

## Preferred Practice

# COVID-19 guidelines for optometry and optical services post-lockdown

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The COVID-19 pandemic has caused disruption in everyone's lives globally. Optometrists, being primary health care professionals are at a higher risk of infection in their practices during these testing times. Optometrists and optical store owners need practically implementable guidelines as lockdown gets lifted in various parts of our country. As these practices gear up to provide eye examination and vision correction to people, they need to take necessary precautions to avoid any cross contaminations. Optometry Council of India guidelines were circulated among optometry and optical associations and among experts in various optometry specialty. A consensus among various bodies were arrived. These guidelines provide recommendation for optical and optometry practices.

**Key words:** Contact lens, COVID-19, guideline, optical, optometry, pandemic

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The COVID-19 pandemic has caused nationwide lockdowns and governments across the globe are working on self-quarantine, contact tracing, mapping containment zones, and other measures to curtail the spread of the disease. The government of India has announced unlock 1.0 in most states, as of June 1<sup>st</sup> 2020 and will be considering stepwise relaxation in certain areas that are labelled as containment or hot zones. Optometry Council of India (OCI) in this regard issued guidelines during the first week of May 2020 to optical and optometry practices.<sup>[1]</sup> These guidelines were circulated to 13 optical and optometry associations who endorsed the document. However, with opening up of practices and the evolving learning, the guidelines had to be modified with changing situations and new normalcy. It is also important to constantly update these guidelines as the natural history of the disease is better understood. This is an attempt to provide practice guidelines to optical stores and optometry practices based on recommendations from expert groups from across India. This document will serve specifically to optometry and optical practices within India, and shall add value to the current ophthalmology guidelines released by the All India Ophthalmology society,<sup>[2]</sup> as most eye care practices encompass the optometry team as part of the workforce.

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## Methods

The OCI guidelines developed during the lockdown was used as the base document to modify after further consensus and feedback. All modifications were done with the prime objective of prioritizing patient and practitioner safety. Two experts from each of the following organizations: Indian Optometric Association (IOA), Indian Optometry Federation (IOF), Association of Schools and Colleges of Optometry (ASCO) and experts from the field of spectacle dispensing, contact lenses, comprehensive eye examination, low vision and binocular vision were sent the base document and requested to modify the document based on current evidence and clinical experience. The base document was also sent to 13 optical and optometry associations that endorsed it and their comments were collated. Disagreements within the group were resolved through discussions.

## Practice Guidelines for Optical Stores and Optometry Practices Post Lockdown

### Staff health and welfare

No staff members should have fever or any other symptoms of COVID-19 infection. The management must ensure that they have NOT visited any areas demarcated as containment zones or met any COVID-19 positive individual. Aarogya setu application developed by the Government of India

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should be used daily and the management should procure a self-declaration form signed by each of the staff members.<sup>[2]</sup>

### Commute to work

The staff should be advised to avoid public transport to the maximum extent possible. If it is unavoidable, they should be advised to sit alone and keep windows open during travel. They must maintain social distancing and wear a mask throughout. Hands must be washed with soap and water before wearing the mask. They must be trained to wear the mask appropriately leaving no gaps and covering the nose and the mouth fully. All of them should be advised to avoid carrying bags, wearing watches and bangles as they can get infected.

### Home rules

The staff members should be advised to stay at home if they are not well. They should avoid guests and unnecessary visits out of the house. All of them must practice frequent hand hygiene, bathe on return from the clinic, and disinfect the mask on a regular basis.

### Hygiene and sanitation

Members of the staff should sign in their attendance after sanitizing their hands. They are required to wear their masks throughout the day in the clinic. They must maintain social distancing and avoid greeting others with handshakes.

Doorknobs handles and chin rests of the equipment should be disinfected using hand sanitizer, surgical spirit, or alcohol wipes. Depending on the number of people walking into the clinic, all the rooms (waiting lounges, examination rooms, therapy rooms, pantry, bathroom, etc.) should be disinfected three or more times a day.

### If a customer or a patient has been found to test positive after visiting the store

As per AIOS directive, the store/clinic must remain closed for 48 hours and can be opened after thorough sanitizing. From the staff perspective, it is advised to constitute two teams of staff, which must work in shifts. Even if one team is quarantined, the other can function.

