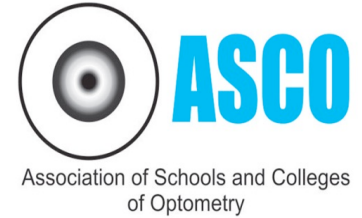
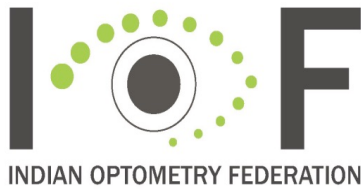


Title page

COVID-19 (Corona Virus Disease of 2019) Guidelines for Optical Stores & Optometry Practices in India (Version 1)



Endorsed by,

Alumni of L V Prasad Eye
Institute Optometrist



Elite School of Optometry
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Karnataka Optometry Association



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LOTUS OPTOMETRY ALUMNI ASSOCIATION



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Introduction

This document was initially drafted through a committee that was formed by members from Association of Schools and Collages of Optometry (ASCO), Indian Optometric Federation (IOF) and Optometry Council of India (OCI). This committee also sought help from stalwarts in the optical, optometry and educational field. However, as we wanted the entire optical and optometry fraternity to benefit from these guidelines, we did approach state associations, alumni associations and other eye care organisations for their endorsements. We would like to thank all the organisations that have come together for this noble cause and have agreed upon collaborating at this hour of need.

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Disclaimer

COVID-19 has compelled organizations to relook at how eye care is delivered. This document is drawn to serve as a guideline for optical stores, optometrists and public who seek eye care services across India. This document has been formulated with information that is available to us as of 30th of April 2020. While the primary objective is to safeguard both, the health and the wellness of our team members, equally important is to ensure adherence to best practices in patient care. This guideline is a dynamic document and we expect the practices advised in this to change as we get a better understanding of the COVID-19 strains. Though all efforts have been made to ensure the accuracy of the document, the same should not be construed as a statement of law or used for any legal purpose.

Guidelines to sanitize and disinfect the work place

1. Cleaning the entire optical store and the optometry clinic thoroughly every morning with disinfectant before opening for business. Periodic mopping should be done during operational hours.

Suggested disinfectant method

- 1 % Sodium Hypochlorite with nylon scrubber.
 - Good quality floor Disinfectant (Example, Lysol). Dilute as per manufactures recommendation. (For low to moderate volume of movement).
2. Frequent touch points like door handles/ knobs, metal surfaces to be wiped with 70 % Isopropyl Alcohol after every usage.
 3. Telephone instrument, card machines, mouse, keypad have to be rubbed down with 70 % Isopropyl Alcohol using swabs/cotton balls at regular intervals. Do not spray.
 4. Wooden furniture and plastic fixtures can be cleaned by rubbing it down with damp cloth soaked in soapy liquid at regular intervals. However, if someone has coughed around a particular area you may want to wipe down that area with 70% Isopropyl alcohol.
 5. Toilet floors can be wiped with 1 % Sodium Hypochlorite or good quality floor disinfectant (Example, Harpic).
 6. For mops, rinse them in 0.5% Sodium Hypochlorite for 30 minutes and then rinse with plain water.
 7. Bucket can be rinsed with 0.5% Sodium Hypochlorite for one minute and then rinse with plain water.
 8. Hand sanitizers should be used by anyone entering the store and clinic. Hand sanitizers should be placed prominently in various locations in the store and in the clinic and refilled regularly.

Instructions to be followed for use of Sodium Hypochlorite

1. Use of 1% sodium Hypochlorite is recommended by the MOHFW (Ministry of Health and Family Welfare). Leave the disinfectant for 10 to 15 min before wiping it off. Its suggested that you understand the interactions of this disinfectant with other disinfectants.
2. Keep in mind that Sodium Hypochlorite especially undiluted, is corrosive, so avoid upholstery and other surfaces that may be damaged by using this.
3. The disinfectant becomes ineffective if expired or exposed to sun, therefore mix in shade and do not over stock. Always make fresh solution.
4. Use protective eye wear, gloves and mask while diluting as the fumes are irritating to the eyes and may be toxic. Hence mix in shade but in open areas.
5. Instructions to make 1% Sodium Hypochlorite
 - Sodium Hypochlorite is commonly available in 5% concentration. Dilute one part 5 % Sodium Hypochlorite with 4 parts of water to make the desired 1% Sodium Hypochlorite.

