



AMO GUIDELINES FOR OPTOMETRIC PRACTICES DURING COVID-19 PANDEMIC

Association of Malaysian Optometrists (AMO) would like to stress that this guideline should not be seen as an encouragement to open Optometry centres during Movement Control Order implemented by the government. Rather, this guideline is to give direction to Optometrists who choose to answer the call of duty to provide emergency and essential healthcare services to the *rakyat* during the MCO.

AMO stresses that the safety of Optometrists, all who work in the optometry centre and the health of the patients are top priority. Therefore, all services that can be postponed and referred should be postponed and referred. Services should only be rendered with strict compliance to this guideline as well as guidelines by the Ministry of Health (MOH) and the government of Malaysia.

Optometrists are professional primary eyecare provider and therefore, are competent to exercise judgement on what constitutes emergency and essential services.

Essential services in optometric practices

1. Sudden change of vision or sudden eye pain.
2. Broken spectacles which require urgent replacement for functionality.
3. Issue with contact lenses (and do not have spare glasses) or specialty contact lenses.

Communicating with local authority

1. Talk to local authority (*Majlis Daerah/Majlis Perbandaran/Dewan Bandaraya*)'s person-in-charge to inform them Optometry practice is categorized as Essential Service. Obtain a letter from local authority if possible.
2. Inform the nearest police station about opening the practice for essential services and include details on working hours and list of staffs working.
3. Ensure all staffs have access to local police & emergency services phone numbers.

Prior to the day of operation

1. Inform staff about opening the practice for essential services and their working hours.
2. Limit the number of staff working each day, e.g. alternate their working days. Opted for work from home whenever possible.
3. Display official circular/notices by Malaysia Optical Council (MOC), Association of Malaysian Optometrists (AMO) and local authorities' letter (if any) on the front door of practice.
4. Print out guidelines or SOP for operation during COVID-19.
5. Make sure staffs have access to adequate quantity of alcohol-based sanitiser and surface disinfectant. (Refer Appendix)
6. Limit points of entry into the practice.
7. Share via email or post on practice's website and social media, guidance on coming to the practice.
 - a. If experiencing cough, cold or flu-like symptoms, do not come to the practice.
 - b. Recommend individuals who are concerned they have symptoms or encountered an individual who has COVID-19 to contact their doctor via phone as a first step.
 - c. Instruct individuals that if they do develop emergency warning signs for COVID-19 to get medical attention immediately.



- d. Emergency warning signs include, but are not limited to:
 - i. Difficulty breathing or shortness of breath.
 - ii. Persistent pain or pressure in the chest.
 - iii. New confusion or inability to arouse.
 - iv. Bluish lips or face.
8. If staffs are taking appointments, they must ask a series of questions to patients, and to postpone non-essential appointment to later date. Refer patients whenever and wherever needed. Instruct patients to call ahead if they feel sick, have red eyes (conjunctivitis) or have any concerns.
9. Instruct patients to limit the number of people who accompany them to the visit. Best for patient to come alone or only have 1 person accompanying them.
10. Offer to reschedule non-emergency patients; 60 years and older, patients with comorbidities or pre-existing conditions with decreased immunity.

On the day of operation

1. All patient visits to the practice is by APPOINTMENT basis only.
2. Check if staff are symptom free every day, before work and after work.
 - a. Have a non-contact thermometer available to assess temperature, as needed.
(NOTE: Temperature alone does not assess or exclude disease.)
The US CDC defines a fever as a temperature at or above 38°C.
 - b. Ask if they are coughing, have shortness of breath or have red eye or eyes (conjunctivitis can be a presenting sign of COVID-19).
 - c. If staff report or appear ill, recommend that they seek medical care at the nearest medical facility.
 - d. Advise staff to not simply travel to the emergency room if they are at risk for COVID-19.
3. Have staff thoroughly wash hands using soap for at least 20 seconds or use an alcohol-based hand sanitizer upon entering the practice, before and after each patient, before & after eating, and before & after using the bathroom.
4. Staff should use one phone and computer and maintain social distancing between themselves. Should they need to change phones or computers, have them disinfect in between uses.
5. Consider setting aside blocks of time (e.g., the first two operating hours) for older/at risk patients to better protect their health and safety.
6. Post a notice on your practice door advising patients not to enter if they are ill, were exposed to someone with the coronavirus, or have recently travelled to one of the affected countries.
7. Limit number of patients in practice.
 - a. Remove chairs/space out chairs (social distancing).
 - b. If sufficient space is not available, ask patients to wait in car/outdoors until the practice is ready for them.
 - c. If the patient has a cell phone, text patient to come in when ready. If not, ask staff to alert them to come into the office.
8. Instruct patients to wash hands using soap upon entering the practice for at least 20 seconds or use alcohol-based hand sanitizer.
9. It is compulsory for patients to fill up COVID-19 Declaration Form prior entering the practice.
10. Use disinfectant (see Appendix) to wipe surfaces, such as tables, chairs & doorknobs.