## General Guidelines: Optical Store and Optometry Clinic

- It is advisable to declutter all areas of the store and clinic if possible, and reduce excess movable furniture. Lesser the touchpoints, the easier to maintain<sup>[2]</sup>
- Suitable posters communicating preventive guidelines and other related matter should be displayed prominently at the store entry point, main areas of store, and in the clinic area
- Temperature of all customers, visitors, and staff should be checked when they enter using an infrared thermometer. Ensure only people with normal temperature enter the store
- Ensure social distancing at all times.<sup>[2]</sup> Overcrowding to be avoided inside the store
- Preference to be given to senior citizens and the disabled
- Wherever possible doors to be kept open to reduce touchpoints
- Identify an area or room where someone who is unwell or has symptom can be safely isolated and referred to appropriate COVID-19 center
- Appropriately discard outer packaging of all couriers, posts, and other packaging material. Sanitize hands on completion
- Temporarily suspend any refreshment services for customers and patients, except drinking water. Staffs to use disposable cups for any refreshments

- Label all the various disinfectants, sanitizers, and other solutions suitably. Make a ready reckoner stating the usage and related instructions.

## Guidelines to Sanitize and Disinfect the Workplace

- The entire store and the optometry clinic should be cleaned thoroughly every morning with disinfectant before the store opens for business. Periodic mopping (once in 3-4hours) should be done during operational hours. Suggested disinfectant method:
  - 1% sodium hypochlorite with nylon scrubber (for heavy volume of movement)<sup>[3]</sup>
  - Use good quality floor disinfectant (e.g., Lysol). Dilute as per manufactures recommendation (for low to moderate volume of movement).
- Frequent touch points like door handles/knobs, metal surfaces to be wiped with 70% isopropyl alcohol after every usage<sup>[3]</sup>
- Telephone instrument, card machines, mouse, and keypad have to be rubbed down with 70% isopropyl alcohol using swabs/cotton balls at regular intervals. It is recommended not to spray the alcohol
- Wooden furniture and plastic fixtures can be cleaned by rubbing them down with a damp cloth soaked in soapy liquid at regular intervals. However, if someone has coughed around a particular area, that area may be wiped down with 70% isopropyl alcohol
- Toilet floors: Clean with 1% sodium hypochlorite or good quality floor disinfectant (e.g., Harpic)
- Mops can be rinsed in 0.5% sodium hypochlorite for 30 min and then with plain water<sup>[3]</sup>
- Bucket to be rinsed with 0.5% sodium hypochlorite for 1 min and then with water
- Hand sanitizers should be used by anyone entering the store. Hand sanitizers should be placed prominently in various locations in the store and filled regularly
- Hand sanitizers and face masks should be used by anyone entering the store and clinic. Those who walk in without a face mask should be provided one by the store/clinic.

