

Title page

Corona Virus Disease 2019 (COVID-19) Guidelines for Optical Stores & Optometry Practices in India BY Indian Optometric Association (IOA) & Optometry Council of India (OCI: ASCO & IOF)



(Updated as on 5th June 2020)

Endorsed by,

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Elite School of Optometry
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Karnataka Optometry Association



Optometric Association of Tamil Nanbargal



Association of Optometry for State of Maharashtra



Indore Divisional Optometrist Welfare
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India Vision Institute



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Introduction: In the month of May 2020, there were two guidelines for optical shops and optometry practices, one from Indian Optometric Association (IOA) and the other from Optometry Council of India (OCI). This updated version combines the two guidelines and experiences of experts and endorsed associations post lockdown. This document has been drafted through a committee formed by members from Association of Schools and Colleges of Optometry (ASCO), Indian Optometric Association (IOA), Indian Optometric Federation (IOF) and Optometry Council of India (OCI). This committee also sought help from stalwarts in the optical, optometry and educational field, as individual contributors. All contributors have been acknowledged. The associations that endorsed the OCI guidelines, have also endorsed this updated version of the document. 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 5th June 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. The Ministry of Health & Family Welfare, Government of India and respective State Government guidelines from time to time will have to be adhered to.

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 (once every 3-4 hours) 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. A signage depicting that people entering

the store or clinic need to wear mask and need to sanitise hands is recommended.

9. Instructions on preparation of 0.5% sodium hypochlorite: please follow instruction provided by MOHFW on the same.



Fig. 1: Periodic mopping of floor

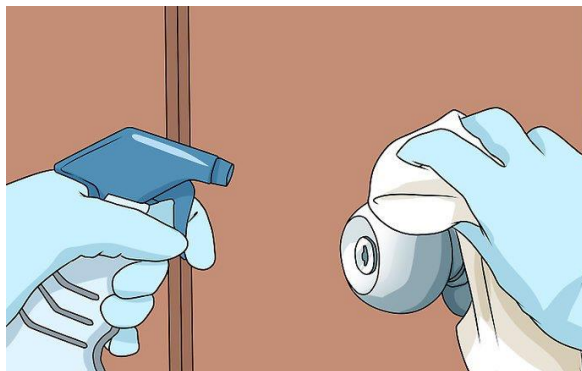


Fig. 2: Disinfecting common touch points

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 7) confirming his fitness to work for the day. Store or clinic owner and staff can download the Arogyasetu app (link: https://play.google.com/store/apps/details?id=nic.goi.aarogyasetu&hl=en_IN) developed by the Government of India and make use of the same on a daily basis to track staff movement.

Commute to work

It is recommended that staff try and use their own mode of transportation wherever possible. If using public transport, maintain the norms of social distancing and use a mask all through. Before wearing 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.

Avoid as many touch points as possible. 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.
- 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 or wash hands thoroughly.
- Doorknobs, instrument handles and other frequent touch points 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.
- Regards wearing of mask and type of mask recommended please do refer to Government of India guidelines.

If a staff, 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 in certain states, 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.

PREVENT THE SPREAD OF GERMS AT WORK

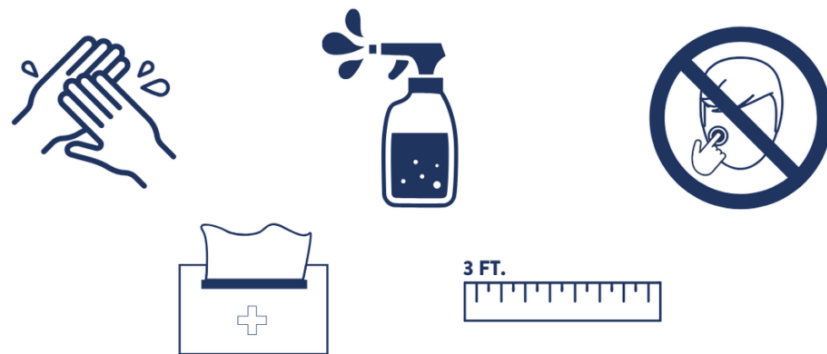


Fig. 3: Dos and Don'ts at workplace



Fig. 4: Procedures to be followed at workplace

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 TEMPERATURE NORMAL? YES/ NO			
DO YOU HAVE SYMPTOMS OF: YES / NO			
-COLD			
-COUGH			
-RUNNING NOSE			
-BREATHING DIFFICULTY			
-SNEEZING			
DOES ANY FAMILY MEMBER HAVE ANY OF THE ABOVE SYMPTOMS?			
MODE OF TRANSPORT PUBLIC OR PRIVATE			
SIGNATURE			

