% hydrogen peroxide and water solution mixed in a spray bottle can be used to clean the frames with a cleaning cloth.

Hydrogen peroxide wipes and solutions contain different ingredients from the regular disinfectant wipes and solutions. Do not use regular disinfectant wipes or solutions as these can damage the frames.

Process

1. Clean and sanitize all frames after each use.
2. Recommended to wear latex or vinyl gloves when touching the product and before starting the process.
3. Use your gloved hands to clean every part of the frames with a hydrogen peroxide wipe or spray a hydrogen peroxide solution in a regular cleaning cloth.
4. After cleaning the frames or interaction with patients, dispose the gloves and wipes. Do not reuse the cleaning cloth before machine washing it first.
5. Do not touch your mouth, nose or eyes during the process. Wash your hands for 20 seconds or use an hand sanitizer after disposing the gloves.

If you are unable to use hydrogen peroxide wipes or solution, we recommend cleaning the frames with anti-bacterial, lotion free dish-soap in a stream of lukewarm water.

Please continue to take care of yourself and each other.

Stay safe, Marcolin U.S.A.

DISCLAIMER - The above information is provided for reference purposes only and does not constitute medical advice. If you have medical related concerns about the spreading and/or contracting of infectious diseases associated with wearing or disposing of eyewear frames, please consult the Centers for Disease Control and Prevention at www.cdc.gov for the most recent developments and advice. All information is provided based on the Marcolin USA Eyewear Corp. understanding and belief as of the date on which this information was prepared and is subject to change or modification at any time in Marcolin USA Eyewear Corp.'s sole discretion. Marcolin USA Eyewear Corp. assumes no obligation or liability for the information contained herein.

HOW TO SANITIZE YOUR SUNGLASSES AND OPTICAL FRAMES

CLEAN AND SANITIZE ALL FRAMES AFTER EACH USE



1. Wash your hands for 20 seconds or use a hand sanitizer.



2. Apply latex or vinyl gloves.



3. Clean every part of the frame/s with a hydrogen peroxide wipe or spray a hydrogen peroxide solution in a regular cleaning cloth.



4. Do not touch your mouth, nose or eyes during the process.



5. After cleaning the frames or interaction with patients, dispose the gloves and wipes. Do not reuse the cleaning cloth before machine washing it first.



6. Wash your hands for 20 seconds or use a hand sanitizer after disposing the gloves.

DISCLAIMER - The above information is provided for reference purposes only and does not constitute medical advice. If you have medical related concerns about the spreading and/or contracting of infectious diseases associated with wearing or disposing of eyewear frames, please consult the Centers for Disease Control and Prevention at www.cdc.gov for the most recent developments and advice. All information is provided based on the Marcolin USA Eyewear Corp. understanding and belief as of the date on which this information was prepared and is subject to change or modification at any time in Marcolin USA Eyewear Corp.'s sole discretion. Marcolin USA Eyewear Corp. assumes no obligation or liability for the information contained herein.



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FRAME CLEANING GUIDES

Arena

UVC. I have looked into this and from the information available I do not think this process will have any adverse reaction on the integrity of any of the frames in the P100 collection. We do not have a UVC devise to test this theory (for obvious reasons they are difficult to source at the moment) but would be pleased to submit samples to you for testing under UVC light if you are able to do this?

As you will know, frames made from TR90 (P100 Milnrow) do not react well to cleaning solution with a high alcohol content. However, when cleaning this model and a cross section of other P100 frames with anti-bacterial wipes, advertised as killing 99.9% of bacteria, no damage was caused to the material, surface finish or colour application.

Of course, we have no test to check if the frames are free from bacteria after they have been cleaned but presume that the anti-bacterial wipes we used are fit for purpose as described in the product information.

I hope this helps but please let me know if you need any more information.

Thanks, keep safe and hopefully this madness will be over before to long.

Henry Beaumont

Relating to your request about how our frame materials would react to chemical or radiation sterilisation .

1. Definitely No alcohol based sterilisation solution to be used on any injection produced frames .
2. Relating to all our other frame materials unfortunately I cannot pass an opinion on the likely effects as I don't know what solutions or systems you will be using or any feed back on the effects on our frame materials .

Best regards ,

Geoffrey .

Geoffrey Smith B.SC. (HONS).
Managing Director.

Safilo Frame Cleaning Guidelines

To help fight the spread of COVID-19, we would like to inform you of the following.

Safilo suggests implementing this cleaning process for every frame being handled, or tried on, prior to returning it to your frame boards, or storage trays.

The first step to handling and cleaning your eyewear, is to properly wash your hands as recommended by the WHO – World Health Organization website (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>), as updated from time to time. The information and recommendations of the WHO – World Health Organization, as communicated in their institutional communication channels, are the guidelines that Safilo recommends to follow.

We recommend using this same cleaning process, as any other eventual suggestions for the cleaning of surfaces by WHO, for the eyewear, paying attention do not use solvents or other aggressive detergents (as mentioned in our note info).

<p>Mod. 115</p>  <p>http://www.safilogroup.com</p>	<p style="text-align: center;">ENGLISH</p> <p>Cleaning: Use a damp cloth and mild soap to clean the glasses, then dry them with a soft, clean cloth. Do not use solvents (e.g. alcohol, acetone) or aggressive detergents which may alter the features of the glasses.</p>	<p style="text-align: center;">ESPAÑOL</p> <p>Limpieza: Utilice un paño húmedo y un detergente neutro líquido y seque las gafas con un paño suave y limpio. No utilice disolventes (por ej. alcohol y acetona) o detergentes químicos agresivos, ya que pueden comprometer la funcionalidad de las gafas.</p>
<p style="text-align: center;">ITALIANO</p> <p>Pulizia: Utilizzare un panno umido e un normale detergente neutro e asciugare con un panno morbido pulito. Evitare l'impiego di solventi (es. alcol e acetone) e detergenti chimici aggressivi che possono compromettere la funzionalità dell'occhiale.</p>	<p style="text-align: center;">FRANÇAIS</p> <p>Entretien: Utiliser un chiffon doux et un détergent neutre classique, puis sécher avec un chiffon doux et propre. Éviter d'utiliser des solvants (ex. alcool, acétone) et des détergents chimiques agressifs qui risquent d'altérer les propriétés des lunettes.</p>	<p style="text-align: center;">DEUTSCH</p> <p>Reinigung: Ein feuchtes Tuch und einen herkömmlichen Neutralreiniger verwenden und mit einem weichen, sauberen abtrocknen. Benutzen Sie keine Lösemittel (z.B. Alkohol und Aceton) sowie aggressive chemische Reiniger, die die Funktionalität der Brille beeinträchtigen könnten.</p>

We suggest also to separate all frames that were handled or tried on by putting them aside in a clean, disinfected container, lined with a cloth or paper towel.

Silhouette

	Bleach	Alcohol/ Ethanol		Temperature above 60 °	3% hydrogen peroxide diluted to 0.5%	0.04% quaternary ammonium compounds	UV lamp	Soapy water in ultrasonic tank	Disinfectant wipe	
										sold in shops
Maximum concentration not to damage	-	60%	60°C	3%	-	245nm ideal 230-280nm	5% soap in water	100% Like sold		
Minimum concentration to disinfect	-	30%	60°C	0.5%	-	245nm ideal 230-280nm	3% soap in water	100% Like sold		
Time	-	30sec	60min	10min	-	5min	180sec	30sec		
Acetate	No			No		No				
Metal	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Titanium	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Injected (SPX)	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Wood	No					No				
Gold plated	No			Yes	Yes	No	Yes	Yes	Yes	Yes
HIX - lenses 1.6; 1.67	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes
Polycarbonate lenses SUN/ RX	No	only wiping	only wiping	No	No	No	Yes	Yes	Yes	only wiping

Stepper Guidelines



Sterilising STEPPER Frames and Sunglasses

Coronavirus requires all of us to eliminate the possibility of cross-contamination.

The handling and trying on of frames have always been an integral part of our daily working life. This presents new challenges for our businesses.

STEPPER recommends you adopt strict sterilisation methods in your working practice as follows:

-Clean frames after every use, rather than a once-a-week deep clean using:

UVC Chamber

Washing:

- By hand in soap & water
- In an ultrasonic bath containing soapy water

Using a UVC Chamber

Use a germicidal lamp with between 200 and 280 nm ultraviolet rays, these instruments quickly eliminate any microorganism.



This is an example of a UVC chamber. A number of STEPPER businesses have already sourced these from Centrostyle within the countries which they operate.

Washing Recommendations

Use soap and hot water to rinse the germs away.

Dry frames after cleaning. Use disposable cloths or paper towels when possible [reusable cloths should be disinfected or washed at 60C [140F] after each use]

Stay safe.

A handwritten signature in black ink, which appears to read 'Hans Stepper', is written in a cursive style.

Hans Stepper

EYEWEAR SANITATION DE RIGO VISION

Containment procedure aimed at preventing the Covid-19 virus spread

INDEX

- 1) EYEWEAR SANITATION **Error! Bookmark not defined.**
- 2) CHEMICAL COMPOSTION OF THE SOLUTION 2
- 3) ILLUSTRATIVE IMAGES **Error! Bookmark not defined.**

1) EYEWEAR SANITATION

Given the need to safely sanitize eyewear items in order to protect both the optician and the glasses, please find below the operating mode we deem to be effective in order to complete the sanitation:

❖ **Chemical sanitation to be completed manually by the optician using a solution containing hydrogen peroxide.**

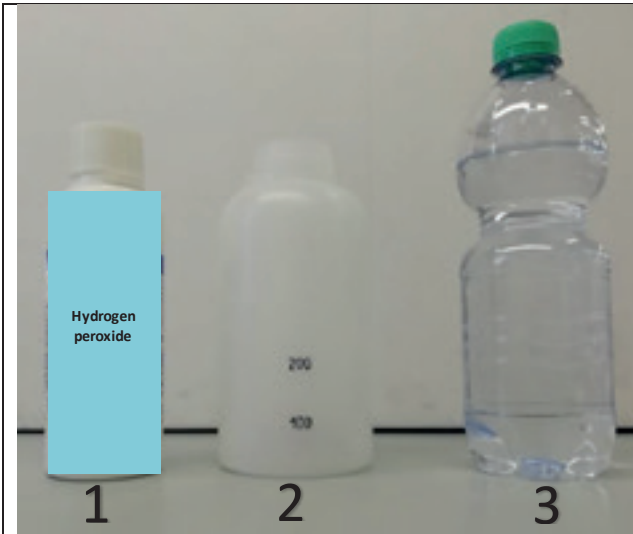
The sanitation should be completed following the steps listed below.

- a) Preparation of hydrogen peroxide solution (3%, 10 volumes) diluted adding 50 % of tap water
 - **THE SOLUTION WILL NEED TO BE PREPARED ON A DAILY BASIS AS THE ACTIVE SUBSTANCE IS NOT STABLE BEYOND 24 HOURS. PLEASE SANITIZE YOUR HANDS/GLOVES BEFORE PREPARING THE SOLUTION.**
- b) Sanitize the surface where the sanitation will completed.
- c) Sanitize your hands/gloves with water and soap or with the specific hydroalcoholic solution.
 - **YOU WILL NEED TO SANITIZE THE GLOVES YOU WEAR; THIS MEANS THAT YOU WILL NEED TO SANITIZE YOUR HANDS EVERY TIME YOU CLEAN A DIFFERENT MATERIAL IN ORDER TO AVOID CONTAMINATIONS.**
- d) Apply the solution with a spray bottle on the surface you want to clean.
- e) Let it rest for 1 minute.
- f) Clean the surface with a clean paper cloth.
 - **YOU WILL NEED TO SANITIZE THE PAPER CLOTH YOU USE TO APPLY THE SANITISING SOLUTIONS EVERY TIME YOU USE IT. OTHERWISE YOU WILL NEED TO SUBSTITUTE IT.**

2) CHEMICAL COMPOSITION OF THE SOLUTION

PRODUCT NAME	Status	Qty.
HYDROGENE PEROXIDE 3%, 10 VOLUMES	liquid	50%, REMAINDER TAP WATER

3) ILLUSTRATIVE IMAGES



a) Preparation of the solution:

- 1 = Hydrogen peroxide
- 2 = doser
- 3 = tap water

Sanitize your hands/gloves before you start to prepare the solution



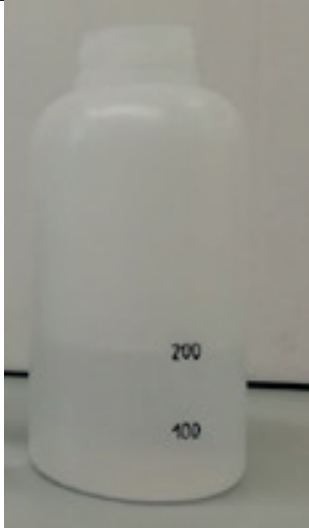
a) Preparation of the solution:

- Pour 100 ml of hydrogen peroxide in the doser (clean)



a) Preparation of the solution:

