



Providing clinical care during COVID-19

12th May 2020

This guidance is an update to optometrists about providing care as the COVID-19 pandemic evolves. Australia has observed a significant reduction in cases throughout April, and relatively low community transitions rates.

Optometrists continuing to provide care during the coronavirus (COVID-19) pandemic should consider how they continue to prioritise and deliver care. The risk of coronavirus transmission has significantly reduced in much of the country, and with this optometrists may consider returning more patients to care.

Optometrists provide an important service to the community by providing the majority of primary eye health services in the country, deliver care that significantly impacts patient's function and providing care for acute and chronic eye conditions. It is important that those who need the services of an optometrist have access to avoid unnecessary functional impact or eye health or vision consequences. Practices should ensure that measures are taken to provide a safe environment for patients, staff and optometrists. This is by ensure there is effective identification of risk individuals, and implementation of [infection control measures](#).

This guidance has been produced to align with the current Commonwealth Department of Health advice that has been received.

Amending protocols for identifying patients who should be examined

This document aims to provide guidance for practices considering amending their processes for identifying patients that should and should not be seen. It is important that each practice and optometrist makes their own decision about which patients they are comfortable examining. These guidelines can be used to identify those that pose an increased risk of COVID-19. While community transmission of coronavirus has reduced in most locations, optometrists should continue to avoid examination of those who pose increased risks.

This guidance should be considered and amended by practices to ensure it suits their needs and recognises. There may be differences in local COVID-19 transmission rates, patient demographics and practice risk tolerances that necessitate a different process for managing patients presenting for care.

Step 1

Protocols and procedures should be developed and implemented as soon as practical, enabling the practice to identify those patients who pose increased risk of COVID-19 transmission.

It is recommended that a set of questions be asked of every patient prior to them presenting to the practice. If they present directly to the practice, they should be asked these questions while observing social distancing whenever possible.

The following is a suggested set of questions, which should be printed and made available to staff when they are greeting people and answering the phones:

Question	Response	Action
Prior to starting questioning let the patient know that you are going to be asking them a few questions due to the coronavirus pandemic and to keep everyone safe		
1. Do you have a fever, sore throat, cough or new shortness of breath?	YES	Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact.
	NO	Continue to question 2
2. Are you currently required to be in self-isolation due to travel or (potential) contact with people with COVID-19?	YES	Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact. There may be contexts in which it is appropriate to offer telehealth services.
	NO	Continue to question 3
3. Have you been diagnosed as having COVID-19?	Yes	Follow-up question: have you been advised that you are not contagious and able to leave isolation? YES: Patient will likely require a consultation with the optometrist. This may be via phone/telehealth or face-to-face. NO: Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact. There may be contexts in which it is appropriate to offer telehealth services.
	No	Patient will likely require a consultation with the optometrist. This may be via phone/telehealth or face-to-face.

For all patients that contact the practice and their appointments are postponed it is important that a note is made on their clinical record outlining that it had been mutually agreed to reschedule their appointment and when it had been rescheduled for. Recall systems should be updated to ensure that recalls are made to patients that have postponed their appointment.

Step 2

Discuss the updated triaging process with all practice staff, providing an outline of the suggested protocols and procedures.

The following should be discussed:

A. The safety of patients, staff and the community should be held paramount.

The reason that these policies and procedures are being instituted is to provide a safe environment for both practice staff and patients. It is also important to reduce the spread of the virus within the community. Practice staff should be aware that the efforts they put in will have a real effect in improving health outcomes.

B. The practice will continue to avoid seeing patients that pose a high risk of having coronavirus.

C. All postponed patients will be rescheduled to an appropriate time in the future, and it is important that their records indicate that there was a discussion and mutually agreed outcome. The recall date for these patients should be amended to ensure that they are reminded to return at an appropriate time and procedures implemented to ensure these recalls are sent when appropriate.

All staff should be asked if they have any questions or concerns about this and explore the concerns about the new protocols. Optometry Australia encourages practice owners/management team to ensure appropriate support is made available to each staff member as the new procedures are being implemented.

Step 3

Given the rapid changes in the circumstances of the COVID-19 pandemic, Optometry Australia recommends that practices review the agreed protocol fortnightly, or as agreed appropriate by the practice team. This would include:

- Reviewing current health sector and optometry advice from both [Optometry Australia](#), the [Commonwealth Department of Health](#) and the relevant [state or territory health departments](#) for clinical management of patients during the COVID-19 pandemic.
- Discussing the protocol and procedures with all practice staff to identify any issues that have arisen – for example, could the wording be clearer for your patients or staff? Is there new advice or emerging evidence that needs to be taken into account in the questions asked of patients? Are patients comfortable answering the questions posed or does the language need adjustment?
- Amend the protocol as required

We understand change to routines is always difficult, particularly in trying circumstances, and encourage practice owners and management teams to ensure staff are supported to implement agreed changes.