Home rules and staff hygiene

Staff health and welfare

Ensure that the staff DOES NOT have a fever or symptoms of COVID-19. And that, they have NOT visited any area demarcated as containment zone or met anyone who is COVID-19 positive. A self-declaration form should be signed by each staff member on a daily basis (sample on page 12) confirming his fitness to work for the day. Store or clinic owner and staff can download the Arogyasetu app developed by the Government of India and make use of the same on a daily basis to track staff movement.

Commute to work

Avoid public transport as much as possible. If unavoidable sit alone if possible and keep windows open. Maintain the norms of social distancing and use a mask all through. Before putting the mask, wash hands with soap and water. Make sure it covers the nose and mouth with no gaps. Avoid touching the face. Eyes, nose, mouth are the entry ports for the virus. Staff should avoid carrying bags and wearing accessories such as wrist watch and bangle/s.

Home rules

Stay home if sick. Avoid visiting areas that are declared containment zones by the Government of India. Avoid guests, and unnecessary visits outside to prevent any infection being picked up. Frequent hand hygiene with soap and water to be practiced. Have a bath on return from the clinic. Disinfect the mask as advised.

Hygiene and sanitation

- All staff must use the hand sanitizer on entry
- The biometry or attendance register can be accessed only thereon. Biometry however should be avoided.
- Keep the masks on throughout the stay in the clinic. In between optometrist go to the restroom, he/she has to place the mask in a plastic bag and use it coming back from the restroom.
- Avoid crowds and if personal interaction or meetings are required, maintain social distancing and avoid handshakes
- Avoid carrying bags, wallets, wrist watch, bangle/s etc. as they may get contaminated

- Before drinking water ensure to use hand sanitizer
- Doorknobs, instrument handles, chin rests can be disinfected using hand sanitizer or surgical spirit. Alcohol wipes, may be used too.
- Disinfect all rooms – Waiting, examination, therapy, pantry, bathroom and any other. Frequency of disinfection should be 3 or more times depending on the footfall in the area.

If a client, customer or patient tests positive to COVID-19 after his/her visit to the clinic/optical store, kindly adhere to the following steps:

- The store and/optometry clinic needs to be closed for 48 hours. (This is according to AIOS directive).
- The entire store and/optometry clinic needs to be sanitized.
- As Government of India is allowing to function only with 50% staff, it would be advisable to form two teams of staff: A & B. If one team needs to be quarantined, the other can function.

Information on mask and the personal protective equipment (PPE)

1. Respirators unlike masks protect the wearer from small particle aerosols and large drops. Based on the country of origin they would be called N95/FFP2. Here 95 implies it filters out 95% of airborne particles.
2. 3-layer surgical masks have Outer layer which is waterproof against droplet spray (usually coloured). Middle layer has particle filter to block pathogens and inner layer is water absorbent to absorb moisture.

Correct procedure of wearing triple layer surgical mask

- Unfold the pleats; ensure they are facing down
 - Place over nose, mouth and chin to fit the flexible nose-piece over nose bridge
 - Secure with tie strings (upper string tied on top of head above the ears lower string at the back of the neck)
 - Ensure there are no gaps on either side of the mask, adjust to fit
 - Change the mask after six hours or as soon as they become wet
 - To remove mask first untie the string below and then the string above and handle the mask using the upper strings
3. Safety goggles protect eyes and should fit snugly over and around eyes. Anti-fog feature improves clarity. Personal glasses are not a substitute for safety goggles.
 4. Face shields should cover forehead, extend below chin and wrap around side of face

