



New York Insights

*E-Newsletter of The Optometric Society of the City of New York
an affiliate of the New York State Optometric Association
and the American Optometric Association*

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COVID-19 URGENT MEMBER UPDATE

A Message From the President

Dear Fellow OD's,

Due to the Covid-19 virus pandemic Gov. Cuomo, in an abundance of caution, has temporarily closed SUNY Colleges. Other Governors in other states as well as private educational institutions have done the same. Therefore the OSCONY March Meeting has been cancelled. The OSCONY Board has discussed several options, such as meeting at another location, but this was rejected due to the risk of infection to our members. An OSCONY CE webinar is being prepared for a later date, please watch your e-mail for the announcement.



At 9:00 PM ET on Tuesday March 17 the AOA is holding a webinar regarding "Covid-19 and Medicare Telehealth Services". Click the "REGISTER HERE CIRCLE" above to sign up.

As you are aware Vision Expo East has been consolidated with Vision Expo West in September.

So in conclusion, please practice good infection control. Frequent hand washing, disinfecting of surfaces, social distancing and wearing a disposable face mask are advised.

Thanks. Best Wishes. Good Luck.

**Michael Georgescu OD,
President OSCONY**

MARCH 15, 2020

New York Insights

FROM THE EDITOR'S DESK

VIOLA KANEVSKY, OD

COVID-19 URGENT MEMBER UPDATE



As this situation unfolds, we are all learning how to cope together. I have attempted to gather what reliable information there is, as well as methods I have employed in my own practice, and share it with you here. Please understand that the method of transmission of Corona is not yet fully understood and these guidelines evolve daily. This e-mail is long so bear with me but I hope you find it useful for your practices.

Recommended protocols when scheduling or seeing patients

(adapted from the American Academy of Ophthalmology updated March 14, 2020)

- In response to the state of emergency declared at the federal level and in multiple states as of March 14, 2020, as well as the US. Surgeon General's warning, clinicians should postpone those outpatient visits and procedures that can be safely delayed, particularly in elderly patients and those with comorbidities.
- When phoning about visit reminders, ask to reschedule appointments for patients with nonurgent ophthalmic problems who have respiratory illness or fever.
- If the office setup permits, patients who come to an appointment should be asked prior to entering the waiting room about respiratory illness. If they answer yes, they should be sent home and told to speak to their primary care physician.
- Keep the waiting room as empty as possible, and as much as prudent, reduce the visits of the most vulnerable patients.
- If a patient with known COVID-19 infection needs urgent ophthalmic care, they should be sent to a hospital or center equipped to deal with COVID-19 and urgent eye conditions, ideally in a hospital setting under hospital infection control conditions.

- The use of commercially available slit-lamp barriers or breath shields is encouraged, as they may provide a measure of added protection against the virus. These barriers do not, however, prevent contamination of equipment and surfaces on the patient's side of the barrier, which may then be touched by staff and other patients and lead to transmission. Homemade barriers may be more difficult to sterilize and could be a source of contamination. In general, barriers are not a substitute for careful cleaning of equipment between patients and asking those patients who cough, sneeze, or have flu-like symptoms to wear masks during examination.

- To further decrease the risk of any virus transmission, inform your patients that you will speak as little as possible during the slit-lamp examination, and request that the patient also refrain from talking.

The CDC has issued mitigation plans, including a recommendation for the cancellation or reduction of elective procedures in health care settings, for the following communities in our area: New Rochelle, New York

Outpatient clinics

Waiting areas often violate social distancing guidelines due to the number of patients and staff in confined spaces. Optometry practices should reconfigure examination schedule templates to decompress their waiting areas and consider alternatives such as encouraging patients to wait in other locations (e.g., their cars or outdoor spaces). Mobile phone calls or other approaches can be used by office staff to notify patients when they should return to the office.

Environmental cleaning and disinfection recommendations

Rooms and instruments should be thoroughly disinfected after each patient encounter. Wear disposable gloves when cleaning and disinfecting surfaces. Slit lamps, including controls and accompanying breath shields, should be disinfected, particularly wherever patients put their hands and face. The current CDC recommendations for disinfectants specific to COVID-19 include:

- Diluted household bleach (5 tablespoons bleach per gallon of water)
- Alcohol solutions with at least 70% alcohol.

FROM THE EDITOR'S DESK

VIOLA KANEVSKY, OD

A Sample E-Mail for Staff - Tips For Office Disinfection

courtesy of Viola Kanevsky, OD

Dear Team,

To keep everyone safe and healthy, I wanted to review some basic office hygiene precautions.

Hand washing must be performed immediately upon entering the office in the morning, before and after significant contact with any patient and after activities likely to cause contamination, for example, eating or handling food, emptying waste paper baskets, going to the toilet, blowing/wiping/touching one's nose and mouth, and after coughing and sneezing. When seeing patients or when in any area other than the privacy of the rest room, you must avoid touching your own face, nose, mouth and eyes.