- Add 100 ml of tap water in the doser containing the hydrogen peroxide



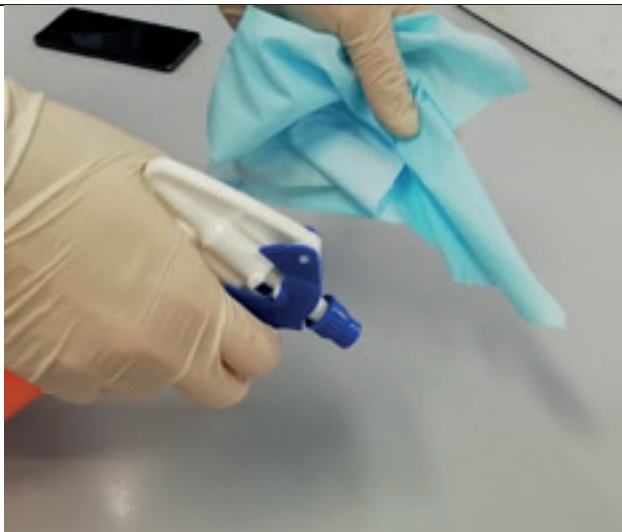
a) Preparation of the solution:

- Doser containing 100 ml of hydrogen peroxide + 100 ml of tap water



a) Preparation of the solution:

- Fill in the spray bottle (clean) with the solution you have prepared



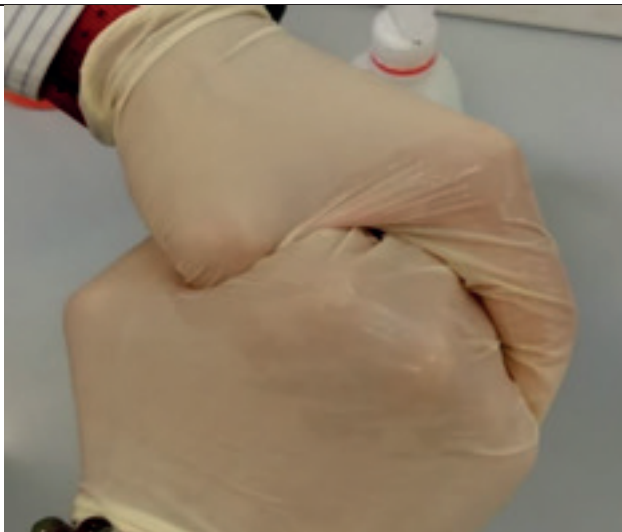
b) Sanitize the surface with the solution you have prepared



b) Sanitize the surface with the solution you have prepared



c) Sanitize your hands/gloves (every time you clean a new pair of glasses and every time you start to prepare the cleansing solution) using water and soap or using the specific hydroalcoholic solution



c) Sanitize your hands/gloves (every time you clean a new pair of glasses)



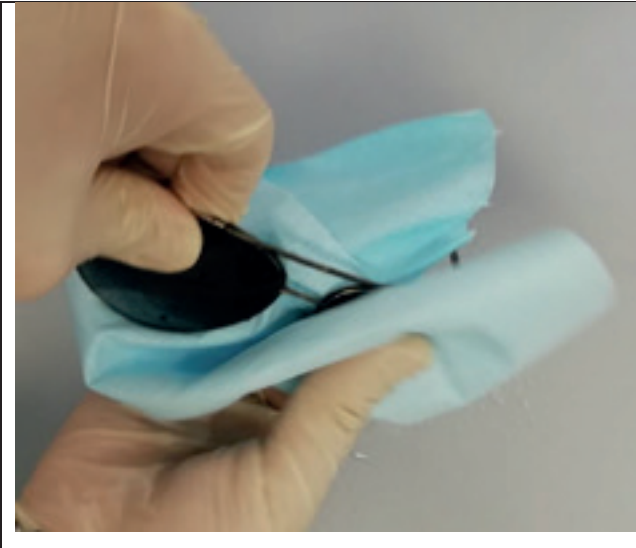
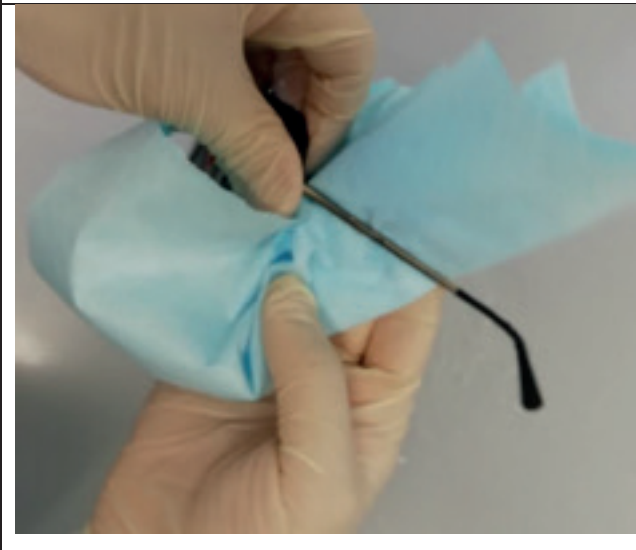

d) Spray the sanitizing solution on the pair of glasses you want to sanitize, making sure to moistening every part of it

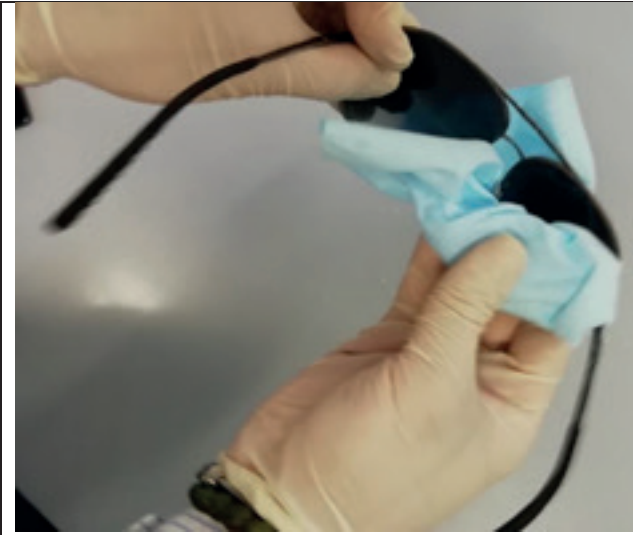


d) Spray the sanitizing solution on the pair of glasses you want to sanitize, making sure to moistening every part of it



e) Let it rest for 1 minute in order to let the solution complete the sanitizing effect

	<p>f) Cleansing/drying the pair of glasses with a clean paper cloth, making sure to accurately clean every part of it</p>
	<p>f) Cleansing/drying the pair of glasses with a clean paper cloth, making sure to accurately clean every part of it</p>
	<p>f) Cleansing/drying the pair of glasses with a clean paper cloth, making sure to accurately clean every part of it</p>



- f) **Cleansing/drying the pair of glasses with a clean paper cloth, making sure to accurately clean every part of it**

Once you have completed the procedure dispose of the paper cloth you have used; if you have used cloths that can be sanitized and re-used please proceed with their sanitation before using them to clean another pair of glasses.

LONGARONE, 30/04/2020

Advice for Sales Reps

How to Disinfect Sample Frames

There is much to learn about the novel coronavirus (SARS-CoV-2) that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about COVID-19, spread from person-to-person of this virus happens **most frequently among close contacts (within about 6 feet)**. **This type of transmission occurs via respiratory droplets**. On the other hand, transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented.

Transmission of coronavirus occurs much more commonly through respiratory droplets than through fomites (objects or materials). Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings.

KNOW THE DIFFERENCE BETWEEN CLEANING, DISINFECTING, AND SANITIZING

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process **works by either cleaning or disinfecting** surfaces or objects to lower the risk of spreading infection. [Source: Definitions from the CDC](#)

EASY DISINFECTING for FRAMES

The safest, most efficient method to disinfect frames is to wipe them down with either: **isopropyl alcohol of at least 70 percent alcohol. Leave on surface for a least 30 seconds. Or Hydrogen Peroxide (3%) – leave on surface for at least 1 minute.**

Hypochlorous Acid (HOCl) one of the only agents that both is nontoxic while being lethal to almost all known dangerous bacteria and viruses that threaten our health. Product [pure&clean](#) – follow product instructions.

The above mentioned items are non-corrosive and may be used on metal or plastic. Items are available in the form of wipes, spray or bottled. Whatever form is used it should be on a disposable item – the wiping medium should not be reused.

Wipes are convenient, spray is ideal for hard to reach crevices.

DURING SALES CALLS

If you can manage the time during your sales call it is good practice to wipe each frame as it is tried on before it is put back into its tray:

This instills confidence for your customers that you are taking the proper steps to ensure everyone's safety.

If this cannot be managed due to time, put the frames in a basket with a disposable liner. Let your customer know you are keeping them separate so you can disinfect them for the next customer. Frames should not be returned to trays before disinfecting.

Keep disinfecting wipes in your car. Disinfect the frames then return them to their tray before your next call.



ULTRASONIC CLEANING - FOR LARGER QUANTITIES

Ultrasonic cleaners specified for jewelry or eyewear is another method of **cleaning**. Ultrasonic cleaning lifts dirt and contaminants to prep the surface for proper disinfection. It is best used to clean hard to reach crevices that carry dirt.

Do NOT use for frames with stones/crystals, leather, or any appliques that are adhered to the frame with glue. Do NOT use with frames that have pre-existing scratches or cracks.

SOLUTIONS: De-ionized Water or Distilled water w/ a drop of mild dishwashing soap with a degreasing agent for extra cleaning or you may use an Ultrasonic cleaning solution made for jewelry and eyeglasses ([iSonic CSGJ01](#))

Only approved solutions may be used in an ultrasonic cleaner. Alcohol and other solutions are combustible and should not be used. Carefully follow the guidelines of the equipment manufacturer.



[SRA TnuPower Professional iSonic-DS300-Professional](#)

PROTECT YOURSELF

Due to the nature of a sales call: you often find yourself physically close to your buyer as well as passing frames back and forth – use good judgement and protect yourself and your customer. Follow your state guidelines.

Wear a mask – consider a face shield – wash your hands – disinfect high touch point surfaces frequently – cover your nose and mouth if you need to cough or sneeze – stay home if you don't feel well*

*High touch point surfaces – i.e. sample bag handles, top of chair back, door knobs, car steering wheel and shift handle, don't forget pens and keys.

UV-C LIGHT SANITIZER

UV light scrambles the DNA sequence of the virus and simply ruins it.

[Homeedics Sanitizing Bag](#)



All pictures link to the website or purchase site. Product noted does not guarantee item to be in stock. Product links are for reference only, Iura does not endorse any products. Updates will be provided as more data and products become available.

Advice for Dispensaries

How to Disinfect Frame Board Samples

There is much to learn about the novel coronavirus (SARS-CoV-2) that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about COVID-19, spread from person-to-person of this virus happens **most frequently among close contacts (within about 6 feet)**. **This type of transmission occurs via respiratory droplets**. On the other hand, transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus occurs much more commonly through respiratory droplets than through fomites (objects or materials). Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings.

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Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process **works by either cleaning or disinfecting** surfaces or objects to lower the risk of spreading infection. [Source: Definitions from the CDC](#)

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The above mentioned items are non-corrosive and may be used on metal or plastic. Items are available in the form of wipes, spray or bottled. Whatever form is used it should be on a disposable item – the wiping medium should not be reused.

Wipes are convenient, spray is ideal for hard to reach crevices.

WORKING WITH PATIENTS

As patients try frames on place them in a basket or plastic tray to be sanitized. Let your customer know you are keeping them separate so you can disinfect them for the next customer. Frames should **not** be returned to the frame board before disinfecting.

Keep hand sanitizer and disinfecting wipes in each dispensing station.

CUSTOMER SIGNAGE

Place signs to inform customers not to return frames to frame boards once handled or tried on. Note you will disinfect them for the next. That will instill confidence in your patients that they have been disinfected for them – and that you are taking the proper steps to ensure everyone's safety.



ULTRASONIC CLEANING - FOR LARGER QUANTITIES

Ultrasonic cleaners specified for jewelry or eyewear is another method of **cleaning**. Ultrasonic cleaning lifts dirt and contaminants to prep the surface for proper disinfection. It is best used to clean hard to reach crevices that carry dirt.

Do NOT use for frames with stones/crystals, leather, or any appliques that are adhered to the frame with glue. Do NOT use with frames that have pre-existing scratches or cracks.

SOLUTIONS: De-ionized Water or Distilled water w/ a drop of mild dishwashing soap with a degreasing agent for extra cleaning or you may use an Ultrasonic cleaning solution made for jewelry and eyeglasses ([iSonic CS-G-01](#))

Only approved solutions may be used in an ultrasonic cleaner. Alcohol and other solutions are combustible and should not be used. Carefully follow the guidelines of the equipment manufacturer.



[SRA TruPower Professional iSonic-DS300-Professional](#)

PROTECT YOURSELF

Due to the need to take measurements, fit and adjust it is necessary that you break the 6 foot social distancing guideline. Both dispenser and patient should wear masks (nose and mouth coverings). Always explain to the patient what you are going to do before you do it – and that you need to touch their face, ears or hair. Since you will be in contact with many patients consider wearing a face shield. Properly wash your hands between **every** patient.

Use good judgement and protect yourself and your customer. Follow your state guidelines.

Wear a mask – consider a face shield – wash your hands – disinfect high touch point surfaces* frequently – cover your nose and mouth if you need to cough or sneeze – stay home if you don't feel well

*High touch point surfaces – i.e. Pupilometer, PD rulers, top of chair back, door knobs, car steering wheel and shift handle, don't forget pens and keys.

UV-C LIGHT SANITIZER

UV light scrambles the DNA sequence of the virus and simply ruins it.

