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

A framework for primary eye care providers

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Disclaimer.

Main changes and updated hyperlinks since version 1.1. are highlighted in yellow.

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1. Background

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

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

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

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

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

We have also produced 'at a glance' resources and other tools to help members simplify processes and communications for staff, patients and the public, to aid compliance and further reduce risks. You can access these at our Covid-19 resource hub.

Special considerations:

- Domiciliary care – additional guidance to be published by the Optical Confederation Domiciliary Eyecare Committee (DEC)

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2. Prepare for change and a dynamic response

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

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

Looking ahead, it is now clear the UK governments will base their 'lockdown' decisions on the infection rate (R).[i] This includes a move towards a more regionalised response to local outbreaks – e.g. localised lockdowns – to help mitigate the risk of an exponential increase in Covid-19 cases.[ii] To learn more read our 'How to navigate out of the lockdown' – an analysis of all UK plans.

Eye care providers therefore have to also plan for the possibility that during different times of the pandemic, regions might continue to have different levels of 'lockdown' with a direct impact on what eye care can be delivered locally.

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

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

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

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

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

[ii] See background detail.

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

The Government has said:

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

Background

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

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

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

Putting the 4Ps into action

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

1. Make a risk assessment specific to your workplace
2. Discuss and refine this with your professional and support staff as this helps create a culture of collaboration, trust and joint problem solving
3. Give all staff the opportunity to raise any concerns they have about planned work, the workplace and themselves – for example, government Covid-19 guidance recommends employers and workers should always come together to resolve issues[5]
4. Set up a safe system of work based on the risk assessment, including staff discussions. If five or more people are employed, the risk assessment must be in writing[6]
5. Make sure the system you set up is understood, appropriately facilitated and followed.[7]

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

An example risk assessment sheet can be accessed here.

3.1 Practices

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

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Can your practice support other local eye care providers?	**Primary eye care practices should be non-Covid-19 sites** – this is also the case for Emergency Eyecare Treatment Centres (Scotland) and similar hub sites for emergency care elsewhere. Having separate designated sites where no Covid-19 patients are seen makes it easier to reduce the risk of cross-infection compared with zoned sites.[8] Where hospital sites do not have separate entry/exit points or effective 'zoning' for Covid-19 and non-Covid-19 patients, primary eye care providers can help to further reduce visits to hospital. See additional considerations for face-to-face care. These options should be part of local planning which should ideally include eye care representatives from primary and secondary care.	
Are people able to access the practice safely?	HM Government 11 May guidance currently advises everybody to "continue to avoid using public transport whenever possible".[9] Therefore, as part of your planning, think about whether people can travel to the practice in a way that aids social distancing. For example, cycling, walking and driving. Is there parking nearby that helps social distancing, does the entry/exit aid or inhibit social distancing etc.[10]	
How to maintain social distancing **outside the practice and on entry/exit**	Risk-assess the location and mitigate risks. For example: ▪ Book appointments to control the flow of patients/customers ▪ Mark two metre queuing zones outside the practice if required and/or ask people to book an appointment and/or attend at a different time etc. ▪ If possible/necessary implement one-way entry/exit points[11] ▪ Some patients may prefer to wait in their car until they are ready to be seen	

Main changes and updated hyperlinks since version 1.1. are highlighted in yellow.

	▪ Consider using official public health posters to encourage compliance with social distancing and self-isolation etc. Access these here.	
How to maintain social distancing **inside the practice**	Walk through the store and map staff movements and patient/customer journeys to help you assess pinch points and other obstacles that can be addressed to help support social distancing. For example: ▪ Temporarily move/remove furniture where it's safe/possible to do so ▪ Define the number of people (staff, patients and customers) that can be in the practice to allow social distancing. Think about total floorspace and pinch points and busy areas ▪ If you provide care at more than one site, estimate the maximum number of people that can safely be in each practice at any one time, plan staffing and clinical diaries accordingly ▪ Avoid all non-essential visitors – e.g. ask patients to attend alone whenever possible ▪ Only have the necessary number of staff on-site each day ▪ Try and arrange deliveries before opening/after you close ▪ Use secure (non-trip) tape to mark out two-metre distancing etc. ▪ Provide hand sanitiser at the entrance and other stations ▪ Where possible use back-to-back or side-to-side working (rather than face-to-face).[12] Consider the benefits of installing screens at the reception desk – e.g. if space/procedures do not facilitate social distancing. This can help avoid the need to use other PPE in such scenarios. It can also minimise the need for use of face masks which can make it difficult for some people to communicate – e.g. those that depend on lip-reading. For further guidance and advice read government guidance on social distancing in retail settings. Also read, keep up to date with and implement the College of Optometrists Covid-19 guidance[13] which includes practice tips of social distancing specific to primary eye care settings.	