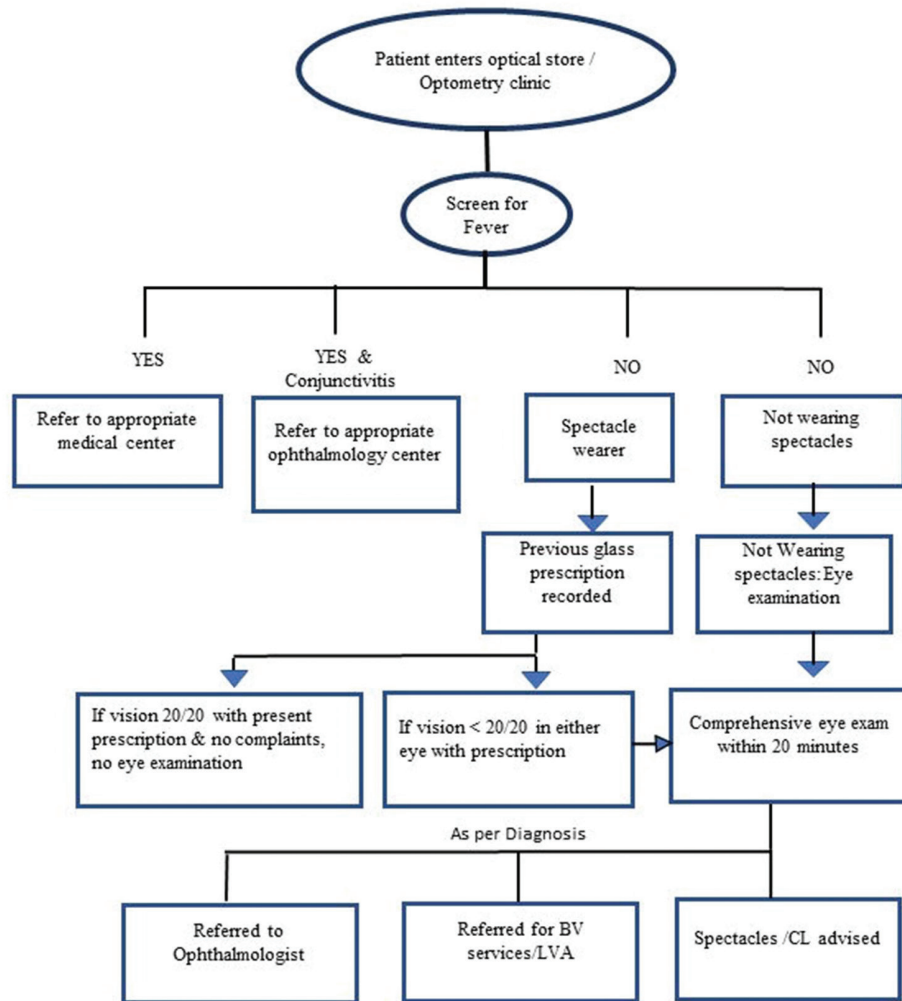
## Guideline for Optical Stores

### Customer interaction

- No handshakes. Use a noncontact method of greetings<sup>[2]</sup>
- Staff should sanitize their hands in front of the customer before they start to attend
- Disposable gloves are also recommended. Fresh gloves should be worn in front of the customer/patient and preferably discarded in front of them to instil confidence of hygiene
- Ensure customers/patients are wearing masks appropriately, if not, please provide the same.

### Sales related

- Showcase products in suitable display trays
- Communicate to the customer that all products are sanitized and are safe to try
- Request them to shortlist and try on as few frames/sunglasses as possible. Explain that all products worn need to undergo elaborate disinfection process
- Once the selection is over, isolate the products tried by the customer in a separate designated tray. These will be sent for sanitization using 0.5% hydrogen peroxide before putting them back in the counter



**Figure 1:** Flow chart depicting patient triage in optometry clinics

- e. Pupillary distance (PD) measurement: Use a face shield while taking measurements. Ensure you do not touch the customer. If available, other measuring devices which do not need marking on demo lens can be used.

#### Billing and delivery

- Extend a small tray for collecting cash or card. Cashier handling cash needs to wear gloves OR has to sanitize hands every time after handling cash. Clean the tray post transaction<sup>[2]</sup>
- Encourage cashless transactions
- Avoid hard copies of order form/sales bill/prescription. Send a soft copy by mail or any other medium
- Encourage door delivery of the product wherever possible as it avoids multiple visits by patients to the clinic.

#### Disinfection of frames, sunglasses, and PD meter

- Frames: Spray hydrogen peroxide 0.5% on cleaning cloth and then wipe the frame<sup>[4]</sup> or use soap and lukewarm water<sup>[5]</sup>
- Sunglasses: Use liquid dish soap and rinse with water
- Spectacle lenses: Use soap and lukewarm water<sup>[5]</sup>
- PD meter/lens meter: Run down gently with 70% isopropyl alcohol swabs. Do not spray
- The use of Ultraviolet C (UVC) light has been suggested for disinfection.<sup>[6,7]</sup> However, the availability of UVC chambers seem to be limited and the effect of UVC on the skin while handling frames is not known.

#### Instructions to make hydrogen peroxide 0.5%<sup>[4]</sup>

- Hydrogen peroxide may be available in stronger concentration and needs to be diluted accordingly to get concentration level to 0.5%<sup>[4]</sup>
- E.g., dilute one part of hydrogen peroxide 3% solution with 5 parts of water to make the desired hydrogen peroxide 0.5%
- Follow manufactures safety instructions.

#### Guidelines for Optometry Clinics

Flow chart depicting the patient triage in an optometry practice is depicted in Fig 1. PPEs for optometrists: Face mask (N 95), face shield/safety goggles, and gloves.

#### Disinfectants that can be used

- Soap and water
- 1% sodium hypochlorite (liquid bleach)
- (Hand) sanitizer having 70% isopropyl alcohol
- Surgical spirit.