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 social distancing 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. For drinking water use disposable cups. 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.



Fig. 5: Correct and incorrect procedures to open the door

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 selected 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 or wear gloves.
- 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. This has been recommended by most of the frame manufacturers. Although ultra-violet C (UVC) chambers have been suggested, as UVC is a good disinfectant, the availability of these chambers is an issue and criteria for intensity and exposure is not documented clearly.

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 3% Hydrogen Peroxide, dilute one part with 5 parts of water to make the desired 0.5% Hydrogen Peroxide.
- Follow manufactures safety Instructions.

NOTE: In case using 0.5% hydrogen peroxide 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.



Fig. 6: Disinfection of frames

Guidelines for employees

1. Check temperature when reporting for work and document it.
2. Arogyasetu app is compulsory for all employees and owner of optical store/practice.
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.
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.

Guidelines for optometry clinic

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.
- Please refer to all guidelines provided above under “General guidelines for optical store and optometry clinic”.
- 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.
- Try to courier contact lens solution, spectacles and other eye care products to avoid visits to the clinic.

Patient examination

The entire eye examination procedure should be completed within 20 minutes. Patient should undergo minimum battery of test required. 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. However, in certain states air conditioning has been prohibited by the state government. We recommend you follow the local government instructions. 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)

1. Patient wearing spectacles:

- Latest spectacle prescription to be collected from the medical records.
- Check the power from existing spectacle after disinfecting them or hold the spectacle with gloves. The lensometer also to be sanitized after every use.

2. History Taking:

- It has been advised by many international associations and organisations that wherever possible history to be collected through phone conversation. If not possible while taking history, ensure social distancing.

3. Refraction:

- If patient uncorrected or corrected vision is 20/20, perform auto-refraction and subjective refraction along with duochrome.
- Eye Testing to be done quickly- customer counseling / discussion to be done outside clinic.

- Avoid use of phoropter as sanitising the lenses is difficult once lenses are changed. The lenses are also in close proximity to the patient.

4. Retinoscopy:

- Ensure patient and optometrist are wearing mask while performing retinoscopy.
- Retinoscopy when performed: ensure that the trial lenses do not touch the patient. If trial lens touches the patient, make sure they are disinfected with lab grade alcohol OR soap and water before reuse.
- Prefer Retinoscopy lens bars / rack to do retinoscopy
- Trial frame has to be disinfected using alcohol wipes after every usage. Use two trial frames and disinfect each after every use.
- Cross cylinder test to be done without touching the patient. While performing cross cylinder optometrists tend to rest their hand on the forehead of the patient. This should be avoided.
- **Paediatric work-up and refraction:** Visual acuity assessment: The optometrist should use non-contact occlusion such as tissue papers and extra precautions need to be taken to avoid peeking. In younger children, parents can hold the tissue paper to occlude, after appropriate hand hygiene is ensured for them. Use handheld auto-refractors to assess refraction as it has been validated in the paediatric population.¹⁻³ Over refraction with retinoscopy can be done if visual acuity is 6/6 and wherever applicable to reduce the time taken for work-up.

What can be omitted from the regular work-up during the COVID-19 times to reduce the work-up time?