General guidelines for optical store and optometry clinic

1. Declutter all areas of your store and clinic. If possible, reduce excess movable furniture. Lesser the touch points, easier it is to maintain the facility.
2. Suitable posters communicating preventive guidelines and other related matter should be displayed prominently at the store entry point, main areas of store and in the clinic area.
3. Temperature of all customers, visitors and staff should be checked when they enter using infrared thermometer. Ensure only people with normal temperature enter the store.
4. Ensure inter-personal distance of 1.5 metres is followed at all times.
5. Avoid overcrowding inside the store.
6. Areas to be marked in circles outside the store to ensure customer/ visitors are maintaining social distancing in case they have to wait outside for their turn.
7. Give preference to senior citizens, pregnant women and the specially abled
8. Wherever possible keep doors open to reduce touch points.
9. Identify an area or room where someone who is unwell or has symptom can be safely isolated.
10. Discard appropriately outer packaging of all couriers, posts etc. Sanitize your hand on completion.
11. Temporarily suspend tea/ coffee services for customers and patients. Staffs to use disposable cups for tea and coffee.
12. Label all the various disinfectants, sanitizers and other solutions suitably. Make a ready reckoner stating the usage and related instructions.

Sales related guidelines for the optical-shops customer interaction

1. No Handshakes. Use a non-contact method of greetings.
2. Staff should sanitize their hands in front of the customer before they start to attend them
3. Disposable gloves are also recommended. Fresh gloves should be worn in front of the customer and preferably discarded in front of them to instill confidence of hygiene.
4. Ensure customers are wearing masks. If not, provide one.
5. Showcase products in suitable display trays.
6. Communicate to the customer that all products are sanitized and safe to try.
7. Request them to shortlist and try on as few frames/sunglasses as possible. Explain that all products worn need to undergo elaborate disinfection process. Thank them for their cooperation.
8. Once the selection is over, isolate the products tried by the customer in a separate designated tray. These should be sent for sanitizing before putting them back in the counter.

Pupillary distance (PD) measurements

- Use a Face Shield while taking measurements. Ensure you do not touch the customer. If available other measuring devices which does not need marking on demo can be used.

Payment

- Extend a small tray for collecting cash or card. Avoid touching card and/ cash.
- Cashier handling cash needs to sanitize every time after handling cash
- Disinfect the tray post transaction
- Encourage cashless transactions

Order forms

- Avoid hard copies of order form /Sales Bill/ Prescription. Send soft copy by e-mail or any other digital mediums.
- Recommend door delivery of orders. Inform customer that products will be sanitized prior to packing. Recommend them to do away with the outer packaging once they receive the parcel.

Disinfection of frames, sunglasses and PD meter

Spectacle frames: 0.5% Hydrogen peroxide or liquid dish soap and rinse with water

Sunglasses: Liquid dish soap and rinsing with water.

Spectacle lenses: Isopropyl Alcohol LR (Laboratory Reagent). This chemical is also available under the name of Lab Grade Isopropyl alcohol. This is different in composition from 70% Isopropyl Alcohol. Use Isopropyl alcohol for cleaning/disinfecting the rim of 78/90 lens. Use only soap water and allow it to dry for all the lens part

PD meter/lens meter: Run down gently with 70% Isopropyl Alcohol. Don't spray.

Instructions to make 0.5% Hydrogen Peroxide

- Hydrogen Peroxide may be available in stronger concentration and needs to be diluted accordingly to get 0.5% Hydrogen Peroxide
- Example if you buy Hydrogen Peroxide 3% Dilute one part with 5 parts of water to make the desired Hydrogen Peroxide 0.5%
- Follow manufactures safety Instructions

NOTE: In case using hydrogen peroxide 0.5% reconfirm with respective supplier before using to ensure that the material and printing on the frame is suited to it. If in doubt use liquid soap and rinse it with water.