#### Patient protocol

- Keep single entry for patients and attendants
- Only one attendant per patient to be allowed inside the premises
- All patients to have temperature screened by a dedicated staff (if available)

- d. Patient should fill in the self-declaration form at the reception detailing that he/she is not suffering from any COVID-19 related infection/symptoms to the best of his/her knowledge, their recent visits out of country and out of city, contact with any COVID-19 positive (sample template in optical guideline document). Further declaration of no travel to a containment zone nor encounter with a person found to be COVID-19 positive in past 3 weeks. Patient should declare that he/she understands that adequate precautions are taken by the establishment to ensure safety of patients and staff. They should understand the nature and risk of contracting infection at any place and will not hold the optometrist or the clinic responsible if patient or the attendant gets infected at a later date. Also, that they will proactively inform the clinic if they or their attendant are found positive at a later date. If patient has downloaded the Aarogya setu app of Government of India, the optometrist can also check this directly
- e. Ensure space for additional attendant to wait, provisioning for drinking water, disposable cups, trash cans, pedestal fans, etc. Provision for sanitizer for every patient and attendant on entering or outside the entrance to be provided
- f. Maintain social distancing all through. One-third of the seating capacity to be used to ensure adequate spacing
- g. All patients and attendants to wear a mask while in the clinic
- h. Space the appointments such that there is no crowding, and sufficient time is provided for disinfection
- i. All payment guidelines that have been incorporated for the optical shops will also apply to the optometry clinic.
- k. Slit-Lamp examination: Add a larger size breath shield on slit lamps<sup>[2,9]</sup>
- l. Remove chin rest papers, so that using disinfectant becomes easier. Head rest, chin rest, hand holder, and other contact points on slit lamp to be disinfected after every use with 70% isopropyl alcohol
- m. Intra Ocular Pressure: Avoid pneumotometry. Applanation or TonoPen is recommended. Disinfection and sanitization of instruments are listed below<sup>[2]</sup>
- n. Fundus Examination: Direct ophthalmoscopy should be avoided. However, if fundus camera is available, fundus can be examined. The camera used to examine the patient needs to be disinfected using 70% isopropyl alcohol after every use. In case, there is a pathology that is suspected and fundus examination is not possible, it is recommended to refer the patient to an ophthalmologist.

## Contact Lens Guidelines

There is enough evidence to suggest that contact lenses are safe to wear during COVID-19 times.<sup>[10-13]</sup> The contact lens (CL) clinic essentially should function as before with reinforcement of the care and maintenance instructions. Hand washing with soap and water, CL hygiene including the work surface disinfection were always a part of safe practices in handling contact lenses. These are even more important in the COVID-19 pandemic times.

Few additional steps like wearing masks by both patient as well as the eye care practitioner and adding on larger breath shields to slit-lamp bio-microscope to reduce droplets spread need to be incorporated.

As of now, there is no evidence to prove that contact lenses should not be worn during COVID-19 pandemic, or that spectacles are preferable to contact lenses. Patients should continue to wear lenses as advised by their optometrist, maintaining good hygiene practice as has been demonstrated in the clinic.

If the patient has an episode of cold or flu like symptoms, they need to discontinue wearing lenses and resume only 24 h after the symptoms resolve. The pair in use should be discarded safely as medical waste. As of now daily disposable lenses do not offer any additional safety from COVID-19 situation, but can be worn for obvious advantages of disposability.

### Contact lens care and maintenance

Hand wash should be done with soap and water for a minimum of 20 s even after using a hand sanitizer preferably using a less perfumed soap. Rub and rinse method has been proved to be the best for cleaning the lenses irrespective of the brand of multipurpose solution.

CL stock packs and blisters that are open should be sanitized including the portion under the tab that is held to open the blister. It is best to keep the cleaned stocks in sterile place so repeated disinfection is not required. At home, a solution bottle should be handled only by the patient to avoid cross contamination. In the clinic, the solution bottle should be wiped clean with a sanitizer when handled by any patient, without touching the tip of the bottle. The bottle should be capped after usage. The workspace should be wiped clean with a sanitizer and lint free tissues. Solution should be discarded every morning and fresh solution to be used every night.

CL case most often is the weakest link when it comes to safety chain of contact lenses. It is best to replace the lens case every month. It should be cleaned periodically with any soft CL multipurpose solution, wiped dry with lint free

### Patient examination

Comprehensive eye examination should be attempted to be completed within 20 min. Keep the examination room door open wherever possible to facilitate ventilation. If the room is air conditioned, clean and disinfect the filter at regular intervals. An exhaust fan may be added on the window behind the patient if there is a provision.

