

**COVID-19 INFECTION CONTROL AND PREVENTION IN OPHTHALMOLOGY OFFICES**  
**PRE- APPROVED TEMPLATE**

**Title:** COVID-19 Infection Control and Patient and Staff Safety in the Office

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<b>Project Description</b>	Office protocols are being examined, addressed, and modified to improve patient and staff safety and mitigate spread of COVID-19. All procedural policies regarding patient physical contact from entry to exit of the office is being scrutinized. Staff conduct and interaction is being modified as well.
<b>Background Information</b>	COVID-19 is a highly contagious and virulent pathogen creating a pandemic, necessitating extreme limitations in person to person contacts. However, emergency, and critical medical eye care must still occur, but only under the safest of conditions.
<b>Project Setting</b>	Solo Practice
<b>Study Population</b>	<ol style="list-style-type: none"><li>1. Employees are required to wear PPE when interacting with patients as technicians as well as receptionists.</li><li>2. Technicians and physicians will limit patient contact with any physical equipment and immediately sanitize the objects.</li><li>3. Strict policy prior to entry into the office with appropriate screening will occur.</li><li>4. Patients will be physically separated at a safe distance at all times and only essential persons will be allowed with patients.</li><li>5. Staff not in contact with patients will still adhere to new guidelines regarding conduct in the office.</li><li>6. Sanitation/disinfection schedules of all pertinent objects will occur.</li></ol>

<b>Quality Measures</b>	Policies of the AAO, Ohio Dept of Health, and pertinent research articles will be relied upon and implemented. The number of patients deferred to non-office visits will be compared over a specified period before and after changes made.
<b>Project Interventions and Improvement Period</b>	<ol style="list-style-type: none"> <li>1. Hand washing with soap and water for at least 20 seconds and/or hand sanitizing with products with at least 60% alcohol prior and after all patient contacts by all.</li> <li>2. Entire rooms sanitized after each encounter.</li> <li>3. Patients will not touch any equipment such as eye occluders, etc. unless absolutely necessary.</li> <li>4. Phones, computer keyboards, and any other office equipment will not be shared if possible and if they are, they must be sanitized after use.</li> <li>5. Scheduled overall sanitizing of common areas to patients and staff at least 3-times a day.</li> <li>6. Patients screened with questions and temperature prior to entering office. Staff self monitors temperatures or are screened as well, along with acknowledging pertinent questions prior to entering. Patient waiting areas set up to avoid close contact with others, option of waiting in car, limited accompanied persons.</li> <li>7. Screening via telephone and or electronic messaging to ensure only appropriate and necessary patients are seen in the office.</li> </ol>
<b>Project Team</b>	Head technician and office manager will implement the changes, with the guidance of myself (solo practitioner).

**COVID-19 Infection and Prevention in Ophthalmology Offices**  
**Section 2. Project Evaluation**

<b>PROJECT SUMMARY</b>	Review the effect and adjustment of implementing the policy changes after a minimum of 30-days and in the following sections, please prepare a brief summary of the project highlighting the data collected, effectiveness of the measurement approach, interventions and the overall impact of the project.
<b>BASELINE DATA</b>	<ol style="list-style-type: none"> <li>1. Surgical patients: 100% of surgical patients returned to the office for a follow-up appointment within a few weeks of surgery.</li> <li>2. Office appointments: 0% of scheduled patients were screened for illnesses nor were temperatures taken.</li> <li>3. Waiting room: 100% of patients waited in the waiting room prior to their appointment.</li> </ol>
<b>FOLLOW-UP DATA</b>	<ol style="list-style-type: none"> <li>1. Surgical patients: 7 essential surgeries were performed. 6/7 patients (86%) received follow up care via telephone rather than an in-office appointment; 1/7 (14%) returned for an in-office appointment as a follow-up (patient had an active corneal ulcer, s/p tarsorrhaphy).</li> <li>2. Office appointments: 142/142 (100%) of emergent office appointments were screened for illnesses, potential contacts, and temperature taken prior to entering the office.</li> <li>3. Waiting room: Initial plan was to allow for social distancing in the waiting room. This was modified to having all patients 142/142 (100%) wait in their cars prior to entering the office. Once screened, they went straight to the exam room, bypassing the waiting room altogether.</li> <li>4. All sanitation protocols were implemented.</li> <li>5. All patients and staff wore face masks as advised by the state of Ohio guidelines.</li> </ol>
<b>PROJECT IMPACT</b>	Drastic changes to our handling of patients and staff contact were implemented successfully. Sanitation policies were reinforced. This allowed our office to continue to provide emergent care, and to minimize follow up appointments, and to maintain a safer environment for patients and employees. All employees received antibody screening for COVID-19 and were negative (19/19, 100%).
<b>PROJECT REFLECTION</b>	<ul style="list-style-type: none"> <li>• <b>Do you feel that the project was worthwhile, effective?</b> Yes</li> <li>• <b>How might you have performed the project differently?</b> Modifications were made along the way to adhere to state guidelines, stricter policies were put in (no waiting room, required face masks, etc.) as the circumstances changed.</li> <li>• <b>Please offer suggestions for other ophthalmologists undertaking a similar project.</b> Use your local and national institutions to help guide policies.</li> </ul>