

Cheyenne Eye Clinic COVID-19 Safe Office Protocol

Cheyenne Eye Clinic (CEC) maintains Centers for Disease Control and Prevention (CDC) guidelines and regulations during the COVID-19 pandemic. The CDC has ruled that the current COVID-19 pandemic has reached “crisis mode” and has altered rules for PPE and healthcare worker (HCW) roles. Below personal protective equipment (PPE), disinfection guidelines, and other protocols during the pandemic are addressed.

Patient regulations:

1. All patients will be screened through the check-in process via Phreesia and in person regarding exposure risks and COVID-19 symptoms. Any patient or guest with COVID-19 symptoms and/or exposure will be asked to leave the building. IF the patient is not experiencing an ocular emergency, the patient will be called to reschedule their appointment in no less than 14 days. IF the patient is experiencing an ocular emergency, the physician scheduled to see the patient will be contacted and decide the proper route in caring for the patient. Options may include examining the patient outside of the office, sending the patient to the emergency room, and examining the patient as an inpatient.
2. Volumes of patients and guests are limited until further notice. Guests or family members of patients are being encouraged to wait outside or in their vehicles during this time. If in the cases of inclement weather or if the waiting room capacity allows, the family/guest may wait inside the CEC office.
3. All patients and family/guests must wear a face mask while in the office spaces. If the patient/guest does not come in with a mask, a surgical mask will be provided to them. (See mask information below.)
4. Temperatures will be checked on every patient/family/guest entering the offices of CEC. Anyone exhibiting a temperature of 99.0 or higher with a non-contact thermometer will be asked to reschedule their appointment. If a contact thermometer is available, temperatures must be 100 or lower per CDC guidelines. These temperatures will be logged by the patient service team.
5. IF the patient is a healthcare worker and is routinely exposed to COVID-19, there will be a series of questions asked to screen for symptoms and risk levels of exposure. If the patient denies all relevant criteria and is considered low risk, we will see the patient. If at any point, the doctor believes the patient to be a higher risk than previously thought, the clinician will have the authority to postpone the routine care.

Waiting areas:

1. During the COVID-19 pandemic, CEC will plan to have a mild to moderate volume of patients in waiting areas. CEC will abide by federal and state guidelines in regard to the quantity of people in gathering spaces and will adjust the volume of patients scheduled in order to adhere to these guidelines.
2. Waiting areas will be disinfected on a routine basis by the patient service team using approved cleaning materials.
3. All coffee and tea service will be discontinued until CEC deems it safe for patients and staff to offer this service to patients/guests.

Staff regulations:

1. CEC will schedule staffing levels based on clinical schedule and tasks necessary. Managers/ Supervisors in each department will determine staffing level needs and schedule staff members accordingly.
2. All staff will have temperature checked at the start of their shift or work day. If at any point, the staff member wants to have their temperature checked again, they have that option. Any staff member with a temperature of 99.0 or higher with a non-contact thermometer will be asked to leave work and not return until recovery criteria have been met. A temperature of 100.0 or higher with a contact thermometer will be asked to leave work and not return until recovery criteria have been met. (See HCW return to work below.)
3. All staff will wear face masks while in the building with the exception of approved areas (i.e. breakroom, lunch rooms, private offices with door closed, etc.). A surgical mask will be supplied to staff members. (See masks guidelines below.)
4. When not masked, social distancing of 6 feet or more will be maintained at all times including breakroom and lunch room areas.
5. Staff members in direct patient care will be urged to wear gloves when in patient contact or in contact with items patients have touched.*See Appendix B: Handwashing and Gloves
6. All staff are encouraged to maintain strict handwashing techniques whether wearing gloves or not. Handwashing should occur before and after patient encounters. Hand sanitizer (60% or higher alcohol content) may be used after a patient encounter but cannot be viewed as a substitute for handwashing chronically throughout the day. The CDC recommends handwashing to occur no less than 10 times daily.
7. If feeling ill, staff must contact their supervisor / designated team leader in accordance to CEC handbook (at least 1 hour prior to shift). The supervisor / team leader will discuss symptoms with staff member and will determine when staff member would be eligible to return to work. If the staff member is experiencing any COVID-19 symptoms, the supervisor will direct them to see a doctor and will not authorize them to return to work until cleared to do so.
8. Protective eyewear will be supplied to staff in direct patient care. Usage of protective eyewear is optional but advised per CDC guidelines. Whenever in contact with splashing liquids (i.e. eye rinsing), protective eyewear is strongly encouraged for all staff.