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Cleaning Guidance for the Humphrey Field Analyzer (HFA)



During this COVID-19 pandemic, careful sanitization is critical for the safety of patients and caregivers. The cleaning of Humphrey® perimeters is unique because of the delicate surfaces of the perimeter's bowl and optics. This document provides updated guidance on how to treat the Humphrey perimeter for patient safety during visual field examinations. Guidance is provided on how to clean the bowl, should the clinic determine that such cleaning is desired.



Seeing beyond

COVID-19 Memo

As of May 1, 2020, our updated guidance is as follows:

Ventilation guidance

- The HFA2, HFA2-i, and HFA3 perimeters all have fans which circulate air, so that the air in the bowl is exchanged through the front of the bowl. This circulation, which occurs continuously while the HFA instrument is powered up, pushes air past the patient and out of the bowl of all HFA 2-i and HFA3 models. Minimal filtering occurs.
- The perimeter does not require complete darkness to operate and is designed to notify the user if the room is too bright. Thus, it is possible to leave testing room doors partially or even completely open if you wish to increase the flow of fresh air into the testing area. Avoid any light shining directly into the bowl.

Conforming to Clinic Policy and Public Health Guidelines

- Follow local public health department infection control guidelines such as the U.S. CDC (<https://www.cdc.gov/infectioncontrol>), or in Europe - the European Center for Disease Prevention and Control (<https://www.ecdc.europa.eu/en>) for instruments in general.
- In concordance with CDC and local government agency recommendations, the use of face coverings, to mitigate the spread of disease via exhaled airborne particles can be used during testing. Please observe all recommendations from your local and national authorities and other relevant good hygiene practices.

Cleaning the HFA (Full instructions documented below)

- Between each patient use, all patient and technician interface surfaces, excluding the bowl, may be wiped down using isopropyl alcohol. These include the eyepatch, patient chinrest, headrest, patient response button, trial lens holder and trial lenses, as well as all technician user interfaces.
- If there is a desire to clean the bowl of the HFA, the bowl surface may be treated by spraying it with a 70% isopropyl alcohol (IPA) solution. An atomizing type sprayer is necessary to avoid drips and to achieve good coverage.

The Bowl Itself:

- Do not rub anything onto the bowl, as this may damage the surface.
- Before the bowl is sprayed, the trial lens holder will need to be retracted and covered with a folded paper and the light projection turret at the top of the bowl will need to be covered with a folded paper. Spray until the bowl surface appears wet, but before drips form. Then, allow the bowl to air dry; any drips should be gently captured with a lens tissue.
- The use of UV-C light to sanitize the bowl **should be avoided** because the exposure limits of HFA family optics have not yet been assessed.



Frequently Asked Questions

- **How do I set up my Visual Field room with the door open so that I still get an accurate test result?** The HFA calibrates itself before and during each test. Typically, if the HFA instrument is oriented so that there is no direct or bright reflected source of light behind the patient, the test should operate properly. Over-head lights should be left off. As a result, the testing room door may be left somewhat open or completely open depending on the brightness conditions outside the testing room. The HFA will give a message if lighting is too bright.
- **My bowl surface looks dusty. How can I clean it?**
Follow the HFA Instructions for Use, which describes that occasional wiping with a soft cloth and isopropyl alcohol may be performed.
- **My patients will be wearing masks in the clinic. How do I ensure that this does not interfere with the visual field test?**
Check to ensure that the trial lens is not being fogged by the patient. Check that the top of the patient's mask is properly fitted to limit breath from moving out the top of the mask.

COVID-19 guidance: Cleaning your HFA perimeter



This document provides updated guidance from ZEISS on how to treat the Humphrey® perimeter to promote patient safety during visual field examinations and guidance is provided on how to clean the bowl, should the clinic determine that such cleaning is desired.

Between each patient use, all patient and technician interface surfaces excluding the bowl, may be wiped down using isopropyl alcohol. These include the eyepatch, patient chinrest, headrest, patient response button, trial lens holder and trial lenses, as well as all technician user interfaces.

If there is a desire to clean the bowl of the HFA, the bowl surface may be treated by spraying it with a 70% isopropyl alcohol (IPA) solution. The following are step-by-step instructions on the recommended procedure for sanitization of the HFA between patient tests. This procedure is applicable to all HFA models including HFA3, HFA II-i, and HFA II.

In order to reduce the possibility that repeated misting of IPA70 could affect sensitive optical and electromechanical components in the HFA bowl area, we recommend using simple paper coverings during the misting process as described in this procedure.

Preparation Steps

Step 1: Gather the appropriate materials for cleaning

- 70% Isopropyl alcohol (IPA70)
- Fine misting sprayer – see recommendations
- Printer paper – size: US Letter, A4, or similar
- Soft cloth, lens tissue, or cotton swab

in References

Step 2: Prepare cleaning materials

- Prepare a 70% IPA solution using 7 parts IPA (100%) and 3 parts distilled water. Alternatively, commercially available 70% IPA is also acceptable.

- Fill the fine misting sprayer with IPA70 solution. Perform a test spray away from the instrument to ensure that the sprayer produces a gentle, fine mist.



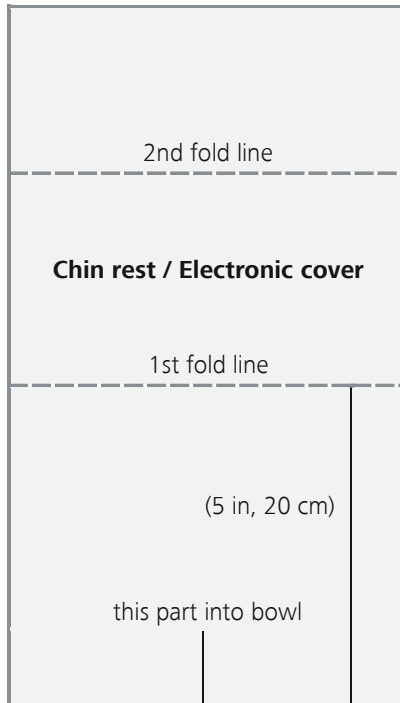
See references, item A for product information.



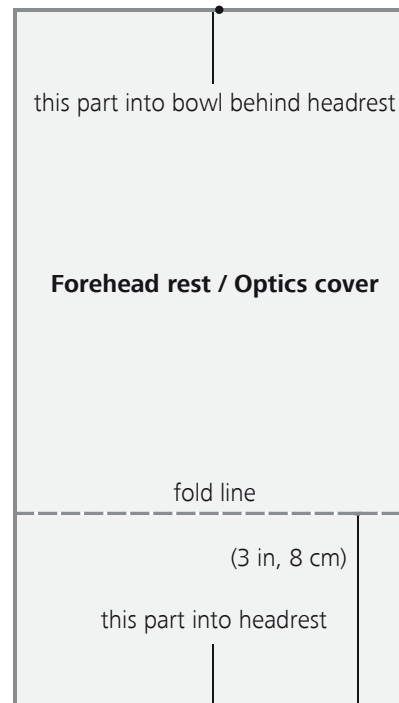
Seeing beyond

Step 3: Prepare Paper Coverings

Chin rest paper cover: Fold the paper approximately 5" (20 cm) from the edge, then fold the other edge in half.



Forehead-optics paper cover: Fold the paper approximately 3" (8 cm) from the edge.



HFA Sanitization Procedure

Notes:

- The HFA instrument should remain powered ON during the sanitization procedure and between patients.
- The normal airflow through the bowl will help to circulate the IPA70 mist within the bowl and in general, circulate air through the bowl.
- If in your judgment the bowl appears dusty, follow the HFA Instructions for Use, which describes that occasional wiping with a soft cloth and isopropyl alcohol may be performed.

Step 1 Between patients, wipe the forehead rest, chin rest, patient response button, trial lens assembly and lenses, operator interfaces and exterior panels near patient area in accordance with CDC or local public health guidelines and your own infection control procedures (alcohol wipes or similar).



Step 2 Lower the trial lens holder into the area behind the chin rest.

Step 3 Place the chin rest paper cover over the chin rest so it covers the opening behind the chin rest in order to protect electronics from getting wet.



Step 4 Insert the short side of the forehead-optics paper cover into the gap between the forehead rest and the instrument.



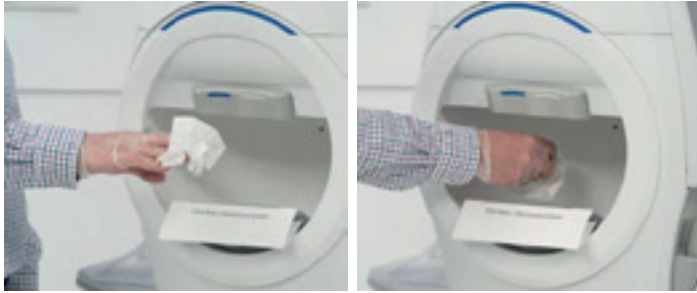
Step 5 Hold the IPA70 mist spray bottle in one hand. With your other hand, roll the forehead-optics paper cover in and hold at the free edge to cover the optics area behind the head rest.



Step 6 *Hold the misting sprayer in the bowl maintaining a distance of about 15 cm from the bowl surface. Spray in a sweeping motion so that the entire bowl surface develops a wet appearance, but stop before droplets form.*



Step 7 Blot dry any drips or puddles in the bowl with a clean soft cloth or lens tissue. Avoid wiping or rubbing the bowl surface.



Step 8 Wait until the IPA70 dries (approximately 5 - 10 minutes).

Step 9 Remove paper coverings. Raise trial lens holder if needed for next test.

Step 10 The HFA is now ready for testing the next patient.

References and Material sources

Note: These are suggestions of materials sources, not a requirement for specific models.

Fine Misting Sprayers:

https://www.amazon.co.uk/s?k=continuous+misting+bottle&crd=3RUF3FH9ZMM82&srefix=continuous+mistinig%2Caps%2C176&ref=nb_sb_ss_sc_1_19

For additional resources on COVID-19, please visit our **MED Support now** website, www.zeiss.com/med-support-now

Paper cover templates:

Print the next two pages on separate pieces of paper to use as templates for your Chin Rest and Forehead Rest covers.

Please always refer to User Manual for any further instruction on operation of device.
EN_31_025_0409I;HFA.12434 ©Carl Zeiss Meditec, Inc. 2020. All rights reserved.

----- 2nd fold line -----

Chin Rest / Electronics Cover

----- 1st fold line -----

(5"; 20 cm)