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Ventilation and if the site has been physically closed for some time, then before reopening you should take some additional checks	If you have been closed or partially closed, then government guidance advises that before opening: ▪ Check "whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels" ▪ "Most air conditioning systems do not need adjustment, however where systems serve multiple buildings, or you are unsure, advice should be sought from your heating ventilation and air conditioning (HVAC) engineers or advisers."[14] If your practice is at risk, also put protocols in place to mitigate the risk of Legionella and Legionnaires' disease before reopening – for example, if there are any lapses in flushing regimes, systems may need to be cleaned/disinfected before opening again.[15] Learn more about this on the HSE website. Even if you did not close your premises: • Air conditioning is not generally considered as contributing significantly to the spread of Covid-19. Switching off air conditioning is not required to manage the risk of Covid-19. For organisations without air conditioning adequate ventilation is encouraged, for example, by opening windows where feasible[16] However, you should still: 1. Check whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels 2. Contact the system engineers, if your premises includes an air conditioning system that also serves other premises, to ensure that the design of the system does not create a risk of spreading Covid-19. At this stage, no specific guidance has been issued regarding temperature or other settings for air conditioners.	

	If you do not have air conditioning, then ventilation might be achieved by opening windows where feasible etc.	
First line of defence – triage suspect and confirmed cases of Covid-19, so they do not attend primary eye care settings	Have clear protocols to reduce the risk of somebody with a confirmed or suspected case of Covid-19 entering the practice. This includes patients, staff, and all visitors. For example, have official posters at entry points to advise people to stay at home and follow local NHS/health service advice if they have Covid-19 symptoms or live in a household where somebody else does. • Download a screening flow diagram for staff • Download screening questions for patients/customers.	
Support best practice handwashing and respiratory hygiene throughout the day	Organise patient flow to ensure mandatory and regular handwashing and/or use of hand sanitiser and breaks between patients. Provide hand sanitiser at multiple locations in addition to washrooms.[17] PHE recommends that hand sanitisers should have 60% or higher alcohol content to be effective against the Covid-19 virus[18]. • Download a summary of standard precautions and a staff training table • Download a standard precautions poster.	

Stay up to date and compliant with official infection prevention and control (IPC) guidance and other applicable guidance	Follow UK-wide IPC guidance for healthcare settings[iii] to mitigate the risk of cross-infection – this includes detailed guidance on PPE. This also includes ensuring team members are trained in effective PPE donning, wearing, using and doffing (also see section 3.2). FODO members can do this by following this framework, our regular Covid-19 updates and keeping up to date with the College of Optometrists' Covid-19 guidance. Walk through the branch: ▪ Where possible remove additional materials (e.g. magazines/leaflets) to aid social distancing and cleaning ▪ Minimise contact points – e.g. use contactless payments, avoid the use of pens where possible (or have staff/patients bring their pens). Establish regular cleaning routines for the practice – e.g. regular cleaning of all surfaces that are touched, such as handheld devices, equipment (rulers etc.), door handles etc.[19] In the consulting room have a clear protocol for cleaning between patient appointments – e.g. have enhanced cleaning protocols of all surfaces and equipment. For example, wipe down all surfaces with alcohol-based wipes following a consultation and allow additional time for this and other infection control processes. Where possible, simplify procedures to aid compliance by using simple diagrams/posters/videos – for example: ▪ Download a standard precautions poster here ▪ Access videos/posters/training materials from trusted resources.	
Personal protected equipment (PPE)	If you cannot adequately control risks, e.g. by maintaining 2 metres distance, then suitable PPE must be provided. In the UK, for health settings, official PPE guidance must be followed.[iv]	