Guidelines for employees

1. Check temperature when reporting for work and document it.
2. Employees to fill and sign the self-declaration form stating if they have symptoms of cold cough, fever, sneezing and any other respiratory problem. Arogyasetu app is recommended for both the owner and all staff. A sample form is attached for indicative purpose.
3. Employees to sanitize their hand when enter the store. Avoid bags, wallet, watch and bangles.
4. To change into uniform at the store especially for those who use public transport.
5. Masks to be worn at all times when inside the store. Wash hands before wearing the mask.
6. Maintain Social Distancing of 1.5 Metres with all.
7. Frequent hand washing as per guidelines.
8. Avoid Touching Eyes Nose and Mouth.
9. Avoid rotation of staff from one branch to the other in case you are having more than one store/clinic.

Sample template for staff self-declaration: indicative purpose only

DATE :	STAFF SELF DECLARATION FORM		
	EMPLOYEE NAME 1	EMPLOYEE NAME 2	EMPLOYEE NAME 3
IS YOUR BODY TEMPERATURE NORMAL? YES/ NO			
DO YOU HAVE SYMPTOMS OF: (YES / NO)			
-COLD			
-COUGH			
-RUNNING NOSE			
-BREATHING DIFFICULTY			
-SNEEZING			
-Loss of sense of smell			
DOES ANY OF YOUR FAMILY MEMBER/S HAVE ANY OF THE ABOVE SYMPTOMS?			
MODE OF TRANSPORT PUBLIC OR PRIVATE			
SIGNATURE			

Guidelines for optometry clinic

Hygiene and sanitation

- All staff would use the hand sanitizer on entry
- The biometry or attendance register can be accessed only thereon
- Keep the masks on throughout the stay in the clinic
- Avoid crowds and if meeting any person maintain social distancing and avoid handshakes
- Avoid carrying bags and wallets as they may get contaminated
- Before drinking water ensure use hand sanitizer
- Doorknobs, instrument handles, chin rests can be disinfected using hand sanitizer or surgical spirit. Alcohol wipes, may also be used.
- Disinfect all rooms – Waiting, examination, therapy, pantry, bathroom and any other. Frequency of disinfection should be 3 or more times depending on the footfall.

Disinfectants that can be used

- Soap and water
- 1% Sodium Hypochlorite (liquid bleach)
- Hand sanitizer having 70% Isopropyl Alcohol
- Surgical spirit

Patient protocol:

- Single entry for patients and attenders
- Only one attender per patient allowed inside the premises.
- All patients to have temperature screened by dedicated staff (if available).
- Patient should fill in the self-declaration form at the reception detailing that he is not suffering from any Corona related infection to the best of his knowledge, his recent visits out of country and out of city, coming in contact with any COVID-19 positive (sample template in optical guideline document). Further declaration of no travel to a containment zone nor encounter a person found to be COVID-19 positive in past 3 weeks. Patient should declare that he/she understands that the clinic has taken adequate precautions to ensure safety of patients and staff and understands the nature and risk of contracting infection at any place and will not hold the Optometrist or his clinic responsible if he or his attendant gets infected at a later date. Also that he will proactively inform the clinic

if he or his attendant is found positive at a later date. If patient has downloaded the Arogyasethu app of Government of India, the optometrist can also check the same.

- Ensure space for additional attenders to wait, provisioning for drinking water, disposable cups, trash cans, pedestal fans etc. Hand wash and sanitizer for every patient and attender outside the entrance.
- Maintain Social Distancing all through. 1/3 of seating capacity to be used to ensure adequate spacing.
- All patients and attenders to wear a mask while in the clinic.
- Space your appointments such that there is no crowding, and you get time for disinfection. Try and ensure senior citizens are seen as soon as clinic opens as its sterile at that time.
- Encourage online payment transactions, avoid cash.
- Keep 2 trays for cash collection, one incoming and the other one for outgoing. Leave the incoming cash in the tray and use it after 3 to 4 days if possible, or sanitize hands on using such cash.
- Try to courier contact lens solution, spectacles and other eye care products to avoid visits to the clinic.