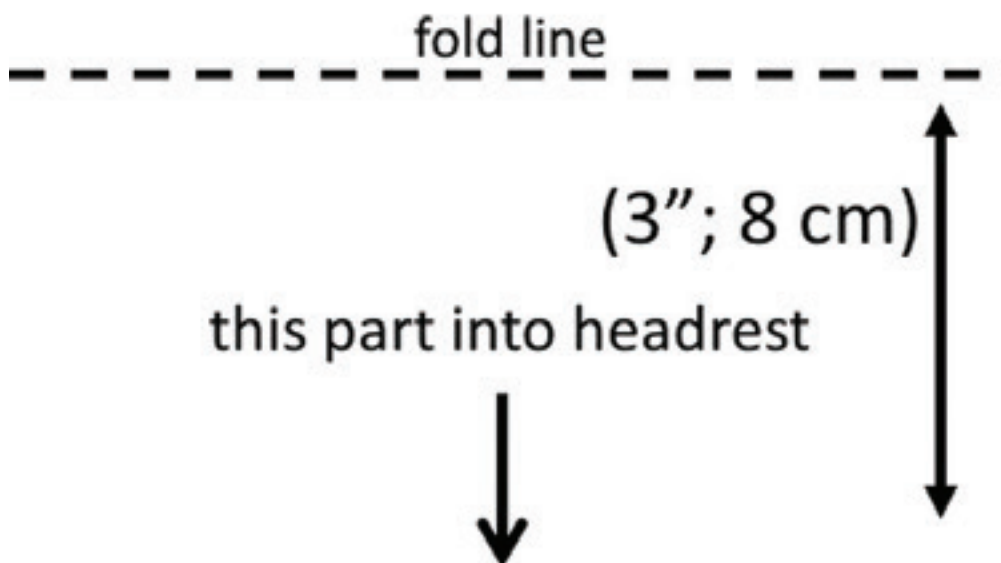
this part into bowl



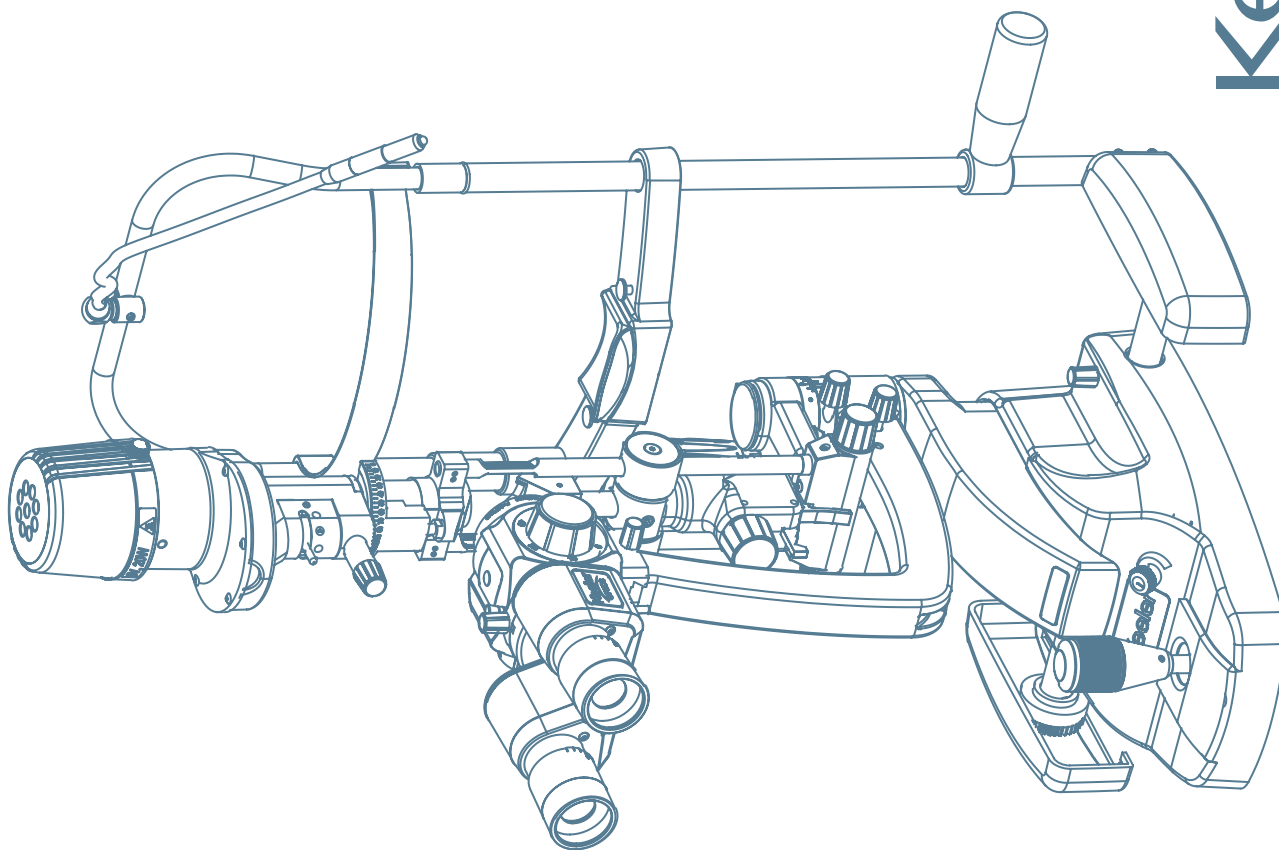


this part into bowl behind headrest

Forehead Rest / Optics Cover



Keeler



SLIT LAMP

INSTRUCTIONS FOR USE

H Series

Slitlamp
by Keeler

7 CLEANING AND DISINFECTION INSTRUCTIONS



Before any cleaning of the instrument or the base unit, ensure the power lead is disconnected.

Only manual non-immersion cleaning as described should be used for this instrument. Do not autoclave or immerse in cleaning fluids. Always disconnect power supply from source before cleaning.

- a Wipe the external surface with a clean absorbent, non-shedding cloth dampened with a water / detergent solution (2% detergent by volume) or water / isopropyl alcohol solution (70% IPA by volume). Avoid optical surfaces.
- b Ensure that excess solution does not enter the instrument.
Use caution to ensure cloth is not saturated with solution.
- c Surfaces must be carefully hand-dried using a clean non-shedding cloth.
- d Safely dispose of used cleaning materials.

8 TRANSPORT, STORAGE AND WORKING CONDITIONS

The following ambient condition limits are recommended for the Keeler Slit Lamp, for transport and storage it is recommended that the Slit Lamp is kept in its original manufacturers packaging.

WORKING ENVIRONMENT

+10°C to +35°C
30% to 75% relative humidity

TRANSPORT AND STORAGE CONDITIONS

Transport: -40°C to +70°C
Storage: -10°C to +55°C



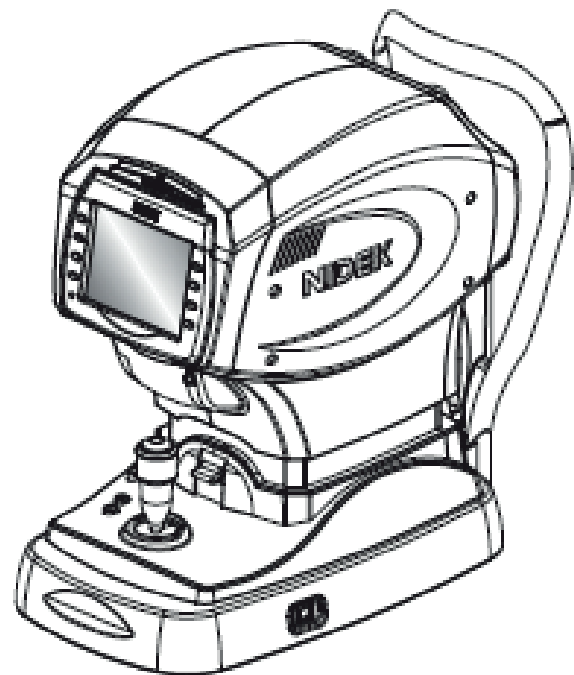
Before use, the Slit Lamp should be allowed to adjust to the ambient room temperature for several hours. This is especially important when the unit has been stored or transported in a cold environment; this can cause severe condensation to develop on the optical elements.



AUTO REF/KERATO/TONOMETER


TONOREF II

OPERATOR'S MANUAL



4.6 Cleaning

When the cover or panel of the device becomes dirty, wipe with a soft cloth. For stubborn dirt, immerse the cloth in a neutral detergent, wring well, and wipe. Finally wipe with a dry and soft cloth.

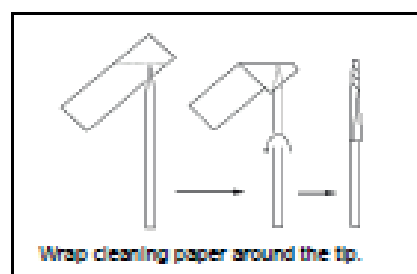
-  **CAUTION**
- Never use an organic solvent such as paint thinner. It may ruin the surface of the device.
 - Lightly wipe the exterior of the LCD display. Do not press the LCD display using an object with a hard tip. In addition, keep magnetic objects away from the LCD display. Scratches or failure of the LCD display may result.
 - Never use a sponge or cloth soaked in water. The water may leak into the inside of the device and cause device failure.

4.6.1 Cleaning the measuring window

When the measuring window gets fingerprints or dust on it, the reliability of the measured value is impaired substantially. Check for dirt on the measuring window before use, and then clean it if it is dirty.

The measuring window lens does not usually get soiled through normal use because it is recessed. Only clean it when "CHECK MEASURING WINDOW." is displayed or the lens is soiled.

- 1 Display the R/K measurement screen.
- 2 Blow off dust on the measuring window with a blower.
- 3 Wrap lens cleaning paper around a thin stick such as a chopstick (or cotton swab) and wipe the lens of the measuring window with a material moistened with methanol or absolute alcohol.



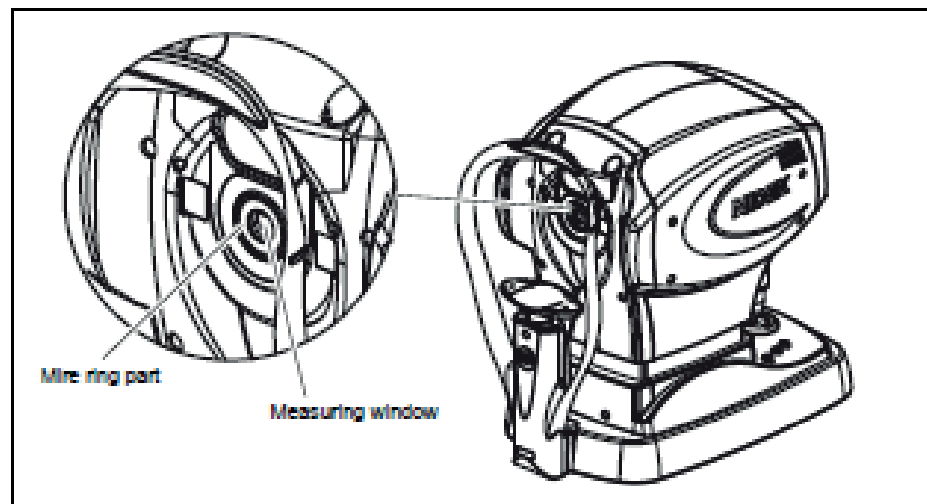
 **Note**

- Use a thin stick which does not damage glass lenses.
- Wipe lightly from the center of the measuring window to the outside in a circular motion.

- 4 Wipe off the glass of the mire ring around the measuring window using a gauze or such dampened with methanol or absolute alcohol.

- 5** Check if the window is cleaned using a penlight. If not, clean it again with new cleaning paper.

Apply light with a penlight and change the view angle to check the dirt clearly.



4

Note

- When the 61. WINDOW CHECK parameter is set to YES or DAY, the measuring window is checked whether it is soiled at device start-up.
 - YES⇒ The measuring window is checked at every start-up.
 - DAY⇒ The measuring window is checked at the first start-up of the day.
- When "CHECK MEASURING WINDOW." is printed, clean the measuring window.
- At device start-up, do not stand or put objects in front of the measuring window.
 - If something blocks the front of the measuring window within the range of 1 m, the measuring window may not be checked correctly.

MAINTENANCE: Cleaning

4.6.2 Cleaning the air nozzle

Extraneous matter such as dust, dirt, or fingerprints on the air nozzle considerably affects the reliability of the measurement values. If the air nozzle is not clean, clean it before using the device.

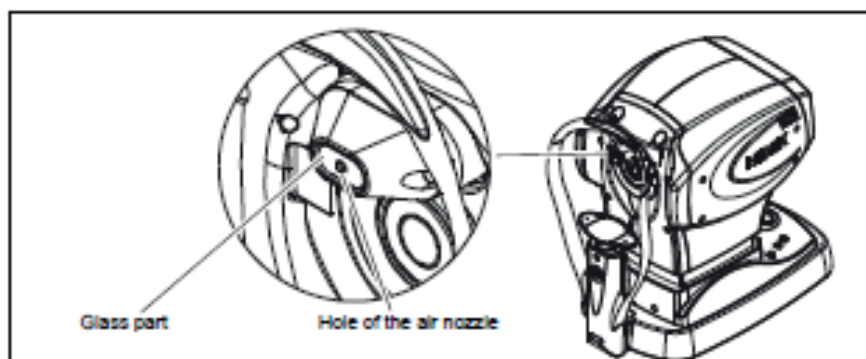
CAUTION - After use on the patients with an infection, be sure to clean the air nozzle with a cotton swab dampened with rubbing alcohol.

Infected tears may be scattered and come into contact with the air nozzle then scattered again, causing a secondary infection.

Note

* Pay attention not to let dust or foreign particles into the air nozzle during cleaning.

- 1 Display the NT measuring screen.
- 2 Check the glass part of the air nozzle from an oblique direction for dust, soiling, etc.



- 3 Blow the dust, foreign particles etc. off with a blower if they are settled.
- 4 Gently wipe the glass part with a cotton swab dampened with methanol or absolute alcohol.

CAUTION * Gently wipe the air nozzle without rubbing or without wiping it with foreign particles settled. The glass part may be scratched.

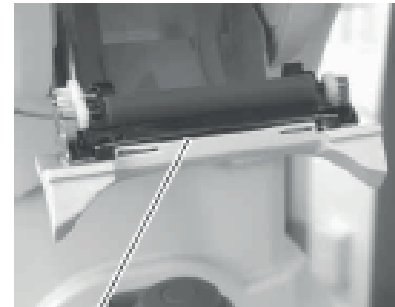
- 5 Check the glass part for soiling again.

4.6.3 Cleaning the printer

After repeated usage, the paper slot of the auto cutter of the printer may become soiled with powdery paper. If the powdery paper settles, malfunction of the auto cutter may result. Check the auto cutter before using the device. Clean it if it is soiled.

- 1 Open the printer cover and remove the printer paper roll.

See "4.3 Replacing Printer Paper" (page 127).




Auto cutter

- 2 Apply the nozzle of a vacuum cleaner to the auto cutter to remove powdery paper.
Never blow off powdery paper with a blower. If powdery paper settles on the internal working structure, malfunction may result.
- 3 Supply the printer paper as it was.

4.6.4 Cleaning forehead rest and chinrest

During measurement, sweat or cosmetic etc. of the patients may be smeared on the forehead rest or chinrest.

Perform cleaning before measuring the next patient.

 **CAUTION** • Before or after use of the device, and before treating each patient, wipe the forehead rest and chin rest with a clean cloth such as gauze dampened with rubbing alcohol.
If chinrest paper is used, remove one piece for each patient.
For severe stains, wipe the area not with a dry cloth but with gauze dampened with alcohol.



NON-MYDRIATIC AUTO FUNDUS CAMERA AFC-330

OPERATOR'S MANUAL



- **When cleaning the device exterior or the LCD touch-screen, do not use organic, abrasive cleaner such as thinner.**

The device exterior or the LCD touch-screen may be corroded or damaged.

[Method of sterilization and disinfection indicated by the manufacturer]

The device does not contain any parts that need sterilizing or disinfecting.

The forehead rest and chinrest can be cleaned with a cloth dampened with rubbing alcohol.

This document is not intended to: (i) constitute medical or safety advice, nor be a substitute for the same; nor (ii) be seen as a formal endorsement or recommendation of a particular response. As such, you are advised to make your own assessment as to the appropriate course of action to take. Please carefully consider local laws and guidance in your area, particularly the most recent advice issued by your local (and national) health authorities, before making any decision.