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

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

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	You can do this by using FODO's 'PPE at a glance' resource for members – this includes links to guidance from the College of Optometrists, a summary table of what PPE to use, videos and posters on how to use PPE and a PPE estimator for independent practice owners to order PPE. Access FODO's PPE at a glance resource.	
Have a plan in place in case somebody develops Covid-19 symptoms while at work	You should not see patients with Covid-19 and staff with symptoms of Covid-19 should not attend work. However, you should have a clear process in place to manage a scenario in which an employee or customer/patient starts to demonstrate signs of Covid-19 while on the premises and how to clean the premises in this scenario. Planning will help you reduce risk and reopen in timely manner. For example: **Managing people:** ▪ Isolate the individual and help them to a designated isolation area via a clear route, keeping at least a 2m social distance. Ensuring they do not touch surfaces ▪ If practical/safe to do so, provide the individual with a face mask while maintaining a 2m distance ▪ Help the individual exit the practice and return home while social distancing and seek medical help by following local NHS/health service advice. **Cleaning and disinfection** Download cleaning and disinfecting at-a-glance.	
Waste disposal	In primary care settings double bag PPE waste and store it safely for 72 hours and then dispose of it in normal trade waste stream.[20]	
Comply with local Health and Safety Executive advice	**England, Wales and Scotland** Understand RIDDOR reporting of Covid-19 and other Health and Safety Executive Covid-19 guidance	

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	Northern Ireland HSENI reporting cases of Covid-19 at work and keep up to date with HSENI Covid-19 advice	

Useful resources:

- Health Protection Scotland, Covid-19 guidance for primary care, including eye care
- NHS England, Covid-19 SOP community health services
- Keep up to date with the GOC's Covid-19 webpage

3.2 Professionals/Practice staff

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

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Jobs that can be done from home	If employees can work from home, this remains the preferred option. However, as we move through phases of the pandemic, this will become increasingly difficult for frontline health professionals as face-to-face care becomes increasingly necessary owing to delays during the early stages of the pandemic.	
Can staff get to work safely?	Employees should also be advised to plan their route to work so they can socially distance when travelling from door to door. Also, see section 3.1, 'Are people able to access the practice safely?'	
Staff should self-monitor for Covid-19 each day before leaving for work	Staff must self-screen for Covid-19 before leaving for work. • Download a screening flow diagram for staff.	
Plan your practice team to ensure you aid social distancing, minimise risk, protect	Government guidance advises that you: ▪ Use the appropriate number of people needed on site to operate safely and effectively. If possible, back-of-house workers should work from home[21]	

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staff who are more vulnerable to Covid-19 and comply with the Equality Act 2010	▪ Reduce the number of people each person has contact with by using 'fixed teams' – i.e. so each person works with only a few others [22] ▪ Protect individuals who are clinically vulnerable and clinically extremely vulnerable to Covid-19: - Clinically extremely vulnerable team members – "should be helped to work from home, either in their current role or in an alternative role" - Clinically vulnerable team members (but **not** extremely clinically vulnerable) who "cannot work from home, should be offered the option of the safest available on-site roles, enabling them to stay 2m away from others. If they have to spend time within 2m of others, you should carefully assess whether this involves an acceptable level of risk"[23] Please also note that there might be people who say they need to shield even though they are not on the official list – e.g. some people might have been omitted from the official lists, so take care when assessing risk[24], or they may be shielding others. When making these assessments you need to comply with duties to those with protected characteristics.[25] We appreciate that implementing these measures might involve complex employment law and health and safety considerations. Members can email hr@fodo.com for additional support.	
Education and protocols to maintain social distancing inside the practice and infection control procedures – including PPE	Good communication is key to ensuring a safe return to work. Ensure staff have appropriate induction – especially returning furloughed staff – and understand new protocols. Make sure everybody has a good understanding of the key actions to prevent cross-infection. ▪ Self-isolation guidance ▪ Social distancing ▪ Best practice hand and respiratory hygiene. In addition, everybody in primary eye care should understand the importance of compliance with infection prevention and control (IPC) guidance for healthcare settings – this includes using the correct PPE and using it correctly.	