Patient examination

Keep the examination room door open wherever possible to facilitate ventilation. If the room is air conditioned, clean and disinfect the filter at regular intervals. Exhaust fan may be added on the window behind the patient if there is a provision.

- Wash hands in front of the patient before examination with soap and water or use hand sanitizer.
- Use disposable gloves that need to be changed after examination of each patient.
- Auto-refractometer , Slit Lamp, Phoropter, Keratometer, Topographer need to be disinfected after every use (Forehead rest and chin rest, knobs)
- If patient has 20/20 or 6/6 vision with current spectacles, avoid retinoscopy.
- If patient has 20/20 or 6/6 vision unaided, avoid retinoscopy.
- Retinoscopy if performed: ensure that the trial lenses do not touch the patient. Disinfect trial frame after use.
- Trial frame has to be disinfected using alcohol wipes after every usage. Preferably have 2 trial frames.

- Add a larger size breadth shield for your slit lamps. (<https://youtu.be/K7VpOidsX7s>)
- Remove chin rest papers, so that using disinfectant becomes easier.
- Peer reviewed publications and posters of international (see references) recommend that Contact lenses are safe to wear during this period. Contact lens wear should be avoided if patient has fever or any respiratory problems.
- Avoid direct ophthalmoscopy.
- Use fresh contact lens for every patient to check the fits. In case of speciality Contact lenses, the lenses have to be disinfected using 3% H₂O₂ and neutralise with normal saline for 2 hours. If not use regular disinfecting solution and space the speciality appointments in such a way that the same lens would be used after a week or whatever period you feel would be safer. For soft lens trial use disposable lenses. Disinfect hands post examination, doorknobs, chair handles etc.

Moving forward for independent practitioners

- Game plan for on re-imposing restrictions in case of second wave of infection
- Use of telehealth
- Consider using spectacle follow-up forms, and remote visual acuity testing to follow-up non-emergency patient

Instrument care

- Use 70% alcohol based solution to disinfect probes, trial frames and trial lenses after each use. Body of equipment cleaned with 70% Isopropyl alcohol.
- Lensometer: wiped with 70% Isopropyl alcohol.
- Probes: clean with 70% Isopropyl alcohol swab & air dry for 30 seconds.
- Tonopen / Icare tonometer: Change tip cover or magnetic tip for every patient.
- Applanation tonometer: For AT head
 - a. Use Sodium Hypochlorite (1 ml of Sodium Hypochlorite 9 ml of distil water mix) allow the prism sterilize before the start of the clinic and end of the day, dip the prism for 3 to 4 minutes and dry it and use.

- b. Between patients use isopropanol or baciloid.
- Lenses (+20D/+78D/+90D/Gonio): Clean lenses thoroughly with soap and water every day. Spray Isopropyl alcohol (99.9%) after use. Allow lens to air dry before replacing in the case

General instructions for non-contact equipment

- Chin rest, forehead rest, handles, table and surface touched by patient: cleaned with 70% Isopropyl alcohol. Allowed to dry before taking up the next patient.
- Recommended sterilization solution and parts by Topcon: Sterilization with 77% ethanol: Forehead rest (silicone rubber), body cover/chin rest, chin rest pin (polyamide resin), touch panel (glass). Use sterile cotton ball soaked in alcohol to wipe the instrument and do not spray. Make sure that the moisture does not enter the instrument.
- Computer key board and monitor: wiped with a tissue soaked in Isopropyl alcohol, taking care not to let moisture enter them
- External body of all equipment: wiped with 70% Isopropyl alcohol.
- Similar procedure as above to be followed for furniture, door knobs, table tops etc.

Use the following table for dilution.