- Children less than 3 years seeking emergency consultation can be directly referred to the Ophthalmologist
- Conventional routine sensory and motor evaluation procedures such as stereopsis and worth four dot testing can be deferred in children who come for routine testing and in refractive error testing.⁴ Avoid touching, maintain physical distancing. Hirschberg's test can be performed to document eye alignment in children above 12 years of age without a primary complaint of strabismus.
- Un-dilated refraction can be deferred if a cycloplegic refraction is planned, and subjective acceptance can be deferred wherever the decision is to be taken based on cycloplegic refraction.
- Applanation tonometry to be done only in aphakia, pseudophakia, and glaucoma

- For ophthalmic emergency referral, please refer to IJO publication by AIOS.

5. Slit-lamp examination:

- Add a larger size breath shield on slit lamps.
- Remove chin rest papers, so that using disinfectant becomes easier. Head rest, chin rest, hand holder and other contact points on slit lamp to be disinfected after every use with 70% isopropyl alcohol.

6. Intra Ocular Pressure:

- Avoid pneumotometry. Applanation or tonopen are recommended. Disinfection and sanitisation of instruments are listed below.

7. Fundus Examination:

- Direct ophthalmoscopy should be avoided. However, if fundus camera is available, fundus can be examined. The camera used to examine the patient needs to be disinfected using 70% isopropyl alcohol after every use. In case there is a pathology that is suspected and fundus examination is not possible, it is recommended to refer the patient to an ophthalmologist.

- 8. Subjective testing:** Optometrists has to wear mask and face shield while doing post mydriatic. Cross cylinder test to be done without touching the patient

9. Contact lens

A. Existing Contact lenses patients

There is enough scientific evidence to suggest **contact lenses (CL) are safe to wear during the corona pandemic**. An existing CL wearer can continue to wear his/her lenses as usual. The patient can continue using CL as before with extra care with respect to washing hands as per WHO standards, and cleaning and disinfecting lenses as taught in the clinic.

In case the eye/eyes become red, discontinue Contact lenses and report to nearest optometry/ophthalmology clinic. All wearers need to be advised that they need to do discontinue CL in the event of upper respiratory tract infection or fever. This advice that was provided even in pre-corona pandemic period will continue to be given by all practitioners. The lenses that

were used during an event of respiratory infection or fever needs to be discarded as waste.

B. New patients

New wearers can be fitted after following the following steps

- Check patient as per safe refraction tips
- Before trying the lens on patient's eyes, sanitize the blister pack and wash hands with soap and water and then open the pack and handle lenses
- Discard the trial lenses once the trial is over
- Fresh Trial lenses should be used for all patients
- In case of RGP speciality products disinfection with 3% Hydrogen Peroxide is recommended. The lenses once used need to be soaked in 3% Hydrogen peroxide for 3 hours. Following soaking, the lenses should be rinsed and soaked in saline for 8 hours. On removal they have to be cleaned using regular RGP cleaning solution and stored dry in the case. RGP trial lens storage cases also need to be sanitised with 70% isopropyl alcohol, rinse thoroughly with regular RGP MPS and dry, before storing the lenses back in the cases. As trial lenses need to be disinfected which will take time and therefore, patients need to be scheduled accordingly for next trial
- For examining the patient on Slit lamp, follow the instrument sanitization guidelines

C. Solutions

- Solution bottle being used in the clinic should be wiped with sanitizer after every use. Take care not to touch the bottle tip either with fingers or with sanitizer. Cap the bottle immediately after use. 70% isopropyl alcohol can also be used. Solutions and inventory on display also needs to be sanitised. Make sure you do not wipe the manufacturer details, power and expiry dates

D. Cases

- Need to be rinsed with fresh MPS solution and wiped dry with paper towels. Scrub the case to ensure removal of any biofilm that may have formed on the cases. Following cleaning the case has to be turned upside down on tissue and allowed to air dry. Patients also have to be advised to change cases every time they buy a new solution bottle.

E. Follow-up

- During follow up visits instructions on care & maintenance of CL needs to be emphasised more than ever. Importance of hand wash, change of solution, cleaning of lens case and regular change of CL as advised needs to be emphasised. Soft copy of an instruction booklet is helpful. Wherever possible, follow up consultations can be done through phone for supply of CL and/or regards solution purchase.