	We therefore recommend staff read, understand, keep up to date with and implement the College of Optometrists Covid-19 guidance[26] and College FAQs on 'What PPE should I wear?'. Make sure that all staff understand the difference between official guidance for healthcare settings and general retail/branches. For example ▪ HM Government guidance refers to the use of "face coverings" but this is **not** PPE ▪ It is therefore essential that a "face covering" is not used in primary eye care settings where a surgical mask (IIR) is required. Learn more about the limitations of face coverings.[27] Access training resources and a training log for your team here.	
Support best practice handwashing and respiratory hygiene throughout the day	▪ Access videos and posters ▪ Download a new poster to help reduce the risk of virus transmission.	
Have systems in place to support frontline workers onsite and those working remotely – be particularly mindful of staff anxiety and stress providing face-to-face care	Monitor the wellbeing of people – including those working from home – to help them stay connected to the rest of the team. Engage with staff to get their views and take part in the mobilisation process. It is good practice to start each day's team briefing by checking how colleagues are coping both outside and inside work. Make mental health resources available to everyone working in the practice. Here are some resources you might find useful: ▪ CBI – mental health during Covid-19 webinar and FAQs (webinar 12 mins 20 secs) – provides guidance and support for business leaders ▪ AoMRC Covid-19 – mental health and wellbeing for healthcare professionals' resource – tips and resources for healthcare professionals	

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	▪ Mind Covid-19 resource – includes supporting a team at work, managing stress, wellbeing advice and more ▪ NHS- mental wellbeing while staying at home – covers a wide range of advice and tips on wellbeing.	
Have plans in place for increased rates of absence	Have contingency plans in place to manage services in the event of increased rates of staff unable to work. Given the health impacts of Covid-19, some employees might not be able to return to work for some time, depending on the severity of the infection. You should make provisions to allow recovery and safe, and possibly phased, return to work. You can also contact us with HR related questions by emailing hr@fodo.com.	
First aid cover and qualifications during the pandemic	The HSE has produced a short guide for you to review your first aid needs assessment during the pandemic. Access it here. St John Ambulance has also produced Covid-19: advice for first aiders. Read it here.	
Uniform/clothing	In all healthcare settings, staff should consider wearing sleeves that do not extend beyond the elbow to facilitate frequent and thorough handwashing and to prevent garment contact with patients. It is not necessary in primary eye care settings (for reasons noted above) to change into and out of uniforms at work. For example, the UK's official infection prevention and control (IPC) states the following about staff uniforms: ▪ "It is best practice to change into and out of uniforms at work and not wear them when travelling; **this is based on public perception rather than evidence of an infection risk**. This does not apply to community health workers who are required to travel between patients in the same uniform."[28]	

Useful resources:
- Cloisters – Cloisters Toolkit: Returning to work in the time of coronavirus 2nd edition– explores a wide range of employment law and Health and Safety issues in a helpful and easy to read Q&A format
- NHS Employers – tips on communicating with staff and risk assessments for staff

3.3 Patients

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

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Triage suspect and confirmed cases of Covid-19	First line of defence – triage suspect and confirmed cases of Covid-19 so they can be directed to the care they need through appropriate pathways and do not attend primary eye care settings. • Download screening questions for patients/customers.	
Provide remote care first. Have clear protocols/policies in place to offer safe and effective remote care	Read the College of Optometrists remote consultation guidance during Covid-19	
Have clear protocols/policies in place to manage face-to-face care	Clinical care should be prioritised to balance: ▪ Covid-19 risks – e.g. the threat level which may be country and/or regionally specific – against ▪ The benefits of eye care – e.g. preventing sight loss and falls, and supporting workers needing vision correction and social functioning. **Covid-19 risks** Triage suspect or confirmed Covid-19 cases to a specialist Covid-19 service as clinically necessary – i.e. do not see them in a primary eye care setting (see above).	