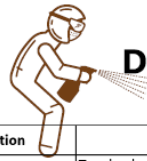
Annexure-I

Guidelines for Preparation of 1% sodium hypochlorite solution

Product	Available chlorine	1percent
Sodium hypochlorite – liquid bleach	3.5%	1 part bleach to 2.5 parts water
Sodium hypochlorite – liquid	5%	1 part bleach to 4 parts water
NaDCC (sodium dichloro-isocyanurate) powder	60%	17 grams to 1 litre water
NaDCC (1.5 g/ tablet) – tablets	60%	11 tablets to 1 litre water
Chloramine – powder	25%	80 g to 1 litre water
Bleaching powder	70%	7g g to 1 litre water
Any other	As per manufacturer’s Instructions	

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12. Cornea and Contact lens society Australia: Position statement on Covid 19
13. IACLE position statement on Covid 19
14. How to disinfect face shield glasses and safety protection: MFASCO document.
15. Guidelines for eyewear store opening post COVID-19 lockdown by Luxottica
16. How to make slit-lamp shield: <https://youtu.be/K7VpOidsX7s>



Disinfection



Area/Item	Process for Disinfection	Method
Floors	Lizol disinfectant or 1% Sodium Hypochlorite	Two buckets, one with plain water and one with detergent solution. Cleaning with Aldasan 2000 once a week
Ceiling & Walls	Lizol or 1% Sodium Hypochlorite	Damp dusting should be done in straight lines that overlap one another
Doors & Door Knobs	Surgical spirit or 70% alcohol	Should be wiped with alcohol based rub/spirit swab before each patient contact
Laboratories etc where spill care is required	1% Sodium Hypochlorite	As per spill management protocol. At the end, Wash mop with detergent and hot water and allow it to dry.
Stethoscope	70% Alcohol or surgical spirit	Should be wiped with alcohol based rub/spirit swab before each patient contact
BP Cuffs & Covers	70% Alcohol	Should be wiped with alcohol based rub/spirit swab before each patient contact
Thermometer	70% Alcohol	Should be wiped with alcohol based rub/spirit swab before each patient contact
Injection & Dressing Trolley	Lizol & 70% Alcohol	Clean Daily with detergent & water After each use, should be disinfected with 70% alcohol based reagent
Refrigerators	Lizol & Water	Empty the fridge and store things appropriately. Inside Cleaning: Weekly. Dry it properly and replace the things. Surface Cleaning : As for High Touch Surfaces
Equipment	All external surfaces with Lizol & water , sensitive probes (except UBM) and optics with isopropyl alcohol	
Railings	Surgical spirit or 70% alcohol	Should be wiped with alcohol based rub/spirit swab

Furniture can be cleaned with water and detergent, except areas in direct contact with patient wherein either 70% alcohol, surgical spirit or 1% Sodium Hypochlorite could be used

Toilets for the floor & the closet use 1% sodium hypochlorite or commercial cleaner (Harpic)

Wear heavy duty/disposable gloves, disposable long-sleeved gowns, eye goggles or a face shield, and a medical mask. Hands should be washed with soap and water/alcohol-based hand rub immediately after each piece of PPE is removed

Mops: Immerse in 0.5% sodium hypochlorite* solution for 30 minutes & rinse with plain water

Buckets : Rinse with 0.5% sodium hypochlorite solution/ for 1 minute. Rinse with plain water





Trolley : Wipe down the trolley body with 0.5% sodium hypochlorite solution. Rinse with plain water

#WeGotThis



CONTACT LENS PRACTICE and COVID-19: 4 actions for you to minimize transmission

In the time of coronavirus CL practice may become more difficult. As CL practitioners we have the responsibility to minimize the transmission of COVID-19 in CL practice based on current scientific evidence.^{1,2}