Protocol in action: Example 1

Jenny requires her glasses to drive and has recently broken her only pair. She has glued them back together, but this is only a temporary solution. Jenny has been to the practice previously and feels that her vision has changed since her last consultation.

Jenny contacts the practice by phone, and speaks first to reception staff, and then to the optometrist according to the agreed protocol:

Question	Response	Action
Prior to starting questioning let the patient know that you are going to be asking them a few questions due to the coronavirus pandemic and to keep everyone safe		
1. Do you have a fever, sore throat, cough or new shortness of breath?	YES	Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact.
	NO	Continue to question 2
2. Are you currently required to be in self-isolation due to travel or (potential) contact with people with COVID-19?	YES	Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact. There may be contexts in which it is appropriate to offer telehealth services.
	NO	Continue to question 3
3. Have you been diagnosed as having COVID-19?	Yes	Follow-up question: have you been advised that you are not contagious and able to leave isolation? YES: Patient will likely require a consultation with the optometrist. This may be via phone/telehealth or face-to-face. NO: Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact. There may be contexts in which it is appropriate to offer telehealth services.
	No	Patient will likely require a consultation with the optometrist. This may be via phone/telehealth or face-to-face.

A face to face examination is organised, resulting in new glasses. [Appropriate precautions](#) are taken to enable a safe environment for Jenny, staff and the community to have an examination.

Protocol in action: Example 2

Paul brings in his 13-year-old son, Jeremy, for his first eye examination because Jeremy's teacher has noticed him squinting.

Reception staff complete the agreed protocol:

Question	Response	Action
Prior to starting questioning let the patient know that you are going to be asking them a few questions due to the coronavirus pandemic and to keep everyone safe		
1. Do you have a fever, sore throat, cough or new shortness of breath?	YES	Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact.
	NO	Continue to question 2
2. Are you currently required to be in self-isolation due to travel or (potential) contact with people with COVID-19?	YES	Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact. There may be contexts in which it is appropriate to offer telehealth services.
	NO	Continue to question 3
3. Have you been diagnosed as having COVID-19?	Yes	Follow-up question: have you been advised that you are not contagious and able to leave isolation? YES: Patient will likely require a consultation with the optometrist. This may be via phone/telehealth or face-to-face. NO: Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact. There may be contexts in which it is appropriate to offer telehealth services.
	No	Patient will likely require a consultation with the optometrist. This may be via phone/telehealth or face-to-face.

A face to face examination is organised as Jeremy has new eye issues. [Appropriate precautions](#) are taken to enable a safe environment for the patient, staff and the community to have an examination.

Protocol in action: Example 3

Sandra is a patient who was due to have her eyes examined due to having diabetes 2 months ago. She is not having any problem with her eyes or vision but knows that she should have them regularly examined. Sandra contracted COVID-19, and has now been medically cleared.

Reception staff complete the agreed protocol:

Question	Response	Action
Prior to starting questioning let the patient know that you are going to be asking them a few questions due to the coronavirus pandemic and to keep everyone safe		
1. Do you have a fever, sore throat, cough or new shortness of breath?	YES	Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact.
	NO	Continue to question 2
2. Are you currently required to be in self-isolation due to travel or (potential) contact with people with COVID-19?	YES	Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact. There may be contexts in which it is appropriate to offer telehealth services.
	NO	Continue to question 3
3. Have you been diagnosed as having COVID-19?	Yes	Follow-up question: have you been advised that you are not contagious and able to leave isolation? YES: Continue to question 4 NO: Patient should not be seen face-to-face unless in emergency circumstances. If they are examined the optometrist should conform to government guidelines on PPE and other staff should avoid all contact. There may be contexts in which it is appropriate to offer telehealth services.
	No	Patient will likely require a consultation with the optometrist. This may be via phone/telehealth or face-to-face.

Sandra needs an eye examination due to a chronic condition that can affect her eyes, however she has not been medically cleared to leave isolation following diagnosis as being COVID-19 positive. She does not have an ocular emergency and Sandra is asked to return when she has been medically cleared to leave isolation. A note has been made and she will be contacted in 2 weeks.