- a. Wash hands in front of the patient before examination with soap and water
- b. History Taking: Wherever possible history to be elicited through a phone call, which avoids close proximity with patient and also reduces the time the patient spends in the examination room<sup>[8]</sup>
- c. Disposable gloves to be used and disposed after examination of each patient
- d. Autorefractometer, slit lamp, phoropter, keratometer, and topographer need to be disinfected after every use (forehead rest and chin rest, knobs)
- e. Refraction: If patient has 20/20 or 6/6 vision with current spectacles, avoid retinoscopy
- f. For patients wearing spectacle, prescription to be checked using lensometer. Disinfect spectacle after removal from patient face and before lensometry is performed. Disinfect contact points of lensometer after use
- g. While performing retinoscopy, both the patient and optometrist are required to wear face masks
- h. Avoid contact of trial lenses to patient's head and face. Disinfect trial frame after use with 70% isopropyl alcohol. It is recommended to have 2 trial frames which can be interchanged and disinfected between use
- i. Used trial lenses can either be sanitized using 70% isopropyl alcohol or soap and water. Instances where cross cylinder is used, avoid touching the patient forehead or face. If there is contact, disinfect cross cylinder using 70% isopropyl alcohol and wash hands with soap and water
- j. Phoropters are not recommended as the lenses in the phoropters will be in close proximity to the patient and cannot be cleaned once exposed

napkin and air-dried facing down on a lint free tissue. All CL accessories (suction holder, plunger, etc.) need to be cleaned with soap and water and replaced periodically and if possible, their use may be avoided.

### New patient handling

Patients wishing to start wearing lenses as an alternative mode of vision correction can be considered after following the general clinic guidelines and patients' examination guidelines. Updated refraction, keratometry, and slit-lamp examination should be done following all safety instructions. Use only sealed and sanitized blisters for trials every time and discard used lenses.

Specialty products like RGP, scleral, Ortho K lenses trial sets should be disinfected using 3% hydrogen peroxide.<sup>[14]</sup> However, due to the nonavailability of said solution in the Indian market, cleaning with a regular GP solution can be done and the lenses can be stored dry for a week before trying on the next patient. Schedule patients one week apart for trying the same lens.

If there is access to 3% hydrogen peroxide without a built-in neutralizer, soak the lenses in 3% H<sub>2</sub>O<sub>2</sub> for 3 h at least, then rinse using MPS solution thoroughly and pat dry with a lint free tissue and store the lenses dry. Using the above methods, a safe trial of specialty products can be done.

### Existing patient follow-up and advice

Keeping the existing CL patients updated about CL care and maintenance steps being the same in these times as before will reinforce the patients' faith in contact lenses. A soft copy of the instructions can be forwarded to these patients. Follow-up examinations should be done only if they are an absolute must. Tele consulting may be tried and the patients can be taught to take the photograph of the eye with lens on by way of instructional video.

With the information that we have as of today, and following all the recommended guidelines, contact lenses, which are one of the preferred modes of vision correction, can be safely worn by patients and clinics too can proactively prescribe lenses without much fear of Corona infection.

## Pediatric Optometry and Binocular Vision/ Vision Therapy Guidelines

Apart from adhering to the standard operating procedures for physical distancing, hand hygiene, administration of the COVID-19 symptoms checklist and disclaimer, use of personal protective equipment including compulsory masks for the children and attendant is to be ensured. Only one attendant is recommended per patient and it is advised not to bring siblings or grandparents who belong to the vulnerable category as attendants. Similarly, children with special needs and physical disability are to be considered under the vulnerable category and appointments are to be given only on triaging basis. If an assessment is required for children with special needs, disinfection protocol to be ensured for wheelchairs, and any specific accessories that accompany the child.

Optometrists have to ensure the disinfection of trial frame, lenses used during refraction, spectacles, polarizing glasses, stereopsis test places, red green filters, toys, fixation targets and cover paddles after every examination. It is also important to keep the examination rooms open and when a child is found to have flu or related symptoms, examination needs to be deferred and appropriate referral has to be made. As eye care professionals are used to touching the kids during

examination, it is important to consciously ensure not to touch the kids during assessment and to use the help of the parent or caregiver to assist during visual acuity assessment, testing eye alignment, performing refraction and slit-lamp examination.