	<p>1. Protect yourself and monitor your staff</p> <p>Personal protective equipment such as eye protection (goggles or safety spectacles), water-resistant gloves with long tight-fitting cuffs, and surgical-style face masks, should be adopted to reduce the likelihood of infection via either airborne or direct transmission.^{3,4,5}</p> <p>CL practitioners and staff with potential flu-like symptoms should not come in to work.⁷</p>	<p>2. Sanitize your hands</p> <p>Hand washing must be performed before and after significant contact with any patient, even when gloves are worn.^{7,8,9} Hand sanitization includes cleansing hands with an alcohol-based hand rub or with soap and water or both.^{4,9,10} It is important that during patient examination, CL practitioners must avoid touching their own face, nose, mouth and eyes.⁷</p>	
	<p>3. Disinfect well your CL equipment</p> <p>Clean all the instruments used in CL practice such as trial frame and ophthalmic lenses, chin rest and head rest (slit lamp, keratometer, etc.). You can do it with water and detergent and applying commonly used hospital-level disinfectants (such as sodium hypochlorite, 70% alcohol or an alternative disinfectant).^{5,6}</p> <p>This should be done once the patient has left the room.</p>	<p>4. Disinfect your CL trial set</p> <p>In the case of specialty CL fitting such as RGP where a trial set of CLs is used, it becomes very important to ensure that CL are disinfected well between patients. In these cases, rigorous infection control measures must be followed.⁷</p>	

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EUROMCONTACT - THE EUROPEAN ASSOCIATION OF THE CONTACT LENS AND LENS CARE PRODUCTS MANUFACTURERS AND RETAILERS AND NATIONAL GA ASSOCIATIONS - MATERIAL ONLY FOR EYE CARE PROFESSIONALS - Issues 20-03-2020



CONTACT LENS WEAR and COVID-19: 4 key points for your patients

The message around hygiene should be reinforced to CL patients and they should be reminded to wash hands thoroughly before touching their own eyes and their CLs. Patients should also be reminded to clean their CLs correctly, ensuring full disinfection of reusable CLs and not using disposable CLs longer than they are intended. Patients should cease contact lens wear when sick, consistent with guidance for other types of illnesses.^{1,2}

	<p>1. Contact Lens Wear is Safe</p> <p>Contact lens wear remains a safe and highly effective form of vision correction for millions of people worldwide. There is no evidence to date that contact lens wear should be avoided by healthy individuals, or that contact lens wearers are more at risk of developing a coronavirus infection compared to those wearing spectacles.</p> <p>Remind your wearers to follow the CL instructions for use and in particular to avoid contact lenses to get 'in contact' with water (tap water, swimming pool, hot tub...).</p>	<p>2. Disinfect Contact Lenses</p> <p>Contact lens wearers should either dispose of their daily disposable lenses after wear, or regularly disinfect their reusable lenses and lens case with contact lens solution only, according to manufacturer and eye care professional instructions.</p>	
	<p>3. Proper hand washing is essential</p> <p>When using contact lenses or spectacles, careful and thorough hand washing with soap and water followed by hand drying with unused paper towels is paramount. For contact lens wearers, this should occur before every application and removal of their contact lenses.</p>	<p>4. Disinfect Spectacles and Glasses</p> <p>Some viruses such as COVID-19 can remain on hard surfaces for hours to days, which can be transferred to spectacles wearers' fingers and faces. There is no scientific evidence that wearing spectacles or glasses provide protection against COVID-19 or other viral transmissions.</p>	

References:
 1. Top Contact Lens Experts Dispel Misinformation Regarding Coronavirus / COVID-19 Protections for Contact Lens Wearers <https://www.aao.org/eye-care/eye-experts-dispel-misinformation-regarding-coronavirus-covid-19-protections-for-contact-lens-wearers/>
 2. COVID-19 and Contact Lens Wearers in Safe Hands <https://www.aao.org/eye-care/eye-experts-dispel-misinformation-regarding-coronavirus-covid-19-protections-for-contact-lens-wearers>
 EUROMCONTACT - THE EUROPEAN ASSOCIATION OF THE CONTACT LENS AND LENS CARE PRODUCTS MANUFACTURERS AND INTERNATIONAL AND NATIONAL CL ASSOCIATIONS - MATERIAL ONLY FOR THE CLARE PROFESSION - Update 29-01-2020

Clinical telephone/video review



Patient name:		Patient identifier:	
Contact details:		Date of birth:	
Relevant OH:		Date of last sight test:	