RESOURCES



HAKIM
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RESOURCES

HELPFUL LINKS

NHS

How to NHS employees get a test for COVID-19

<https://www.england.nhs.uk/coronavirus/publication/how-do-nhs-employees-get-a-test-for-covid-19/>

NHS self-referral portal

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882654/Self_referral_portal_user_guide_v1.6.pdf

Government of Ireland

Return to work safety protocol

<https://dbei.gov.ie/en/Publications/Return-to-Work-Safely-Protocol.html>

Roadmap for reopening society and business

<https://www.gov.ie/en/news/58bc8b-taoiseach-announces-roadmap-for-reopening-society-and-business-and-u/>

Risk assessment tool and guidelines from the HSE

<https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safetystatementsandriskassessments.html>

Risk assessment prompt sheet HSE

<https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/covid-19-social-distancing-working-environment-risk-assessment.pdf>

GOV.UK

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches>

BRC

<https://brc.org.uk/coronavirus/>



Meeting eye health needs and preventing vision impairments during Covid-19

A framework for primary eye care providers

Version: 1.1

Published: 22/05/2020

Review date: 30/05/2020

[Disclaimer.](#)

Version 1.1

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1. Background

The UK is currently experiencing the worst respiratory virus pandemic for over a century. The first peak may have passed, but there might be further peaks. In any event, the disease will be with us for some years, possibly alongside seasonal flu.

While doing everything to eliminate community spread of Covid-19 and keep the infection rate (R) below 1, it is also important to continue providing eye care in order to mitigate the risk and impacts of eye disease and impairment throughout the pandemic.

This framework aims to help members forward plan and respond more dynamically to Covid-19 as the pandemic progresses and changes. We have developed it based on the following overarching principles:

1. Patient, staff and public safety must remain the overriding priorities; and official public health advice should always be followed.
2. Clinical care should be prioritised to balance:
 - a. Covid-19 risks – e.g. the threat level which may be country or regionally specific (See [Section 3.5](#)) against
 - b. The benefits of eye care – e.g. preventing sight loss and falls, and supporting workers needing vision correction and social functioning.
3. At this stage of the pandemic, for planning purposes, we take a 'remote care first' approach. 'Face-to-face' care only when necessary and safe – i.e. adhering to social distancing, strict infection control procedures and appropriate PPE as specified in official infection prevention and control (IPC) guidance for the UK.

This framework should be read alongside government, public health, health service advice, and guidance from health regulators, the College of Optometrists and the Royal College of Ophthalmologists. You can do this via our [Quick access to official advice](#). To help, we will also issue member alerts and updates when there are any significant changes you should know about.

In addition to this framework we will produce further 'at a glance' resources and other tools to help members simplify processes and communications for staff, patients and the public to aid compliance and further reduce risks.

Special considerations:

- Domiciliary care – additional guidance to be published separately.

Version 1.1

2. Prepare for change and a dynamic response

Vision and eye health both play key roles in mental wellbeing, social functioning and in staying connected with communities and support mechanisms. In phase one of the Covid-19 emergency response, eye care providers had to move rightly from helping millions of patients each month to offering very restricted services. This means many people are now living with unmet vision and eye health needs which could lead to serious problems, and sight loss if not addressed.

As we move to phase two of the Covid-19 pandemic, UK governments have made it clear that there is no quick solution. Even developing effective immunisation, treatment, or another public health solution could take at least 12 to 18 months and possibly much longer for it to have an impact. Primary eye care providers must therefore adapt and continue to meet eye health needs safely during the pandemic.

Looking ahead, it is now clear the UK governments will base their 'lockdown' decisions on the infection rate (R).ⁱ This includes a move towards a more regionalised response to local outbreaks – e.g. localised lockdowns – to help mitigate the risk of an exponential increase in Covid-19 cases.ⁱⁱ Eye care providers therefore have to also plan for the possibility that during different times of the pandemic, regions might continue to have different levels of 'lockdown' with a direct impact on what eye care can be delivered locally.

So, Covid-19 is not a static threat, and primary eye care must respond dynamically and flexibly, balancing clinical judgements for individual patients. This framework is intended to help you to meet this challenge and minimise both Covid-19 and non-Covid-19 harms. FODO has created a '4Ps' matrix framework to help you assess and mitigate risk in your practice(s) and provide safe care:

1. **Practices/premises** – e.g. spacing furniture, health and safety protocols
2. **Professionals/practice staff** – e.g. training and education, social isolation
3. **Patients** – e.g. triage suspect/confirmed Covid-19 patients
4. **Procedures** – e.g. prioritising what is done to minimise the risk of cross-infection and making the best use of available capacity.

How to apply the 4Ps is set out in section three below.

Protection remains at the heart of the public health approach, which is the top priority and underpins all the above.

ⁱ R0 (R naught), referred to as R in the media, is the basic reproduction number of a virus. It estimates the average of cases of a virus – here Covid-19 – as the result of a single person being infected. It, however, is estimated based on a homogenous population and before widespread immunity/immunisation. Many factors therefore influence R0, including how it is measured. Nevertheless, it will remain an important metric for governments. [Learn more about R0](#). Also see [Section 3.5](#)

ⁱⁱ See [background detail](#).

Change since version 1 highlighted in yellow.

Version 1.1

3. The 4Ps – practices, professionals, patients and procedures

HM Government has said:

- “You must carry out an appropriate Covid-19 risk assessment, just as you would for other health and safety-related hazards” and do this “in consultation with unions or workers”.
- This is “not about creating huge amounts of paperwork”.
- It is about reducing “risk to the lowest practicable level by taking preventative measures.”^{1,2}

Background

There are many ways you can analyse the risk of Covid-19. In this guide, we use a 4Ps matrix model – practices, professionals, patients and procedures – to cover the key domains. The resources in this section and the [annexes](#) aim to help you address three key risk areas:

1. Control of infected people and to vulnerable people
2. Control of aerosol infection
3. Control of contact infection.

Implementing these three strands, which include social distancing, are likely to discharge your duties.³ These resources are intended to help you, whatever risk assessment and planning model you chose to apply in your practice(s).

Putting the 4Ps into action

As an employer, you should do all that you can reasonably do to set up a system of safe work and then ensure implementation.⁴ You should do five things:

1. Make a risk assessment specific to your workplace
2. Discuss and refine this with your professional and support staff as this helps create a culture of collaboration, trust and joint problem solving
3. Give all staff the opportunity to raise any concerns they have about planned work, the workplace and themselves – for example, government Covid-19 guidance recommends employers and workers should always come together to resolve issues⁵
4. Set up a safe system of work based on the risk assessment, including staff discussions. If five or more people are employed, the risk assessment must be in writing⁶
5. Make sure the system you set up is understood, appropriately facilitated and followed.⁷

You should make and keep a record of the actions you have taken, for example a record of your risk assessment using the tables in this framework and embedding your actions through staff meetings, reinforcing communications (e.g. signage) and training.

[An example risk assessment sheet is included in Annexe 3.](#)

3.1 Practices

This section includes practice-based factors you might consider as part of your risk assessment. It also includes examples of actions you might take to help reduce the risk of Covid-19 transmission.

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Can your practice support other local eye care providers?	<p>Primary eye care practices should be non-Covid-19 sites – this is also the case for Emergency Eyecare Treatment Centres (Scotland) and similar hub sites for emergency care elsewhere.</p> <p>Having separate designated sites where no Covid-19 patients are seen makes it easier to reduce the risk of cross-infection compared with zoned sites.⁸ Where hospital sites do not have separate entry/exit points or effective 'zoning' for Covid-19 and non-Covid-19 patients, primary eye care providers can help to further reduce visits to hospital. See Annexe 2 for more information.</p> <p>These options should be part of local planning which should ideally include eye care representatives from primary and secondary care.</p>	
Are people able to access the practice safely?	<p>HM Government 11 May guidance currently advises everybody to "continue to avoid using public transport whenever possible".⁹</p> <p>Therefore, as part of your planning, think about whether people can travel to the practice in a way that aids social distancing. For example, cycling, walking and driving. Is there parking nearby that helps social distancing, does the entry/exit aid or inhibit social distancing etc.¹⁰</p>	
How to maintain social distancing outside the practice and on entry/exit	<p>Risk-assess the location and mitigate risks. For example:</p> <ul style="list-style-type: none"> ▪ Book appointments to control the flow of patients/customers ▪ Mark two metre queuing zones outside the practice if required and/or ask people to book an appointment and/or attend at a different time etc. ▪ If possible/necessary implement one-way entry/exit points¹¹ ▪ Some patients may prefer to wait in their car until they are ready to be seen 	

Change since version 1 highlighted in yellow.

<p>How to maintain social distancing inside the practice</p>	<ul style="list-style-type: none"> ▪ Consider using official public health posters to encourage compliance with social distancing and self-isolation etc. <p>Walk through the store and map staff movements and patient/customer journeys to help you assess pinch points and other obstacles that can be addressed to help support social distancing. For example:</p> <ul style="list-style-type: none"> ▪ Temporarily move/remove furniture where it's safe/possible to do so ▪ Define the number of people (staff, patients and customers) that can be in the practice to allow social distancing. Think about total floorspace and pinch points and busy areas ▪ If you provide care at more than one site, estimate the maximum number of people that can safely be in each practice at any one time, plan staffing and clinical diaries accordingly ▪ Avoid all non-essential visitors – e.g. ask patients to attend alone whenever possible ▪ Only have the necessary number of staff on-site each day ▪ Try and arrange deliveries before opening/after you close ▪ Use secure (non-trip) tape to mark out two-metre distancing etc. ▪ Provide hand sanitiser at the entrance and other stations ▪ Where possible use back-to-back or side-to-side working (rather than face-to-face).^{1,2} <p>Consider the benefits of installing screens at the reception desk – e.g. if space/procedures do not facilitate social distancing. This can help avoid the need to use other PPE in such scenarios. It can also minimise the need for use of face masks which can make it difficult for some people to communicate – e.g. those that depend on lip-reading.</p> <p>For further guidance and advice read government guidance on social distancing in retail settings.</p> <p>Also read, keep up to date with and implement the College of Optometrists Covid-19 guidance¹³ which includes practice tips of social distancing specific to primary eye care settings.</p>
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Change since version 1 highlighted in yellow.

<p>If the site has been physically closed for some time, then before reopening you should take some additional checks</p>	<p>If you have been closed or partially closed, then government guidance advises that before opening:</p> <ul style="list-style-type: none"> ▪ Check “whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels” ▪ “Most air conditioning systems do not need adjustment, however where systems serve multiple buildings, or you are unsure, advice should be sought from your heating ventilation and air conditioning (HVAC) engineers or advisers.”¹⁴ <p>If your practice is at risk, also put protocols in place to mitigate the risk of Legionella and Legionnaires’ disease before reopening – for example, if there are any lapses in flushing regimes, systems may need to be cleaned/disinfected before opening again.¹⁵ Learn more about this on the HSE website.</p> <p>If you do not have air conditioning, then ventilation might be achieved by opening windows where feasible etc.</p>	
<p>First line of defence – triage suspect and confirmed cases of Covid-19, so they do not attend primary eye care settings</p>	<p>Have clear protocols to reduce the risk of somebody with a confirmed or suspected case of Covid-19 entering the practice. This includes patients, staff, and all visitors. For example, have official posters at entry points to advise people to stay at home and follow local NHS/health service advice if they have Covid-19 symptoms or live in a household where somebody else does.</p> <p>Also, see Annexe 1 for screening suggestions.</p>	
<p>Support best practice handwashing and respiratory hygiene throughout the day</p>	<p>Organise patient flow to ensure mandatory and regular handwashing and/or use of hand sanitiser and breaks between patients.</p> <p>Provide hand sanitiser at multiple locations in addition to washrooms.¹⁶ PHE recommends that hand sanitisers should have 60% or higher alcohol content to be effective against the Covid-19 virus¹⁷.</p> <p>See Annexe 4 for standard precautions to reduce risks.</p>	

Change since version 1 highlighted in yellow.

<p>Stay up to date and compliant with official infection prevention and control (IPC) guidance and other applicable guidance</p>	<p>Follow UK-wide IPC guidance for healthcare settingsⁱⁱⁱ to mitigate the risk of cross-infection – this includes detailed guidance on PPE. This also includes ensuring team members are trained in effective PPE donning, wearing, using and doffing (also see section 3.2). FODO members can do this by following this framework, our regular Covid-19 updates and keeping up to date with the College of Optometrists' Covid-19 guidance.</p> <p>Walk through the branch:</p> <ul style="list-style-type: none"> ▪ Where possible remove additional materials (e.g. magazines/leaflets) to aid social distancing and cleaning ▪ Minimise contact points – e.g. use contactless payments, avoid the use of pens where possible (or have staff/patients bring their pens). <p>Establish regular cleaning routines for the practice – e.g. regular cleaning of all surfaces that are touched, such as handheld devices, equipment (rulers etc.), door handles etc.¹⁸</p> <p>In the consulting room have a clear protocol for cleaning between patient appointments – e.g. have enhanced cleaning protocols of all surfaces and equipment. For example, wipe down all surfaces with alcohol-based wipes following a consultation and allow additional time for this and other infection control processes. See Annex 5 for more detail on cleaning.</p> <p>Where possible, simplify procedures to aid compliance by using simple diagrams.</p>	
<p>Personal protected equipment (PPE)</p>	<p>If you cannot adequately control risks, e.g. by maintaining 2 metres distance, then suitable PPE must be provided. In the UK, for health settings, official PPE guidance must be followed.^{iv} You can do this by using this framework, reading FODO Covid-19 updates and following College of Optometrists guidance.</p>	

ⁱⁱⁱ UK wide Covid-19: infection prevention and control (IPC) guidance for healthcare settings, <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

^{iv} UK wide Covid-19 PPE guidance <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

Change since version 1 highlighted in yellow.