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	Also use posters and other signage to aid compliance. ▪ Access official posters and other resources. **Eye health** Use the College of Optometrists RAG table to help plan eye care locally. Also read, keep up to date with and implement other College of Optometrists Covid-19 guidance[29] and lessons learnt from the College of Optometrists FAQs. The Royal College of Ophthalmologists and College of Optometrists have produced joint guidance on patient management during the pandemic which you can access here. This includes a remote care first pathway. Also see section 3.5 which sets out more detail on clinical prioritisation during the pandemic.	
Know how best to access ophthalmology advice and reduce unnecessary/avoidable patient journeys whenever possible	Many ophthalmology departments have established telephone hotlines for real time advice to frontline primary eye care providers. It is good practice to check that all staff are aware of these. As a matter of principle and to minimise travel, with local agreement, wherever clinically feasible and when safe to do so, share diagnostic information with ophthalmology so you can co-manage patients and avoid unnecessary visits to secondary care. More practices now have IT connectivity with hospitals and GPs through nhs.net or equivalent links. Where this is working it enables the secure transfer of messages, notes and images as well as the rapid seeking of advice for individual patients. If you do not have this in you practice, then work with representative bodies to address any local gaps in nhs.net email addresses where this increases risks during the pandemic.	

Other ▪ Patient anxiety – addressing barriers to seeking help	The Academy of Medical Royal Colleges has expressed concerns about people not seeking essential and urgent healthcare because they are anxious about "making a GP appointment or going to hospital" as they have concerns about "catching Covid-19". [30] Primary care providers may often be the first to experience patient anxiety about accessing healthcare for non-Covid-19 matters. You should seek to rebuild confidence and reassure patients to seek care, especially where it is for a sight/life threatening eye condition – e.g. during phone triage reassuring patients that both local eye care services and NHS eye emergency services have infection control protocols in place to minimise the risk of Covid-19 infection.	

Useful resources:
- College of Optometrists Covid-19 guidance and College of Optometrists FAQs
- Royal College of Ophthalmologists – Covid-19 guidance

3.4 Procedures (face-to-face care)

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

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Map patient journeys to minimise contact time, collect clinical information required to reach a decision	Adapt a 'remote first' approach. If a face-to-face appointment is necessary, minimise face-to-face time by carrying out as much of the consultation remotely in advance – e.g. history and symptoms – and rapid confirmation while social distancing on arrival.	

	This might not be suitable in all cases – e.g. where a patient also has a hearing disability and struggles to use a phone and does not have video conferencing support. Where face-to-face care is necessary: ▪ Provide as much clinical intervention as possible while maintaining social distancing – e.g. use fundus photography/OCT, not direct ophthalmoscopy. Perform retinoscopy at >2m with a different working distance lens etc. ▪ Follow applicable official infection prevention and control (IPC) guidance and College of Optometrists PPE guidance – including use of breath guards for slit lamps and where social distancing is not possible Perspex shields for OCTs/fundus photography. You can do this by ensuring all GOC registrants, who will be leading on all clinical procedures, read, keep up to date with and implement the College of Optometrists' Covid-19 guidance[31] and College of Optometrists' FAQs on Covid-19. Members in Scotland should read and keep up to date with clinical guidance on the Community Eye Care website, which has been updated in response to the Covid-19 pandemic. EyeHealth Scotland, NHS Board OAC and Optometry Scotland advise eye health professionals to use this website as their primary clinical source.	
List procedures that are suspended on safety grounds and remove the equipment	Note: controlling aerosol risk is one important way to reduce the risk of cross-infection – e.g. non-contact tonometry should not be used until the College of Optometrists advises otherwise. Ensure your clinical teams are familiar with the College of Optometrists Optometric primary eye care during the Covid-19 pandemic table here.	
List and prioritise alternative/preferred procedures to deliver safe/effective care	What you can and cannot do will be influenced by the Covid-19 alert level and College/Health Service guidance (see section 3.5 to learn more about taking a RAG/traffic light approach).	