Reason for contacting the practice

Existing spectacle prescription (if relevant)	
Right:	Previous VA
Left:	Previous VA

Telephone/ video consultation (delete as appropriate)

History and symptoms	Have you experienced any of the following? N/R/L	
	Eye pain:	
	Photophobia:	
	Haloes around lights:	
	Recent trauma:	
	Distortion in vision:	
	Recent onset floaters:	
	Red eye	
	Sudden change in VA:	
	GH/Medications:	
Patient self-estimated VA (Same/ little worse/ much worse than previous)	Right	Left

Recommendations (tick)

Sight/life threatening?: Refer to eye casualty		Minor eye condition: Advise to self-manage	
Potentially sight/life threatening?: Book urgent optom review		Non urgent condition: Book appt in 6/12	

Advice given:

Signature: GOC:	Date:
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Contact lens telephone review



Patient name:		Patient identifier:	
Date of birth:		Practitioner:	
Date of last CL aftercare:		Date of last sight test:	

Existing lens type:		Solutions:	
Additional notes to confirm the need of the telephone consultation:			

Existing contact lens specification			
Right:		Previous VA	
Left:		Previous VA	

Telephone consultation

Do you have current concerns about your contact lenses or eye health?		
How is your vision when wearing contact lenses?		
Any other questions?		
How is the comfort of your contact lenses?		
Wearing		On removal
How many hours a day do you wear your lenses?	AVG	MAX
How many days do you wear your lenses?	AVG	MAX

Have you experienced any of the following?	
Redness:	
Discharge:	
Light sensitivity:	
Pain:	
General health:	
Are you happy with how to use your cleaning solutions correctly?	
Comfort drops:	

Patient education check list

No tap water or swimming in lenses	
No sleeping in contact lenses	
No sharing or over wear	
Reminder to remove lenses in the event of pain, blurred vision or a red eye	

Recommendations

How many CLs may be supplied?	Date when CL aftercare recommended?
Remind patient if contact lenses do not perform as expected, should remove them and contact the practice. Remind patient not to wear contacts if they feel unwell or sick.	
Other notes:	
Signature: GOC:	Date:

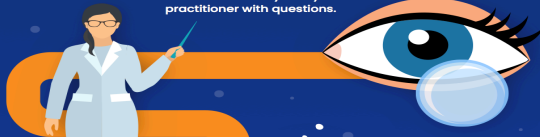
Contact Lens Wear and Coronavirus

5 Facts You Need to Know During the COVID-19 Pandemic

The results of a new scientific review by five prominent ocular researchers provide clear advice for contact lens wearers.¹

#1 You Can Keep Wearing Your Contact Lenses

There is currently **no scientific evidence** that contact lens wearers have an increased risk of contracting COVID-19 compared with glasses wearers. Consult your eye care practitioner with questions.



#2 Good Hygiene Habits are Critical

Thorough handwashing and drying are essential, as well as properly wearing and caring for contact lenses, ensuring good contact lens case hygiene, and regularly cleaning glasses with soap and water. These habits can help you stay healthy and out of your doctor's office or hospital.



#3 Regular Glasses Do Not Provide Protection

No scientific evidence supports rumors that everyday glasses offer protection against COVID-19, a position supported by the U.S. Centers for Disease Control and Prevention (CDC).



#4 Keep Unwashed Hands Away from Your Face

Whether you wear contact lenses, glasses or require no vision correction at all, **avoid touching your nose, mouth and eyes with unwashed hands**, consistent with World Health Organization (WHO) and CDC recommendations.



#5 If You Are Sick, Temporarily Stop

Contact lens wearers who are ill should temporarily revert to wearing glasses. You can resume use with fresh, new contact lenses and lens cases once you return to full health.



¹ Jones L, Walsh K et al. The COVID-19 pandemic: Important considerations for contact lens practitioners. Contact Lens Anterior Eye. 2020. In press. <https://doi.org/10.1016/j.claae.2020.03.012>