	<p>The College of Optometrists has referred to national guidance on behalf of the sector and recommended PPE. Read and implement the College of Optometrists Covid-19 guidance¹⁹ and also refer to the College FAQ on 'What PPE should I wear?'</p>	
<p>Have a plan in place in case somebody develops Covid-19 symptoms while at work</p>	<p>You should not see patients with Covid-19 and staff with symptoms of Covid-19 should not attend work. However, you should have a clear process in place to manage a scenario in which an employee or customer/patient starts to demonstrate signs of Covid-19 while on the premises and how to clean the premises in this scenario. Planning will help you reduce risk and reopen in a timely manner. For example:</p> <p>Managing people:</p> <ul style="list-style-type: none"> ▪ Isolate the individual and help them to a designated isolation area via a clear route, keeping at least a 2m social distance. Ensuring they do not touch surfaces ▪ If practical/safe to do so, provide the individual with a face mask while maintaining a 2m distance ▪ Help the individual exit the practice and return home while social distancing and seek medical help by following local NHS/health service advice. <p>Cleaning and disinfection</p> <p>See Annexe 5.4 for how to clean your practice in this scenario.</p>	
<p>Waste disposal</p>	<p>In primary care settings double bag PPE waste and store it safely for 72 hours and then dispose of it in normal trade waste stream.²⁰</p>	
<p>Comply with local Health and Safety Executive advice</p>	<p>England, Wales and Scotland</p> <p>Understand RIDDOR reporting of Covid-19 and other Health and Safety Executive Covid-19 guidance</p> <p>Northern Ireland HSENI reporting cases of Covid-19 at work and keep up to date with HSENI Covid-19 advice</p>	

Change since version 1 highlighted in yellow.

<p>Useful resources:</p> <ul style="list-style-type: none"> ▪ Health Protection Scotland, Covid-19 guidance for primary care, including eye care ▪ NHS England, Covid-19 SOP community health services ▪ Keep up to date with the GOC's Covid-19 webpage
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3.2 Professionals/Practice staff

This section focuses on additional considerations and detail on how to manage Covid-19 related risks in your practice by working in collaboration with professionals and practice staff. Members who need HR support can also contact us by emailing hr@fodo.com.

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Jobs that can be done from home	If employees can work from home, this remains the preferred option. However, as we move through phases of the pandemic, this will become increasingly difficult for frontline health professionals as face-to-face care becomes increasingly necessary owing to delays during the early stages of the pandemic.	
Can staff get to work safely?	Employees should also be advised to plan their route to work so they can socially distance when travelling from door to door. Also, see section 3.1, 'Are people able to access the practice safely?'	
Staff should self-monitor for Covid-19 each day before leaving for work	Staff must self-screen for Covid-19 before leaving for work. See Annexe 1 for example screening questions.	

Change since version 1 highlighted in yellow.

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<p>Plan your practice team to ensure you aid social distancing, minimise risk, protect staff who are more vulnerable to Covid-19 and comply with the Equality Act 2010</p>	<p>HM Government guidance advises that you:</p> <ul style="list-style-type: none"> ▪ Use the appropriate number of people needed on site to operate safely and effectively. If possible, back-of-house workers should work from home²¹ ▪ Reduce the number of people each person has contact with by using 'fixed teams' – i.e. so each person works with only a few others²² ▪ Protect individuals who are clinically vulnerable and clinically extremely vulnerable to Covid-19: <ul style="list-style-type: none"> - Clinically extremely vulnerable team members – “should be helped to work from home, either in their current role or in an alternative role” - Clinically vulnerable team members (but not extremely clinically vulnerable) who “cannot work from home, should be offered the option of the safest available on-site roles, enabling them to stay 2m away from others. If they have to spend time within 2m of others, you should carefully assess whether this involves an acceptable level of risk”²³ <p>Please also note that there might be people who say they need to shield even though they are not on the official list – e.g. some people might have been omitted from the official lists, so take care when assessing risk²⁴, or they may be shielding others.</p> <p>When making these assessments you need to comply with duties to those with protected characteristics.²⁵</p> <p>We appreciate that implementing these measures might involve complex employment law and health and safety considerations. Members can email hr@fodo.com for additional support.</p>	
<p>Education and protocols to maintain social distancing inside the practice and infection control procedures – including PPE</p>	<p>Good communication is key to ensuring a safe return to work.</p> <p>Ensure staff have appropriate induction – especially returning furloughed staff – and understand new protocols. Make sure everybody has a good understanding of the key actions to prevent cross-infection.</p> <ul style="list-style-type: none"> ▪ Self-isolation guidance ▪ Social distancing ▪ Best practice hand and respiratory hygiene. 	

Change since version 1 highlighted in yellow.

	<p>In addition, everybody in primary eye care should understand the importance of compliance with infection prevention and control (IPC) guidance for healthcare settings – this includes using the correct PPE and using it correctly. We therefore recommend staff read, understand, keep up to date with and implement the College of Optometrists Covid-19 guidance²⁶ and College FAQs on ‘What PPE should I wear?’.</p> <p>Make sure that all staff understand the difference between official guidance for healthcare settings and general retail/branches. For example</p> <ul style="list-style-type: none"> ▪ HM Government guidance refers to the use of “face coverings” but this is not PPE ▪ It is therefore essential that a “face covering” is not used in primary eye care settings where a surgical mask (IIR) is required. <p>Learn more about the limitations of face coverings.²⁷</p>	
<p>Support best practice handwashing and respiratory hygiene throughout the day</p>	<p>See Annexe 4 for standard precautions to reduce risks.</p>	
<p>Have systems in place to support frontline workers onsite and those working remotely – be particularly mindful of staff anxiety and stress providing face-to-face care</p>	<p>Monitor the wellbeing of people – including those working from home – to help them stay connected to the rest of the team. Engage with staff to get their views and take part in the mobilisation process.</p> <p>It is good practice to start each day’s team briefing by checking how colleagues are coping both outside and inside work.</p> <p>Make mental health resources available to everyone working in the practice. Here are some resources you might find useful:</p> <ul style="list-style-type: none"> ▪ CBI – mental health during Covid-19 webinar and FAQs (webinar 12 mins 20 secs) – provides guidance and support for business leaders 	

Change since version 1 highlighted in yellow.

	<ul style="list-style-type: none"> ▪ AoMRC Covid-19 – mental health and wellbeing for healthcare professionals’ resource – tips and resources for healthcare professionals ▪ Mind Covid-19 resource – includes supporting a team at work, managing stress, wellbeing advice and more ▪ NHS- mental wellbeing while staying at home – covers a wide range of advice and tips on wellbeing. 	
<p>Have plans in place for increased rates of absence</p>	<p>Have contingency plans in place to manage services in the event of increased rates of staff unable to work.</p> <p>Given the health impacts of Covid-19, some employees might not be able to return to work for some time, depending on the severity of the infection. You should make provisions to allow recovery and safe, and possibly phased, return to work.</p> <p>You can also contact us with HR related questions by emailing hr@fodo.com.</p>	
<p>First aid cover and qualifications during the pandemic</p>	<p>The HSE has produced a short guide for you to review your first aid needs assessment during the pandemic. Access it here. St John Ambulance has also produced Covid-19: advice for first aiders. Read it here.</p>	
<p>Uniform/clothing</p>	<p>In all healthcare settings, staff should consider wearing sleeves that do not extend beyond the elbow to facilitate frequent and thorough handwashing and to prevent garment contact with patients.</p> <p>It is not necessary in primary eye care settings (for reasons noted above) to change into and out of uniforms at work. For example, the UK’s official infection prevention and control (IPC) states the following about staff uniforms:</p> <ul style="list-style-type: none"> ▪ “It is best practice to change into and out of uniforms at work and not wear them when travelling; this is based on public perception rather than evidence of an infection risk. This does not apply to community health workers who are required to travel between patients in the same uniform.”²⁸ 	

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<p>Useful resources:</p> <ul style="list-style-type: none"> ▪ Cloisters – Cloisters Toolkit: Returning to work in the time of coronavirus 2nd edition– explores a wide range of employment law and Health and Safety issues in a helpful and easy to read Q&A format ▪ NHS Employers – tips on communicating with staff and risk assessments for staff
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3.3 Patients

The steps taken above will also help protect patients. In this table we expand on this.

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Triage suspect and confirmed cases of Covid-19	First line of defence – triage suspect and confirmed cases of Covid-19 so they can be directed to the care they need through appropriate pathways and do not attend primary eye care settings. See Annexe 1 for screening questions.	
Provide remote care first. Have clear protocols/policies in place to offer safe and effective remote care	Read the College of Optometrists remote consultation guidance during Covid-19	
Have clear protocols/policies in place to manage face-to-face care	<p>Clinical care should be prioritised to balance:</p> <ul style="list-style-type: none"> ▪ Covid-19 risks – e.g. the threat level which may be country and/or regionally specific – against ▪ The benefits of eye care – e.g. preventing sight loss and falls, and supporting workers needing vision correction and social functioning. <p>Covid-19 risks</p> <p>Triage suspect or confirmed Covid-19 cases to a specialist Covid-19 service as clinically necessary – i.e. do not see them in a primary eye care setting. See Annexe 1.</p>	

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	<p>Eye health</p> <p>Read, keep up to date with and implement the College of Optometrists Covid-19 guidance²⁹ and College of Optometrists FAQs.</p> <p>The Royal College of Ophthalmologists and College of Optometrists have produced joint guidance on patient management during the pandemic which you can access here. This includes a remote care first pathway.</p> <p>Also see section 3.5 which sets out more detail on clinical prioritisation during the pandemic.</p>
<p>Know how best to access ophthalmology advice and reduce unnecessary/avoidable patient journeys whenever possible</p>	<p>Many ophthalmology departments have established telephone hotlines for real time advice to frontline primary eye care providers. It is good practice to check that all staff are aware of these.</p> <p>As a matter of principle and to minimise travel, with local agreement, wherever clinically feasible and when safe to do so, share diagnostic information with ophthalmology so you can co-manage patients and avoid unnecessary visits to secondary care.</p> <p>More practices now have IT connectivity with hospitals and GPs through nhs.net or equivalent links. Where this is working it enables the secure transfer of messages, notes and images as well as the rapid seeking of advice for individual patients. If you do not have this in your practice, then work with representative bodies to address any local gaps in nhs.net email addresses where this increases risks during the pandemic.</p>
<p>Other</p> <ul style="list-style-type: none"> ▪ Patient anxiety – addressing barriers to seeking help 	<p>The Academy of Medical Royal Colleges has expressed concerns about people not seeking essential and urgent healthcare because they are anxious about “making a GP appointment or going to hospital” as they have concerns about “catching Covid-19”.³⁰</p>

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	<p>Primary care providers may often be the first to experience patient anxiety about accessing healthcare for non-Covid-19 matters. You should seek to rebuild confidence and reassure patients to seek care, especially where it is for a sight/life threatening eye condition – e.g. during phone triage reassuring patients that both local eye care services and NHS eye emergency services have infection control protocols in place to minimise the risk of Covid-19 infection.</p>	
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Useful resources:

- [College of Optometrists Covid-19 guidance](#) and [College of Optometrists FAQs](#)
- Royal College of Ophthalmologists – [Covid-19 guidance](#)

3.4 Procedures (face-to-face care)

This section will also require a significant input from your clinical staff who will need to keep up to date with guidance from the College of Optometrists and Royal College of Ophthalmologists. Members can also contact us for advice at any time by emailing membership@fodo.com.