10. Binocular Vision

- **History taking** : Administer history over phone or email symptom survey if patients have prior appointments and email access
- Use over refraction/ open field autorefraction in available cases to quickly recheck the refraction
- Use Borish delayed testing/ modified Borish delayed testing in accommodative dysfunctions to reduce the need for cycloplegic refraction wherever applicable
- Use minimum test battery (Phoria for distance and near, Binocular accommodative facility, Near point of convergence, near point of accommodation)
- Sensory testing only in cases of manifest diplopia and required cases (disinfect stereo-plates, polarizing glasses, and red green glasses once testing is finished)
- Disinfection of BV testing kit/ Hess charting/ Fresnel prisms after every patient with 70% alcohol
- Reduce adaptation times given during prism trial or refractive adaptation in the clinic

VISION THERAPY

- No In-Office vision therapy if physical distancing cannot be followed due to infrastructure constraints
- Software based home therapy should be prescribed
- For home vision therapy, patients can buy their own VT kit for demonstration
- Prescribe home vision therapy software that are commercially available for further follow-up
- Email vision therapy instructions or let the patient take a photo of instructions – avoid paper copies
- Enable tele-consultation to follow-up patients who are due for follow-up and who can be assessed online with remote software based testing

- Organize webinars for patients and parents to raise awareness and visual hygiene regarding binocular vision dysfunctions during the long hours of work from home

11. Low Vision Guidelines

- Before commencing the low vision assessment and trial of assistive devices patients should be instructed to sanitize their hands with alcohol-based sanitizer. Low vision history should be obtained on phone. When patient presents in the clinic, minimum battery of tests should be performed to limit time with each patient. These should include visual acuity assessment for distance and near, followed by contrast sensitivity function, good refraction and trial of devices. To assess functional test, ability to walk between two chairs could be performed.²⁴⁻²⁵
- Filters, spectacle magnifiers, non-illuminated hand magnifiers, and stand magnifiers with single lens system can be cleaned with liquid soap and water after the trial is done. Choice of the devices can be done based on the patient's visual demands, occupation, and chief complaints. It is advised to limit the number of trials to reduce contact with multiple devices and to reduce the time taken.
- Telescopes and other magnifiers with multiple lens systems: Handle of a magnifier and other parts that may have come in contact with the patient should be disinfected using alcohol wipe in between the patients. However, the clinician should be careful not to touch the lens surface with alcohol wipes.
- UV-C lamp chamber has been suggested as in case of spectacles, however the availability and the long-term effects of exposure to UVC radiation is not known.

Instrument care

- Use 70% isopropyl 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 distilled 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.

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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}

	1. Protect yourself and monitor your staff 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} CL practitioners and staff with potential flu-like symptoms should not come in to work. ⁷	2. Sanitize your hands 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	
	3. Disinfect well your CL equipment 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). ^{6,8} This should be done once the patient has left the room.	4. Disinfect your CL trial set 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	

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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}

	1. Contact Lens Wear is Safe 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. 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...).	2. Disinfect Contact Lenses 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.	
	3. Proper hand washing is essential 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.	4. Disinfect Spectacles and Glasses 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.	

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Fig. 7: Contact lens wear and care guidelines

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:	
Patient self-estimated VA (Same/ little worse/ much worse than previous)	Right	Left	GH/Medications:

Recommendations (tick)

Sight/life threatening?: Refer to eye casualty	<input type="checkbox"/>	Minor eye condition: Advise to self-manage	<input type="checkbox"/>
Potentially sight/life threatening?: Book urgent optom review	<input type="checkbox"/>	Non urgent condition: Book appt in 6/ 12	<input type="checkbox"/>

Advice given:	
Signature: GOC:	Date:

Form 2: Contact lens video review form

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?		Have you experienced any of the following? Redness: - Discharge: - Light sensitivity: - Pain: -
How is your vision when wearing contact lenses?		
Any other questions?		
How is the comfort of your contact lenses?		
Wearing	On removal	General health:
How many hours a day do you wear your lenses?		Are you happy with how to use your cleaning solutions correctly?
AVG	MAX	Comfort drops:
How many days do you wear your lenses?	AVG MAX	

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:

Form 3: Contact lens telephone review form



Fig. 8: Contact lens facts