during Covid-19 – e.g. organise to facilitate social distancing/patient flow	Have plans in place so you know how best to adapt what procedures are performed based on the Covid-19 risk locally. For example • rather than performing a battery of tests, think about what is clinically necessary based on the patient's current needs. If you judge performing a full eye examination/sight test is not appropriate, explain this clearly and advise the patient that you will book them in as soon as it is safe to do so for a full sight test. Read, keep up to date with and implement the College of Optometrists' Covid-19 guidance[32].	
Redesign the dispensing journey with safety and cross-infection controls as the guiding principles	While maintaining social distancing, allow patients to identify a range of frames without touching them – e.g. pick them for the patient – and place them in a disposable tray or a tray which can be easily cleaned. Allow patients to try them on at a separate desk with mirror. Then clean and disinfect the frames used before placing them back and disposing of the tray and disinfecting the try-on station. It is our understanding that the ABDO is working with the College of Optometrists and will be publishing detailed clinical advice on dispensing in primary care during the pandemic. We will update members about new guidance via our regular Covid-19 email updates – if you do not already receive these updates please email info@fodo.com. Also read HM Government Covid-19 advice on handling goods, merchandise and other materials here.	
Contact lens care	We have contacted the BCLA on behalf of members, and it too plans to issue further guidance and support for contact lens care. We will update members about new guidance via our regular Covid-19 email updates – if you do not already receive these updates, please email info@fodo.com.	
Understand the appropriate PPE and infection control **for specific procedures**	The UK has established a single set of infection control procedures for healthcare, which includes a common approach to PPE. The College of Optometrists has reviewed this guidance and, during this phase of the	

	pandemic, when providing care within 2m, recommends that you will typically need to use: ▪ Gloves (single use) ▪ Apron (single use) ▪ Type IIR (fluid resistant) Face Mask (sessional use).[v] FODO's 'PPE at a glance' resource for members now includes links to independent guidance from the College of Optometrists, a summary table of what PPE to use, videos and posters on how to use PPE and a PPE estimator for independent practice owner members to order PPE. Access PPE resources.	

Useful resources:

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

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

3.5 Clinical prioritisation

Government:

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

You should now plan to manage Covid-19 related risks on a more long-term basis[35] by taking a dynamic risk assessment approach. For example, given the changing evidence and risk levels related to Covid-19 we would recommend you consider reading the College of Optometrists' current Covid-19 guidelines and scenario planning using a RAG (Red, Amber, Green) approach to plan ahead.

3.5.1 Background detail

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

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

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

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

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

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

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

3.5.2 RAG model

In version one of our framework, we advised members to use a Red, Green and Amber (RAG) model to plan for scenarios in which different practices might be allowed to offer different levels of care based on a local Covid-19 risk rating. The College of Optometrists has now published a RAG table to help you with this process. Learn more.

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

If you are struggling to navigate out of the lockdown, do not worry, you are not alone.

The pandemic is a complex issue and made more complicated by the fact that all UK governments have used different language, key tests, and priorities to describe how they plan to ease restrictions locally.

To help you navigate out of the lockdown, we have published an overview in 'How to navigate out of the lockdown' and we will keep this up to date as governments, the NHS and Colleges publish new guidance. Read more about:

- What the UK governments' plans have in common
- What this means for eye care where you work
- The national plan to ease lockdown restrictions where you work.

5. Additional support and advice for members

You can visit our Covid-19 resource hub for more guidance and support. If you need any additional support, this includes simple tools to help you communicate with colleagues and to aid compliance with infection prevention and control measures. Access:

- **Staff – screening flow diagram/questions**
- **Patients – screening questions**
- **Standard precautions summary and training log**
- **Standard precautions poster**
- **Cleaning and disinfecting at a glance**
- **PPE at a glance**
- **Clinical prioritisation at a glance – RAG model**
- **Risk assessment template**
- **Additional considerations for face-to-face care.**

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

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

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

Acknowledgments and feedback

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

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

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

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

Disclaimer

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

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

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

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

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