11. Disinfect all equipment especially chin rest and forehead bar.
12. Install a slit lamp "breath" shield/barrier (whether purchased or fashioned). Size should be as large as possible while not interfering with clinical care.
13. Disinfect others like pens, credit card machine, telephone handles, etc.
14. Prepare a tray to put in used items to disinfect (e.g. trial frames, spectacles)
15. Ensure there are enough disposable bags to discard cotton bud or fluorescein strips by end of the day.

During Eye Examination

1. Utilize Personal Protective Equipment (PPE) e.g. face shield, as available and in accordance with recommendations from the MOH.
2. Maintain and practice social distancing as possible so as not to physically contact the patient outside of clinical necessity. No handshakes.
3. Open and closed doors for patient. Minimise patient's contact on door handles.
4. Sanitise your hands when necessary, i.e. before and after measuring PD, before and after slit-lamp examination.
5. It is advisable to limit the duration of patient's visit. Perform required procedures only.
6. Explain clinical management in a distance not too close to patient.
7. Utilize as much disposable equipment as possible.
8. Examine for conjunctivitis. Conjunctivitis can be a presenting sign of COVID-19

Recommendations

1. Optometrists and staffs should wash hands with soap or use alcohol-based hand sanitizer as frequently and thoroughly as possible.
2. Preferably use a non-contact thermometer or disposable covers for your probe and have backups available for use.
3. Dry hands with disposable paper towels as opposed to air dryer machines or cloth towels.
4. During patient visit, all staffs & Optometrists in practice MUST wear medical grade disposable facemask. Ask patient to wear facemask too.
5. Prepare medical grade disposable gloves for use by staffs & Optometrists.
6. Disinfect high-touch areas as much as possible.
7. Minimize use of front-desk pens. Use verbal communication as much as possible at a safe distance.
8. All payments are advisable to be non-contact, e.g. no cash, pay with e-wallet or bank transfer.
9. Prepare multiple spray bottles for practice to fill diluted bleach disinfectant.
10. Create an emergency contact list of staff members for everyone to have at home.
11. Keep a daily log of patients, phone numbers and emails on pen to paper. Have a staff member bring home every night just in case the office needs to close due to exposure or if patients need to be contacted due to an exposure.
12. Consider remote care options for patients when possible.
13. Know your local COVID-19 testing locations (in hospital and drive thru). Have them printed out so you can hand them to patients in case they present with positive risk factors. Monitor MOH guidance as well as statements of federal and state officials. Also, regularly check on all directives and patient care guidance issued by medical authoritative bodies, including AMO.
14. Caring for your patients during difficult times will always be remembered. Here are a few best practice tips:



- a. Call your patients after hours to check up on them if you may be concerned about their ocular or systemic health. It is times like these that can also build a practice.
 - b. Consider making staff available to go outside to pre-screen or answer patient questions, if necessary, for anyone who feels they are at risk.
15. Keep in touch with AMO via Whatsapp Group, Telegram Channel & other means such as website and social media. AMO can be reached through Whatsapp at 011-26102040.

APPENDIX

1. Surface and equipment disinfectant:
 - a. Alcohol solutions that contained at least 70% alcohol.
 - b. Diluted bleach solution. To create a bleach solution:
 - i. Use a spray bottle and fill with diluted bleach solution.
 - ii. Prepare a bleach solution by mixing:
5 tablespoons (1/3 cup) bleach per 3litres of water; or
5 teaspoons bleach per 1litre of water.
2. Hand disinfectant:
 - a. The US CDC recommends the use of alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol as the preferred form of hand hygiene in health care settings.
3. Disinfect tonometer probe thoroughly. Follow US CDC guidelines. A bleach solution or hydrogen peroxide soak can be used, but the probe should only be soaked for 5 minutes to limit probe damage.