The effectiveness of hand-hygiene procedures is decreased when a person has cuts and abrasions (as intact skin is a natural defense against infection). Cuts and abrasions should be covered with water-resistant band-aids. The CDC guidelines recommend that fingernails are kept clean and short, that artificial nails are not worn and that if nail polish is used, it should not be chipped and should be removed every four days.

Long sleeves and items of clothing that are not regularly laundered such as sweaters, suit jackets, ties and so on, have the potential to be routes for patient-to-patient transmission of pathogens such as *Staphylococcus aureus* (including methicillin-resistant *Staphylococcus aureus*). Either wear elbow length sleeves or regularly dry clean or launder these items.

Sinks must be kept clean. Please use Lysol to regularly disinfect faucet handles, flush activator, grab bars, and doorknobs. Place all pens used throughout the day into a tray and spray with alcohol. Let dry overnight. The front door handles should be wiped down with Lysol by the first person to open and the last to leave. If you are not sure it was done, do it again.

Proper Hand Washing

Hand-care products, such as plain (non-antimicrobial) soap and antiseptic products, can become contaminated. To avoid contamination, closed containers should be used to store liquid products and should be washed and dried thoroughly before being refilled.

Although both alcohol-based hand rinses and gels decrease bacterial counts on hands, alcohol-based hand rinses have been shown to be more effective than alcohol-based hand gels. Soap has mild antibacterial properties, but it does not kill viruses. It does remove dirt, though, so wet your hands thoroughly with warm water, lather them up properly with soap on both sides, in between the fingers and under the nails, one hand and then the other. Rinse them thoroughly under running water for 20 seconds (the time it takes to sing Happy Birthday twice). Rinsing thoroughly is key to washing away any viruses. Dry your hands well with a disposable towel then use that towel to turn off the tap before throwing it away. Paper towels are superior to air dryers because the towels dry your hands more quickly and more thoroughly than dryers do, and contamination happens more through wet hands than dry.

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FROM THE EDITOR'S DESK

VIOLA KANEVSKY, OD

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A Sample Letter for Staff Tips For Office Disinfection*courtesy of Viola Kanevsky, OD***Front Desk and Dispensary**

There should be absolutely no food or drink brought out to the dispensing room or front desk. The risk of touching your face while drinking or eating is too high to allow this practice while encountering patients.

Please keep the front desk supplied with hand sanitizer for patient use and keep a bowl of throat lozenges handy to reduce the risk of coughing in public areas.

ANY SURFACE THAT HAS COME IN CONTACT WITH A PATIENT'S FACE OR HANDS SHOULD BE WIPED WITH ALCOHOL. I HAVE PLACED ALCOHOL WIPES THROUGHOUT THE OFFICE FOR YOUR USE. THIS INCLUDES FRAMES.

Frames which would be damaged by alcohol should be washed with warm soapy water and then into the UV sanitizer lightbox for a one minute cycle before being replaced on the shelf. Place all "tried on" frames in the red tray designated for sanitizing before replacing on the shelf. Wash tray and wipe with alcohol prior to using again.

Immunizations

You should have a flu vaccine annually and speak to your GP to make certain that all other vaccines are up to date as recommended.

Any questions? Ask...I'm sure I've forgotten something!

Cheers to a clean and healthy team at XXXXXXXX

*Please stay in touch and share information and cases as you encounter them.
As a community we will weather this storm together.*

MARCH 15, 2020

FROM THE EDITOR'S DESK

VIOLA KANEVSKY, OD

A Sample Letter You May Use to Notify Your Patients

courtesy of Viola Kanevsky, OD

Dear _____,

Out of an abundance of caution, we are asking all our patients who are considered high risk, to postpone non-essential excursions outside their homes in order to reduce risk of contracting COVID-19. This includes anyone over the age of 60, pregnant or nursing mothers, and anyone who is immunocompromised.

Although our office staff is vigilant about following all CDC and AOA guidelines, sanitizing all surfaces and eyewear, disinfecting all equipment, and common areas (reception area, bathroom, door handles, etc.), we nonetheless wish to avoid risking the health of our most vulnerable patients with unnecessary exposure to others who may be contagious but asymptomatic.

In an effort to further protect our patients and staff, we ask that you all are mindful of the following precautions:

- If you are sick, please stay home. If you have had contact with someone who is ill or are caring for someone at risk, please defer your appointment.
 - If you have an ocular emergency or any urgent issue –please call us to schedule a telephone, FaceTime, or Skype consult. If the doctor determines that she cannot resolve an urgent concern without seeing you in person, we will arrange an appointment before or after regular office hours so that no other patients are in the office at the same time.
 - If you or your child are out of contacts or have broken or lost your glasses, and cannot get to our office, we can almost always fabricate and ship a replacement set, as we have your measurements on file.
- Until further notice the office remains open for all your needs, including emergencies.

Thank you for your patience and cooperation during this difficult time as we all work together to keep our community healthy and safe.

Warm regards,

XXXXXXXXXX, OD