Main factor(s) to consider	Additional points to consider	Local record/action(s)
<p>Map patient journeys to minimise contact time, collect clinical information required to reach a decision</p>	<p>Adapt a 'remote first' approach.</p> <p>If a face-to-face appointment is necessary, minimise face-to-face time by carrying out as much of the consultation remotely in advance – e.g. history and symptoms – and rapid confirmation while social distancing on arrival.</p> <p>This might not be suitable in all cases – e.g. where a patient also has a hearing disability and struggles to use a phone and does not have video conferencing support.</p>	

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	<p>Where face-to-face care is necessary:</p> <ul style="list-style-type: none"> ▪ Provide as much clinical intervention as possible while maintaining social distancing – e.g. use fundus photography/OCT, not direct ophthalmoscopy. Perform retinoscopy at >2m with a different working distance lens etc. ▪ Follow applicable official infection prevention and control (IPC) guidance and College of Optometrists PPE guidance – including use of breath guards for slit lamps and where social distancing is not possible Perspex shields for OCTs/fundus photography. <p>You can do this by ensuring all GOC registrants, who will be leading on all clinical procedures, read, keep up to date with and implement the College of Optometrists' Covid-19 guidance³¹ and College of Optometrists' FAQs on Covid-19.</p>	
<p>List procedures that are suspended on safety grounds and remove the equipment</p>	<p>Note: controlling aerosol risk is one important way to reduce the risk of cross-infection – e.g. non-contact tonometry should not be used until the College of Optometrists advises otherwise. Keep up to date with the College of Optometrists' FAQs on Covid-19.</p>	
<p>List and prioritise alternative/preferred procedures to deliver safe/effective care during Covid-19 – e.g. organise to facilitate social distancing/patient flow</p>	<p>What you can and cannot do will be influenced by the Covid-19 alert level and College/Health Service guidance (see section 3.5 to learn more about taking a RAG/traffic light approach).</p> <p>Have plans in place so you know how best to adapt what procedures are performed based on the Covid-19 risk locally. For example, rather than performing a battery of tests, think about what is clinically necessary based on the patient's current needs. If you judge performing a full eye examination/sight test is not appropriate, explain this clearly and advise the patient that you will book them in as soon as it is safe to do so for a full sight test.</p> <p>Read, keep up to date with and implement the College of Optometrists' Covid-19 guidance³².</p>	

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<p>Redesign the dispensing journey with safety and cross-infection controls as the guiding principles</p>	<p>While maintaining social distancing, allow patients to identify a range of frames without touching them – e.g. pick them for the patient – and place them in a disposable tray or a tray which can be easily cleaned. Allow patients to try them on at a separate desk with mirror. Then clean and disinfect the frames used before placing them back and disposing of the tray and disinfecting the try-on station. See Annexe 5 for more detail on cleaning.</p> <p>Also read HM Government Covid-19 advice on handling goods, merchandise and other materials here.</p> <p>It is our understanding that the ABDO will shortly be publishing detailed guidance on dispensing in primary care during the pandemic. We will update members about new guidance via our regular Covid-19 email updates – if you do not already receive these updates please email info@fodo.com.</p>	
<p>Understand the appropriate PPE and infection control for specific procedures</p>	<p>The UK has established a single set of infection control procedures for healthcare, which includes a common approach to PPE. The College of Optometrists has reviewed this guidance and, during this phase of the pandemic, when providing care within 2m, recommends that you will typically need to use:</p> <ul style="list-style-type: none"> ▪ Gloves (single use) ▪ Apron (single use) ▪ Type IIR (fluid resistant) Face Mask (sessional use).^v <p>You should be mindful, however, that certain procedures might require different PPE. You should also ensure the correct PPE is used and used correctly for the procedure(s) being performed. See the College FAQs on 'What PPE should I wear?'.</p>	

^v Please note these face masks are recommended for clinical settings. UK governments might recommend 'face covering' or 'generic' masks for commuting and other non-health work-related activities. This will not automatically mean using Type IIR grade masks as these remain in short supply and should be prioritised for clinical care. When using PPE, always check the type required and whether what you have complies with relevant standards for the specific use in question.

Useful resources:

- The Royal College of Ophthalmologists and College of Optometrists have created a remote care first pathway, which we recommend for use in primary care. This can be [accessed here](#)
- [College of Optometrists Covid-19 guidance](#) and [College of Optometrists FAQs](#)
- Royal College of Ophthalmologists – [Covid-19 guidance](#)

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3.5 Clinical prioritisation

HM Government

“This is not a short-term crisis. It is likely that Covid-19 will circulate in the human population long-term, possibly causing periodic epidemics. In the near future, large epidemic waves cannot be excluded without continuing some measures.” The UK will implement “smarter controls” in phase two until there is a reliable treatment.³³

You should now plan to manage Covid-19 related risks on a more long-term basis³⁵ by taking a dynamic risk assessment approach. For example, given the changing evidence and risk levels related to Covid-19 we would recommend you consider reading the College of Optometrists' current Covid-19 guidelines and scenario planning using a RAG (Red, Amber, Green) approach to plan ahead.

3.5.1 Background detail

The government announced plans for a UK Joint Biosecurity Centre (JBC) on 10 May. The JBC will have an independent analytical function and provide real-time analysis of infection outbreaks at a community level. The JBC will do this by setting the new Covid-19 Alert levels to communicate risk. These are:

- Level 1: Covid-19 is not known to be present in the UK
- Level 2: Covid-19 is present in the UK, but the number of cases and transmission is low
- Level 3: Covid-19 epidemic is in general circulation
- Level 4: Covid-19 epidemic is in general circulation; transmission is high or rising exponentially
- Level 5: As level 4 and there is a material risk of healthcare services being overwhelmed.

The goal will be to prevent “hotspots from developing by detecting outbreaks at a more localised level and rapidly intervening with targeted measures”.

Based on the government briefings to date, Level 1 is very unlikely for the foreseeable future. It is more likely the government will aim to keep the threat level in any region below 4 – although the precise details are to be confirmed.^{vi}

The government has also set out how with increased testing and tracing it hopes to move towards “smarter controls”, for example instead of a nationwide lockdown there might be local responses based on the risk level.³⁴

It is therefore possible there could be a different Covid-19 risk level in Manchester and Birmingham for example and that this might influence what eye care can be provided in each region. By applying the RAG approach, you can better plan for the impacts of such changes in advance.

^{vi} This will be based on the estimated R (infection rate) estimate. At the beginning of the pandemic, R was between 2.7 and 3.0 and it has taken the prolonged lockdown to get this to between 0.5 and 0.9 on 11 May 2020. When R in any regions exceeds 1 the virus spreads exponentially there is likely to be a need to raise the risk threshold in that area and take additional preventive measures.

3.5.2 RAG model

Clinical

The College of Optometrists is working with the Royal College of Ophthalmologists and representatives from the Northern Ireland, Scottish and Welsh governments, and NHS England to develop risk-stratified clinical guidance to support practitioners providing eye care during the recovery period.³⁶ Once the Colleges issue updated guidance you might complete a table like the one below, taking account of local NHS and other public health guidance which will allow you to respond dynamically to a local Covid-19 risk level.

Covid-19 risk level	Eye care service delivery		
	Continue	Partial stop	Stop
1			
2			
3			
4			
5			

Operational

Once you complete the table above you will be able to better plan for various scenarios, thereby minimising the impact on patients and local operations if there is a change in the Covid-19 risk level. For example, this might include planning in advance for when routine sight tests restart and what you might do if there is a local Covid-19 outbreak where routine sight tests might be suspended again.

4. Current eye care and government guidance – opening restrictions etc.

Current guidance is included below. In addition, you can contact us directly for confidential advice on capacity and patient flow management and more – [see section 5](#).

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4.1 Eye care

We will issue a member update if there are significant changes to official guidance. In the meantime, you might find the following links helpful:

Primary care

- England – Current advice on sight testing can be found in the [NHS 1 April letter](#)
- Northern Ireland – The latest advice can be found on the [HSC](#) and [HSC BSO](#)
- Scotland – access the [latest PCA here](#) and [HPS primary care advice here](#)
- Wales – [read the Welsh Government letter of 27 March](#)

Secondary care

The Royal College of Ophthalmologists (RCOphth) [interim guidance on reopening and redeveloping ophthalmology services](#).

- England – [second phase of NHS Covid-19 response](#) and [prioritisation within community health services](#)
- Northern Ireland – [updates at Health and Social Care Trust level](#)
- Scotland – see RCOphth guidance
- Wales – see RCOphth guidance

4.2 Government – national frameworks for ‘opening’/‘restarting’

Governments continue to monitor R rate and other system impacts of Covid-19 and at the time of writing are thinking about ‘reopening’ society and businesses. Plans to relax current restrictions may well occur at different times in different countries. Current plans are as follows:

- England/UK – [Government's Covid-19 recovery strategy](#) – 11 May
- Scotland – [Covid-19 framework for decision making](#) – last updated 5 May
- Wales – [Leading Wales out of the coronavirus pandemic](#) – 24 April and [Unlocking our society and economy: continuing the conversation](#) – 15 May
- Northern Ireland – [Coronavirus – Executive approach to decision-making](#) – 12 May.

The following background guidance might also be helpful depending on your individual needs:

- [HM Government, Working safely during Covid-19 in shops and branches](#) – please note we already take account of this guidance within this framework
- [HM Government guidance – Working safely during Covid-19 in offices and contact centres](#) – includes additional guidance on the use of lifts
- [HM Government guidance – Working safely during Covid-19 in or from a vehicle](#) – for mobile workers/dropping off goods etc.

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5. Additional support and advice for members

We are always on hand to support you with additional advice on:

- Communications with professionals/staff
- PPE estimates
- Forward planning to ease transitions between phases of the pandemic – bespoke support depending on whether you are a locum, single practice, regional or national eye care provider
- How to think about and analyse flow, maximising clinical time while maintaining social distancing and infection control procedures
- Employment law and health and safety support and advice – e.g. transitioning from furlough, contract changes, consultations with employees. Advice and support on supporting those who are clinically vulnerable or clinically extremely vulnerable
- Training and education – including pre-registration placements
- Economic/financial scenario analysis and support
- General tax and VAT matters.

We are here to support you throughout the crisis. Please do not hesitate to get in touch in the usual way by emailing membership@fodo.com or calling us on 020 7298 5151.

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Annexe 1: Screening questions – reducing risk of transmission

Purpose

To minimise the risk of a suspect or confirmed case of Covid-19 attending the practice. Taking the actions below can help reduce the risk of cross-infection.³⁷

This section is based on the [current case definition of Covid-19](#). This could change with time, so we strongly recommend you use an official NHS/Health Service source when designing your questions – e.g. NHS 111 – and keep this up to date.

Professionals and staff – daily self-assessment

You should repeat current advice on the importance of self-isolating, so all employees are aware and act on official guidance. You might also set up an electronic system – e.g. SurveyMonkey – or other ways to ensure that employees consider, each day before attending, whether they or a household member have symptoms and whether they should attend work.³⁸ Possible questions are included in the box below.

Three questions to answer each day before leaving for work:

1. Do you have a high temperature? This means do you feel hot to touch on your chest or back (you do not need to measure your temperature).

Yes No

2. Do you have a new continuous cough? This means coughing for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it might be worse than usual).

Yes No

3. Do you have a loss or change to your sense of smell or taste? This means you have noticed you cannot smell or taste anything, or things smell or taste different to normal.

Yes No

If you answer YES to any question stay at home. If you live in:

- England – [use the NHS111 online coronavirus service](#)
- Northern Ireland – [use the NHS online service or call NHS 111](#)
- Scotland – [use the Covid-19 self help guide](#)
- Wales – [use the Covid-19 symptom checker](#)

4. Do you live with someone who has symptoms of Covid-19 such as a high temperature or a new continuous cough?

Yes No

If you answered YES to question 3, then you should stay at home. You should stay at home for 14 days from the day your household members' symptoms started. If you develop symptoms within the 14 days, you must stay at home for 7 days from the day when your symptoms began. [Lean more](#). (Sources: [39](#))

Advise employees to [visit the NHS website to learn about when to ask for a test to check if they have coronavirus](#). If they do have access to the internet and need a test, they can call 119 in England and Wales, or 0300 303 2713 in Scotland and Northern Ireland to book a test.

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Employees should also be advised to plan their route to work so they can socially distance when travelling from door to door.

Finally, Public Health England guidance currently states: "Staff who come into contact with a Covid-19 patient or a patient suspected of having Covid-19 while not wearing personal protective equipment (PPE) can remain at work. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting that is ongoing."⁴⁰

Patient screening

Ideally patients should be assessed remotely to identify if:

- Care and advice can be given using remote consultation
- Carers/relatives/volunteers can provide care and support with guidance
- A face-to-face contact is clinically necessary.

The assessment should include the following Covid-19 screening questions:

1. Do you or anyone in your household have coronavirus? Yes No
2. Do you have a new, continuous cough? Yes No
3. Do you have a high temperature (37.8C or over)? Yes No
4. Does anyone in your household have a new, continuous cough or a high temperature?
Yes No

If they answer YES to any of the above advise they should self-isolate and follow official NHS Covid-19 advice.

- England – [use the NHS111 online coronavirus service](#)
- Northern Ireland – [use the NHS online service or call NHS 111](#)
- Scotland – [Covid-19 self help guide](#)
- Wales – [use the Covid-19 symptom checker](#)

(Source: [41](#))

If they do have to self-isolate but have an urgent or emergency eye health issue, then you should follow local protocols – e.g. triage them to a local Covid-19 ophthalmology service pathway.

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Annexe 2: Considerations for face-to-face care

Please note

You will have to follow local guidance on face-to-face care. This Annexe provides example materials only.

Guidance on face-to-face care is constantly being updated.

At the time of publication, the most helpful and comprehensive official guidance can be found in [Novel coronavirus \(Covid-19\) standard operating procedure: Community health services](#) (SOP) published 15 April 2020, last updated 17 April.

You should check the link above for the latest version. In summary the SOP recommends:

- “Essential face-to-face services and home visits should be managed through designating teams, facilities/premises to segregate Covid-19 positive (including those individuals and households with symptoms) and non Covid-19 services and patients to minimise the spread of infection, particularly to those most at risk.”
- “Face-to-face treatment and consultations need to be carefully managed either in a designated way on premises set up to deliver these services or by home visit, always with appropriate infection control precautions and PPE.”

Key considerations for different settings are set out in Table 1 of the NHS SOP ([accessible here](#))⁴² and covers:

1. Home visits – e.g. domiciliary care
2. Zoning within facilities – e.g. the norm in hospital eye services (HES). ‘Zoning’ refers to using specific areas for Covid-19 patients (hot) and different areas for non-Covid-19 (cold). Note, that in some cases, a local HES might struggle to manage the risk of cross contamination using zoning techniques – e.g. they might not have separate entry/exit points to help maintain this kind of separation.
3. Site designation – e.g. the norm in primary eye care. Where it is easier to separate Covid-19 and non-Covid-19 patients. For example, primary eye care sites are all “cold” sites because they do not see Covid-19 patients. This provides a more effective way to minimise the risk of cross-contamination.