Administrative Controls

1. Patients are encouraged to check in online for their appointment to eliminate prolonged face to face contact with the front desk team. Patients will not be required to check out and will be called for follow up appointments when needed.
2. Disinfection of any surface that patients touch (i.e. countertops, exam room equipment, check in tablets, etc.) will occur immediately after use/ exposure.
3. When possible, additional administrative controls will be utilized (face shields for slit lamps, barriers to prevent overcrowding, etc.). Each department and CEC administration will consider the use of administrative controls and will assess the functionality and rationality of these controls.

Personal Protective Equipment (PPE)

1. Surgical masks will be supplied to staff for use whenever in the CEC buildings. These masks will be deemed required during the COVID-19 pandemic and until further notice from CEC Administration. A staff member may wear a decorative mask over their surgical mask if desired. Other masks supplied by the staff member must be assessed and approved by their supervisor prior to substitution for a surgical mask. (CEC Administration provides masking guidelines below.)
2. When appropriate in clinical or surgical situations, protective eyewear will be provided to staff. Eye wear may include the employee's own eyeglasses or goggles provided by CEC. These devices are reusable and proper cleaning techniques include Cavi-wipes or alcohol based cleaners.
3. Gloves are provided for wear when working directly with patients and surfaces that someone other than the staff member may have touched. It should be noted that gloves are not a substitution for handwashing or hand sanitizing. Employees are urged to wash hands frequently throughout the course of their work day. *See Appendix B: Handwashing and Gloves

Masks and Masking While at Work

During this time much has been said about the use of cloth/fabric masks, surgical masks, and N95 respirators. Below is a brief definition of different types of masks. A more extensive definition of N95 respirators and appropriate usage is in Appendix A.

- **Cloth face covering:** Textile (cloth) cover that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. **They are not PPE and it is uncertain whether cloth face coverings protect the wearer.**
- **Facemask:** Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.
- **Respirator:** A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in health care.

Please note that patients will be encouraged to come to the office wearing face masks. A surgical mask will be given to them if no mask is worn into the office.

Per the CDC guidelines on masks worn at work, Cheyenne Eye Clinic (CEC) has determined that the use of N95 particulate respirators will reserved for the following uses:

- Activities in which there is a high likelihood of aerosolize generation such as intubation
- When there is not appropriate levels of masks available to distribute to the general public therefore the need for staff to be within six feet of unmasked patients provides a strong level of exposure risks

Guidelines for all PPE, administrative controls, etc. are directed and governed by the CDC guidelines, OSHA requirements and the Administration of CEC. These guidelines will be reviewed and updated as the COVID-19 pandemic evolves.

APPENDIX A

Respirators and Appropriate Usage

What is a respirator?

A respirator is a device that protects you from inhaling dangerous substances, such as chemicals and infectious particles. Respirators are among the most important pieces of protective equipment for working in hazardous environments. Selecting the right respirator requires an assessment of all the workplace operations, processes or environments that may create a respiratory hazard. The identity of the hazard and its airborne concentrations need to be determined before choosing a respirator. This assessment should be done by experienced safety personnel or by an industrial hygienist. There are several different types of respirators, as described below.

How do respirators work?

Respirators work by either filtering particles from the air, chemically cleaning (purifying) the air, or supplying clean air from an outside source.