### Pediatric work-up and refraction

Visual acuity assessment: The optometrist should use noncontact occlusion such as tissue papers and extra precautions need to be taken to avoid peeking. In younger children, parents can hold the tissue paper to occlude, after appropriate hand hygiene is ensured for them. Use handheld autorefractors to assess refraction as it has been validated in the pediatric population.<sup>[15-17]</sup> Over refraction with retinoscopy can be done if visual acuity is 6/6 and wherever applicable to reduce the time taken for work-up.

What can be omitted from the regular work-up during the COVID-19 times to reduce the work-up time?

- Children less than 3 years seeking emergency consultation can be directly referred to the ophthalmologist
- Conventional routine sensory and motor evaluation procedures such as stereopsis and worth four dot testing can be deferred in children who come for routine testing and in refractive error testing.<sup>[18]</sup> Avoid touching, maintain physical distancing. Hirschberg's test can be performed to document eye alignment in children above 12 years of age without a primary complaint of strabismus
- Undilated refraction can be deferred if a cycloplegic refraction is planned, and subjective acceptance can be deferred wherever the decision is to be taken based on cycloplegic refraction
- Applanation tonometry to be done only in aphakia, pseudophakia, and glaucoma

## Binocular Vision and Vision Therapy Clinic Guidelines

### History taking

Although history taking is an important component of a binocular vision/orthoptic clinic work-up, it is important to reduce the time taken for the same. The history can be administered over phone<sup>[8]</sup> or the symptom survey can be emailed if patients have prior appointments and email access.<sup>[19]</sup>

### Clinical protocol

Use over-refraction to quickly recheck the refraction. Borish delayed testing and modified Borish delayed testing<sup>[20]</sup> can be utilized to manage refraction in the presence of accommodative dysfunctions to reduce the need for cycloplegic refraction. In place of a comprehensive binocular vision assessment, the minimum test battery<sup>[21]</sup> that includes phoria measurements at distance and near, binocular accommodative facility, near point of convergence and near point of accommodation can be performed. This is to ensure that the binocular vision assessment timing is reduced and yet to ensure that common nonstrabismic binocular vision anomalies are not missed. Additional testing can be decided by the clinician based on the visual complaints of the patients. It is important to optimize and reduce the time spent for refraction or prism adaptation which is done as part of the decision-making process in binocular vision.

### Vision therapy (VT)

In regular optometry clinics where infrastructure support is not available to maintain physical distancing during in-office vision therapy, software-based home therapy should be prescribed. In general, software-based home vision therapy (VT) options can

be explored toward providing tele-vision therapy consultation and management. Available indigenous software available commercially<sup>[22]</sup> can be utilized toward the same. The VT instructions can be emailed or sent as photos to the patient to reduce the use of paper copies. Also, it is advised that the patient procures their own home VT kit for additional teaching and training rather than using the equipment in the clinic. Due to the increased use of digital devices and related visual complaints, webinars can be organized for patients and parents to raise awareness and raise awareness about visual hygiene and binocular vision dysfunctions during the long hours of work from home.

## Low Vision Practice Guidelines

To reduce the chair time and number of visits to the clinic, the following strategies can be considered:

- Relevant history and information on functional needs can be obtained over the phone or through email before scheduling an appointment for low vision assessment
- When a patient presents in the clinic, only those clinical tests that are must for planning the management, for example, high-contrast distance visual acuity, binocular near visual acuity should be performed<sup>[23,24]</sup>
- To minimize the duration of training in the use of assistive devices or skill training, consider providing instructional videos, written instructions, and follow-up using tele-consultation
- Tele-consultation can be considered in those patients where the vision is stable, clinical low vision examination was done within 1 year, and the patient does not report any new functional limitations.

To minimize the need for cleaning and disinfecting the assessment tools and devices, the following strategies can be considered:

- Before commencing the low vision assessment and trial of assistive devices, examiner and patient both should sanitize their hands with alcohol-based sanitizer
- For visual acuity assessment, a computerized logMAR visual acuity assessment system such as COMPllog would be preferable considering the ease to clean and disinfect the display as compared to standard logMAR chart
- Examiner should hold the near vision chart with gloved hands
- To reduce the contact with multiple devices, select a couple of assistive devices from the range of multiple options in the required magnification range that may best suit the patient's rehabilitation goal
- Segregate those devices that were used for trial and keep them in a separate tray with a red color label (indicating– devices to be disinfected and not to use). After cleaning and disinfecting only, devices should be replaced in the inventory.

