

Outpatient Health Care Facilities – Optical Care Safe Start Guidance

On May 21, 2020, Governor Gretchen Whitmer issued the “Safeguards to protect Michigan’s workers from COVID-19” (Executive Order 2020-97) that created an enforceable set of workplace standards applicable to all Michigan businesses. In accordance with Executive Order 2020-97, since rescinded and now EO 2020-161, the Department of Licensing and Regulatory Affairs (LARA) is taking proactive steps to ensure licensed optical professionals implement infection control practices to protect their employees and patients.

This guidance has been developed in collaboration with the Department of Labor and Economic Opportunity (LEO), the Michigan Occupational, Health and Safety Agency (MIOSHA), and the Michigan Department of Health and Human Services (MDHHS) and supplements the requirements listed in EO 2020-161.

This guidance outlines best practice recommendations and should be used to assist optometry professionals who are licensed under Part 174 of the Michigan Public Health Code, PA 368 of 1978 as amended. It is also applicable for ophthalmologists, optical staff and employees who work in an optical office, clinic, or optical retail setting and where optical services are provided such as eye exams, eyewear fittings, optometry, and ophthalmology procedures. In addition, employers, practitioners, and employees in these types of outpatient facilities and optical service settings should also review and consider the measures found at www.michigan.gov/leo and become familiar with the requirements that must be followed pursuant to relevant EOs listed at the end of this guidance document.

Clinic Management:

- If a patient is suspected or confirmed to have COVID-19, defer optical treatment. If emergency optical care is medically necessary for a patient who has, or is suspected of having, COVID-19, and optical professional should follow CDC’s [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#), including the use of PPE.
- Employ telehealth, patient portals, online assessments, and telemedicine to the greatest extent possible. Further guidance on these services can be found at the following links: <https://www.telehealth.hhs.gov/providers/> and <https://www.telehealthresourcecenter.org/>.
- Limit the number of appointments to maintain social distancing and allow adequate time between appointments for cleaning, accounting for the amount of time needed for disinfectants to be effective per the product label.
- Consider scheduling special hours for highly vulnerable patients, including the elderly and those with chronic conditions.
- Limit waiting area occupancy by asking patients to wait in cars or outside, while maintaining social distancing. Call patient to enter when ready.
- A patient may be accompanied by one caregiver.
- Waiting rooms should be marked to enforce social distancing – seats should be six feet

apart unless individuals live in the same household.

- Enable contactless sign-in, check-out, and payment as soon as practicable.
- Install physical barriers at sign-in, screening point, check-out, or other service points that require personal interaction that cannot be separated by 6ft distance, excluding patient examination. Barriers could include plexiglass, tables, etc.
- Optical stations must maintain proper social-distancing guidelines. Patients in optical stations should be separated by at least six (6) feet; or, if optical furniture cannot be physically moved, optical station rotation patterns should be adjusted to ensure CDC guidelines of social distancing.

Planning and Communications:

- Symptomatic workers should stay home. Employers may require a doctor's note to release an employee who was tested and confirmed COVID-19 positive to return to work.
- Share notices both on-site and digitally if possible to explain new policies to employees and patients.
- When possible, paperwork should be made available on a website or mailed to the patient so it can be completed prior to the appointment.
- Conduct a common screening protocol for all patients and workers prior to entry, including a temperature check, overall health status check, and screening questions.

Employee/Staff Training:

- Establish a response plan and team or leader to design, implement, monitor, and report on key practices that apply to all site visitors, and manage COVID-19 preparedness. Included in the plan should be procedures for building disinfection in accord with CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>) if an employee or patient is suspected or confirmed to have COVID-19, as well as an action plan for workers who fail health screenings.
- Provide COVID-19 training to employees that covers, at a minimum:
 - Workplace infection control practices.
 - The proper use of personal protective equipment.
 - Steps the employee must take to notify the facility of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
 - How to report unsafe working conditions.

PPE:

- Incorporate measures in the procurement process to ensure necessary sanitation, soap or hand sanitizer, tissues (for respiratory hygiene and cough etiquette), PPE supplies are readily accessible, while also setting restrictions on supplies, to reduce hoarding.
- Post signage at entrance instructing individuals to wear a face covering once in the building and to not enter if they are feeling ill.
- Place hand sanitizer and face coverings at patient entrance.
- Institute safety measures to ensure patients do not come in close contact with one another (e.g., limit and monitor points of entry). Require patient to wear a face covering when in a facility provided they can medically tolerate wearing one. Children under the age of 5 are

- not required to wear a face covering. Patients may remove the face covering if necessary to receive treatment.

Environmental Considerations:

- After a period of non-use, optical equipment may require maintenance and/or repair. Review the manufacturer’s instructions for use (IFU) for office closure, period of non-use, and reopening for all equipment and devices. For additional guidance on reopening buildings, see CDC’s [Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#).
- “Properly maintain ventilation systems. Consider consulting an HVAC professional to investigate the ability to increase filtration efficiency or increase the percentage of outdoor air supplied to the HVAC system. Consider use of a portable HEPA air filtration unit for necessary aerosol-generating procedures.” (DHHS Suggested Bullet)
- Establish an increased cleaning/sanitizing routine in accord with CDC’s Interim Guidance for Businesses and Employers (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>) and OSHA’s Guidance on Preparing Workplaces (<https://www.osha.gov/Publications/OSHA3990.pdf>) for employee high-touch areas (e.g., door handles, railings, counters, chairs).
- Minimize the use of shared items – consider allowing patients to keep pens or provide wipes to disinfect.
- Remove leisure reading materials, toys, and remote controls from the waiting area.
- Eyeglasses and sunglasses tried on by a customer must be disinfected before returning them to a shelf.

Additional Considerations & Resources:

- Providers should review protocols and recommendations developed by the following:
 - American Academy of Ophthalmology <https://www.aao.org/covid-19>
 - American Optometric Association <https://www.aoa.org/>
<https://www.themoa.org/optometrists/coronavirus>
 - CDC <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>
 - OSHA <https://www.osha.gov/>
 - MIOSHA www.michigan.gov/leo
 - DHHS <https://www.michigan.gov/coronavirus>
 - MI Safe Start Map: www.mistartmap.info

Requirements:

- In addition to these best practice recommendations and considerations, providers should be aware that the following EOs outline requirements for not only your specific practice but in some EOs may also be applicable to all businesses who are returning to work safely regardless of the industry type. These are ones you will want to fully review and implement the appropriate sections to maintain compliance:
 - [Executive Order 2020-166 \(COVID-19\) - State of Michigan](#)

- [Executive Order 2020-156 \(COVID-19\) - State of Michigan](#)
- [Executive Order 2020-138 \(COVID-19\) - State of Michigan](#)
- [Executive Order 2020-161 \(COVID-19\) - State of Michigan](#)

- [Executive Order 2020-160 \(COVID-19\) – State of Michigan](#)

Questions:

- Questions about creating a preparedness plan for your facility or office, please contact the following:
 - MIOSHA: **855-SAFEC19 (855-723-3219)**.
- Any questions that providers may have during the COVID-19 pandemic or regarding this specific guidance, please email questions to the following:
 - LARA-COVID-19-Questions@michigan.gov

NOTE:

Please be aware that this guidance is a working document and subject to change as future guidance and recommendations are provided by CDC, CMS, OSHA, MIOSHA, MDHHS, Public Health, and other authoritative entities. Further, this guidance does not constitute legal advice. Licensees are encouraged to seek legal counsel to ensure their operations comply with all applicable laws, rules, and executive orders.