In some regions primary eye care sites might therefore be able to better mitigate the risk of Covid-19 transmission. It is important to work in collaboration with local hospital eye departments, especially if they do not have separate entry/exit points for suspect Covid-19 patients and those without Covid-19, to best manage patients locally.

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Annexe 3: Risk assessment and template – example

Background

The goal of the Covid-19 risk assessment is to reduce risk to the lowest reasonably practicable level by taking preventative measures.⁴³ The Health and Safety Executive (GB) guide on how to perform a risk assessment can be [accessed here](#). Separate Health and Safety Executive NI advice on Covid-19 [here](#).

You must consult with the health and safety representative selected by a recognised trade union or, if there is not one, a representative chosen by workers.⁴⁴ HM Government guidance on Covid-19 recommends that you share the results of your risk assessment with your employees and expects all businesses with 50 and more employees to publish their risk assessment on their website.⁴⁵

[Example template.](#)

Risk assessment – example template

The risk assessment template below provides examples of the sort of detail you might include on your risk assessment. In England, once you have completed your risk assessment and taken all the necessary steps, you can use [this HM Government staying Covid-19 secure in 2020 poster](#).⁴⁶

Risk assessment	Covid-19 primary eye care
Assessment type	Choose an item.
Date performed	Click or tap to enter a date.
Approved by	Click or tap here to enter text.
Review date	Click or tap to enter a date.
Description	
Click or tap here to enter text.	

Define hazard	Who is at risk and how?	How is risk being managed?
Covid-19 pandemic	<p>Patients, staff and other visitors – e.g. couriers et al.</p> <p>Risk of cross-infection and Covid-19 spread. Covid-19 can result in ill health ranging from mild symptoms to hospitalisation and fatalities.</p>	<p>Systems in place to ensure people with Covid-19 signs and symptoms, or those living in the same household as suspect Covid-19 patients, do not attend the practice</p> <p>Staff do a Covid-19 signs/symptoms daily self-check and with members of the household before leaving for work. To self-isolate in line with official advice</p> <p>Signage to minimise risk of suspect/confirmed Covid-19 cases entering the practice</p> <p>Final check of suspect/confirmed cases on patient entering while maintaining 2m distance</p> <p>Strict – best practice – hand and respiratory hygiene in place for all staff, patients and other visitors</p> <p>Where applicable, official Infection prevention and control (IPC) for healthcare providers in the UK followed – including the correct use of PPE and cleaning</p> <p>Protocols in place to identify clinically vulnerable and clinically extremely vulnerable staff/patients and additional safeguards based on the stage of pandemic and official advice</p> <p>Clinical procedures assessed and stopped/paused/continued based on Covid-19 and non-Covid-19 related risks to patients and staff.</p> <p>Click or tap here to enter text.</p> <p>Click or tap here to enter text.</p> <p>Click or tap here to enter text.</p>

You should complete your own version of this template or similar and keep a copy on file. You should review and update it as necessary. We will be publishing a checklist separately to help you take steps towards completing your risk assessment and managing risks.

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Annexe 4: Standard precautions to reduce risks

As well as social distancing, rigorous hand and respiratory hygiene are the most effective ways to reduce the risk of transmission. Official infection prevention and control (IPC) guidance sets out '[standard precautions](#)', which although written for hospital settings, also generally apply in primary care settings.⁴⁷ Cloisters' solicitors also provide advice and guidance on Health and Safety at work.⁴⁸ These resources have been used to produce the summary below.

Hand hygiene

Instruct and then make sure all employees wash their hands regularly for 20 seconds following [best practice standards](#). For example:

- Immediately before every episode of direct patient care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of PPE, equipment decontamination and waste handling
- On arriving and leaving the workplace
- At the beginning and end of a break
- Before and after eating or drinking
- If they cough or sneeze or blow their nose
- Before entering enclosed spaces such as vehicles
- When changing workstations or handling equipment that others have handled, if reasonably practicable.

If handwashing is not possible then employees must use hand sanitiser using [best practice techniques](#).

Before performing hand hygiene:

- Fingernails should be clean and short and artificial nails or nail products not worn
- Cover all cuts or abrasions with a waterproof dressing.

If wearing an apron (bare below the elbows) and it is known or possible that forearms have been exposed to respiratory secretions (for example cough droplets) or other body fluids, hand washing should be extended to include both forearms. Wash the forearms first and then wash the hands.

In addition, all patients/customers should use alcohol-based [hand rub](#) (ABHR) when entering and leaving areas where patient care is being delivered.

Respiratory and cough hygiene – 'Catch it, bin it, kill it'

Promote good respiratory hygiene measures through:

- Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissues should be disposed of promptly in the nearest waste bin
- Tissues, waste bins (lined and foot operated) and hand hygiene facilities should be available for patients, visitors and staff
- Hands should be cleaned (using soap and water if possible, otherwise using ABHR) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects
- Encourage patients to keep hands away from the eyes, mouth and nose

Avoid face touching

- Instruct employees about the importance of avoiding touching their eyes, hands and mouth with their hands.

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Annexe 5: Cleaning

You need to have cleaning and disinfection policies in place to reduce the risk of cross-infection during the pandemic. This summary should be treated as a guide to help you find official/authoritative resources to achieve the above.

A 5.1. Disinfectants

When cleaning make sure you check manufacturers' instructions to ensure you do not damage equipment or surfaces.

The European Centre for Disease Prevention and Control (ECDC) and European Chemicals Agency guidance on Covid-19 note the following as effective disinfectants:

- Propan-1-ol and propan-2-ol alcohol-based disinfectants in concentrations of 70-80%.⁴⁹

The ECDC also notes that, following the use of a detergent, it is also possible to use:

- 0.05% or 0.1% sodium hypochlorite solution. Please note, household bleach usually has an initial concentration of 5% and you can dilute this. For example, 1:100 for a 0.5%
- Ethanol (70% minimum) where sodium hypochlorite might damage surfaces.⁵⁰

A 5.2 Routine cleaning and disinfection – during the pandemic

There is significant misinformation online about cleaning, disinfection and sterilisation in primary eye care settings. We would advise that you use trusted and official resources.

The College of Optometrists Covid-19 guidance advises that you should:

- Continue to use standard cleaning and disinfection processes to help prevent transmission
- “Wipe clinical equipment and door handles after every patient, as well as other surfaces that may have been contaminated with body fluids, using a suitable disinfectant such as an alcohol wipe. All surfaces must be clean before they are disinfected”
- “Sanitise frames before patients try them on. If you need to focimeter patients' spectacles, ask the patient to take them off and provide the patient with a wipe to sanitise their frames before you touch them”.⁵¹

The College of Optometrists' [infection control guidance is open source and can be accessed here](#).

A 5.3. Frames, lenses, and reusable patient equipment

Frames and lenses

At the time of writing our understanding is that the ABDO will shortly be publishing guidance on Covid-19 and that this will include additional lenses and frames cleaning and disinfection advice. We will let members know via our Covid-19 updates when this is published.

Version 1.1

Reusable non-invasive equipment

The UK's official infection prevention and control guidance for healthcare settings provides this flow chart for [routine decontamination of reusable non-invasive patient care equipment](#).

A 5.4 Environment cleaning following a suspected case

Although you should **not** be seeing suspect or confirmed cases of Covid-19, you will still need to plan ahead to ensure you know how to disinfect your practice if somebody develops signs or symptoms of Covid-19 while on the premises. For example, you should have the necessary cleaning products and PPE to hand in advance as a precaution in case a member of staff develops symptoms during the day.

Health Protection Scotland (HPS) guidance for primary care is currently the only official UK resource that covers cleaning primary eye care settings following a suspect case of Covid-19. [Read section five of the HPS guide here](#).

Public Health England has produced a guide for cleaning in non-healthcare settings in the event of a suspect Covid-19 cases – e.g. office areas etc. [Access it here](#).

The ECDC has produced guidance on disinfection where there has been a suspect case of Covid-19. The ECDC's table is further simplified for a UK context and reproduced below for ease of reference. [Access the original source here](#).

	Healthcare	Non-healthcare	General
Surfaces	<ul style="list-style-type: none"> Neutral detergent AND Virucidal disinfectant OR 0.05% sodium hypochlorite OR 70% ethanol <p>Suggested</p>		<ul style="list-style-type: none"> Neutral detergent <p>Suggested</p>
Toilets	<ul style="list-style-type: none"> Virucidal disinfectant OR 0.1% sodium hypochlorite <p>Suggested</p>		<ul style="list-style-type: none"> Virucidal disinfectant OR 0.1% Sodium hypochlorite <p>Optional</p>
Textiles	<ul style="list-style-type: none"> Hot-water cycle (90°C) AND regular laundry detergent Alternative: lower temperature cycle + bleach or other laundry products <p>Suggested</p>		NA
Cleaning equipment	<ul style="list-style-type: none"> Single-use disposable OR Non-disposable disinfected with: Virucidal disinfectant OR 0.1% sodium hypochlorite <p>Suggested</p>	<ul style="list-style-type: none"> Single-use disposable OR OR Non-disposable disinfected with: Virucidal disinfectant OR 0.1% sodium hypochlorite <p>Optional</p>	<ul style="list-style-type: none"> Single-use disposable OR Non-disposable cleaned at the end of cleaning session <p>Suggested</p>
PPE for cleaning	Refer to HPS and PHE guidance above.		
Waste disposal	See waste disposal in section 3.1 .		

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Annexe 6: Acknowledgments and feedback

We produced this framework through a rapid consultation with local, regional, and national eye care providers across the UK. We have also sought the views of sector partners.

We thank all FODO members who volunteered for this task, giving their time and expertise and working quickly to help us publish this framework within a week of the UK Government and Countries guidance on moving beyond lockdown.

We would also like to thank the College of Optometrists for its feedback and for providing opensource support and guidance for the whole sector to use.

If you have any suggestions on how we can improve this framework or any other comments about its content, please [complete this short survey](#) or contact us by email: info@fodo.com.

Annexe 7: Disclaimer

This is a non-exhaustive document and contains general information and a framework for primary eye care providers.

It is based upon UK Government, Health & Safety Executive, public health, NHS, Royal College of Ophthalmologists and College of Optometrists guidance and is current as at the date of publication.

While we make every effort to ensure that its contents are accurate and up to date, nothing in these pages should be construed as, relied upon or used as a substitute for advice on how to act in a particular case. As is always the case, specific advice should be commissioned for specific situations.

The particular circumstances of each of our members (whether individual or organisation), and any situation with which they are dealing, will differ. You should take appropriate and specific professional advice where necessary.

All and any liability which might arise from this document and your reliance upon it is hereby excluded to the fullest extent permitted by local law.

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SUPPORTING INFORMATION PACK - 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

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

1. Dual Floor Graphics - €20 100mm x 100mm	4. Square Yellow Sticker - €10 100mm x 100mm	7. Premium Pull Up - €60 1000mm x 1000mm	10. Circular Sticker - €10 100mm x 100mm
2. Strip Floor Graphics - €10 100mm x 100mm	5. Square Red Sticker - €10 100mm x 100mm	8. A2 Poster - €10 1000mm x 1000mm	11. Circular Sticker - €10 100mm x 100mm
3. Red Strip Floor Graphics - €60 100mm x 100mm	6. Rectangular Sticker - €20 100mm x 100mm	9. Circular Sticker - €10 100mm x 100mm	Price of the PVC 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

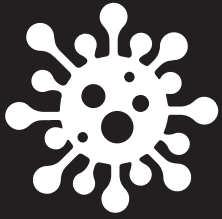
€195 plus vat based on order of 6 shops.

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.**

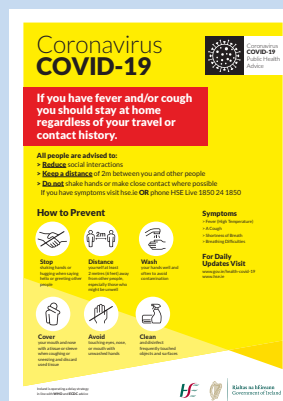
Your practice should develop health and safety COVID protocols. This is called a Standard Operating Procedure (SOP) document and this will be particular to your mode of operation in practice. It is essential that your co-workers are all fully trained on all new practice protocols during this time. These 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=1zwmny4vweI>

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](#)

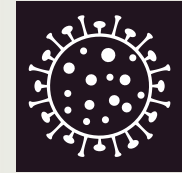
[COVID-19 promoting positive relationships in the workplace -tips for managers](#)

Reopening Business
Getting Ireland Back to Work—Safely

- 1 Phased Return to Business**
 There is a phased pathway to when the public is able to return to work. This involves: Registering on the Job Site, Job, or Client waiting lists for different business sectors and when you're eligible based on health checks on the site.
- 2 Staying Safe, Staying Healthy**
 Employers and Employees – must understand levels of the full phase progression to return to work. For employers to return safely, they must – protect at work.
- 3 Financial Supports**
 There is a wide range of financial supports available: Permitted Local Enterprise Office, Enterprise Zones, Microbusiness Ireland and other agencies to help with such as, grants, working capital and long-term investment.
- 4 Advice & Guidance**
 If your business wants/needs to change the national network of District Enterprise Offices and other relevant state agencies can help.

Find out more at gov.ie/business

Éilín na hÉireann
 Government of Ireland



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

This document is not intended to: (i) constitute medical or safety advice, nor be a substitute for the same; nor (ii) be seen as a formal endorsement or recommendation of a particular response. As such, you are advised to make your own assessment as to the appropriate course of action to take. Please carefully consider local laws and guidance in your area, particularly the most recent advice issued by your local (and national) health authorities, before making any decision.



HAKIM
GROUP