Disinfecting assessment tools and assistive devices:

- First check the user's manual and manufacturer's guidelines. In case user's manual is not provided by the manufacturer, contact them for disinfection guidelines
- Some of the logMAR distance and near vision charts that are printed on acrylic sheet, polyvinyl chloride foam sheet, or plastic sheet can be cleaned with liquid soap and water
- Filters (absorptive lenses), spectacle magnifiers, nonilluminated hand magnifiers, and stand magnifiers with single-lens system can be cleaned with liquid soap and water after the trial is done
- For magnifiers with the multiple-lens system such as telescopes, illuminated magnifiers, and electronic

magnifiers, the handle of a magnifier and other parts that may have come in contact with the patient should be disinfected using alcohol wipe in between the patients. However, the clinician should be careful not to touch the lens surface with alcohol wipes

- Optical devices with multiple-lens system, such as telescopes can be disinfected by keeping them in the UV-C lamp chamber.<sup>[6,7]</sup> However, the long-term effects of exposure to UVC radiation on low vision devices are unknown.

### Instrument care

- Use 70% alcohol-based solution to disinfect probes, trial frames, and trial lenses after each use. Body of equipment to be cleaned with 70% isopropyl alcohol<sup>[25]</sup>
- Lensometer: Wipe with 70% isopropyl alcohol
- Probes: Clean with 70% isopropyl alcohol swab and air dry for 30 seconds
- TonoPen/Icare tonometer: Change tip cover or magnetic tip for every patient
- Applanation tonometer (AT): for AT head.
  - Use sodium hypochlorite (1 ml of sodium hypochlorite and 9 ml of distil water mix), allow the prism sterilize before the start of the clinic and end of the day, dip the prism for 3 to 4 min, and dry it before use
  - Between patients use isopropanol or bacillocid.
- Lenses (+20D/+78D/+90D/Gonio): Clean lenses thoroughly with soap and water every day. Spray isopropyl alcohol (99.9%) after use. Allow lens to air dry before replacing in the case.

### General instructions for noncontact equipment

- Chin rest, forehead rest, handles, table, and surface touched by patient: Cleaned with 70% isopropyl alcohol. Allow them to dry before taking up the next patient<sup>[2,26]</sup>
- Recommended sterilization solution and parts by Topcon: Sterilization with 77% ethanol: forehead rest (silicone rubber), body cover/chin rest, chin rest pin (polyamide resin), touch panel (glass). Use a sterile cotton ball soaked in alcohol to wipe the instrument and do not spray. Make sure that the moisture does not enter the instrument
- Computer keyboard and monitor: Wipe with a tissue soaked in isopropyl alcohol, taking care not to let moisture enter them
- External body of all equipment: Wipe with 70% isopropyl alcohol.

## Discussion

COVID-19 pandemic has changed the way the entire world functions and has been termed as "new normal." As Government of India has announced Unlock 1.0, optical business and optometry practices are beginning to open. However, the fight against COVID-19 seems to be a long drawn one and optometrists as healthcare professionals need to abide by preferred practices in order to contain the spread of the disease. These guidelines along with the use of face mask, practicing social distancing, and use of appropriate sanitization and disinfecting procedures will assist Indian optometrists in providing their services safely. However, there are areas such as community screening and outreach programs that have not been addressed by these guidelines. As the Government of India has issued directive that no community programs will take place for the next 6 months, the current guidelines do not address it. As mentioned earlier, these guidelines will be updated from time to time and we hope to publish the updated version along with other optometry services in the near future.

## Conclusion

Optometrists, being primary health care professionals, are at a higher risk of infection, and source of transmission of the disease due to the proximity of their work with patients. These guidelines provide a ready reckoner for optical stores and optometry practices to refer to post lockdown as preferred practice guidelines in COVID-19 pandemic situations.

## Disclaimer

COVID-19 has compelled organizations to relook at how eye care is delivered. This document is drawn to serve as a guideline for optical stores, optometrists, and public who seek eye care services across India. This document has been formulated with information that is available to us as of 31<sup>st</sup> May 2020. While the primary objective is to safeguard both, the health and the wellness of our team members, equally important is to ensure adherence to the best optometry practices in patient care. This guideline is a dynamic document and we expect the practices advised in this 'editorial' to change as we get a better understanding of the COVID-19 strains. Though all efforts have been made to ensure the accuracy of the document, the same should not be construed as a statement of law or used for any legal purpose.

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