Particulate Respirators: Particulate respirators are the simplest, least expensive, and least protective of the respirator types available. These respirators only protect against particles (e.g., dust). They do not protect against chemicals, gases, or vapors, and are intended only for low hazard levels. The commonly known "N-95" filtering face piece respirator or "dust mask" is one type of particulate respirator, often used in hospitals to protect against infectious agents. Particulate respirators are "air purifying respirators" because they clean particles out of the air as you breathe.

Particulate respirators:

- Filter out dusts, fumes and mists.
- Are usually disposable dust masks or respirators with disposable filters.
- Must be replaced when they become discolored, damaged, or clogged.
- Examples: filtering face piece or elastomeric respirator.

Can anyone wear a respirator?

No. Breathing through a respirator is more difficult than breathing in open air. People with lung diseases, such as asthma or emphysema, elderly people, and others may have trouble breathing. People with claustrophobia may not be able to wear a full face piece or hooded respirator. People with vision problems may have trouble seeing while wearing a mask or hood (there are special masks for people who need glasses). Employees must be medically evaluated before assigned to use a respirator.

(OSHA, 2020.)

Per the CDC- The decision to implement policies that permit extended use or limited reuse of N95 respirators should be made by the professionals who manage the institution's respiratory protection program, in consultation with their occupational health and infection control departments with input from the state/local

public health departments. The decision to implement these practices should be made on a case by case basis taking into account respiratory pathogen characteristics (e.g., routes of transmission, prevalence of disease in the region, infection attack rate, and severity of illness) and local conditions (e.g., number of disposable N95 respirators available, current respirator usage rate, success of other respirator conservation strategies, etc.). Some healthcare facilities may wish to implement extended use and/or limited reuse before respirator shortages are observed, so that adequate supplies are available during times of peak demand. For non-emergency (routine) situations, current CDC recommendations specific to that pathogen should also be consulted.

How to safely reuse N95 respirators?

To safely reuse N95 respirators, the CDC recommendations include:

- Storing masks in a paper bag for a period of at least 5 days.
- Sterilization through the means of ultraviolet germicidal irradiation (UVGI), vaporous hydrogen peroxide (VHP), or moist heat. These sterilization techniques must be used within manufacturer guidelines as well as maintain the integrity, form, and fit of the mask.

How to use N95 respirators?

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
- Consider use of a cleanable face shield (preferred³) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

APPENDIX B: Handwashing and Gloves

During the course of routine work when PPE allowances are adequate and not in danger of shortage, CDC does not recommend disinfection of disposable medical gloves as standard practice. This practice is inconsistent with general disposable glove usage, but, in times of extreme disposable medical glove shortages, this option may need to be considered. CEC has adopted this methodology in the clinical setting since routine aerosolizing procedures are not done in the clinical space. Please see the referenced CDC webpage for further information.¹

Alcohol-based hand sanitizer (ABHS)

ABHS is the preferred method for performing hand hygiene of gloved hands in healthcare settings when the gloves are not visibly soiled. Research has shown multiple disposable latex and nitrile glove brands maintained their integrity when treated with ABHS.[1-2] Disposable medical gloves can be disinfected for up to six (6) applications of ABHS or until the gloves become otherwise contaminated or ineffective (for one or more of the reasons stated in extended use guidance above). Follow [hand hygiene guidance](#) for proper application of ABHS.

Soap and water

If ABHS is not available, soap and water can be used to clean donned disposable medical gloves between tasks or patients. HCP planning to wash gloves with soap and water should wear long-cuffed surgical gloves; as washing may be impractical for short cuffed gloves where water may become trapped inside the worn gloves. Disposable medical gloves can be cleaned with soap and water up to 10 times or until the gloves become otherwise contaminated or ineffective (for one or more of the reasons stated in extended use guidance above). Follow [hand hygiene guidance](#) for proper soap and water hand hygiene procedures.

References

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html#contingency-capacity>

Centers for Disease Control and Prevention. (2020). Pandemic Planning: Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings.

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

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https://www.osha.gov/dts/shib/respiratory_protection_bulletin_2011.html