

**Readiness for the resumption of routine GOS**

As we await a national announcement of a date when optical practices will resume the delivery of routine GOS services and in preparation for re-opening, NHS England and NHS Improvement Midlands are asking optical practices to consider the following key points to ensure the safety of staff, patients and the public.

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Further guidance and advice can be found at the following resources:

<https://www.locsu.co.uk/what-we-do/covid-19-guidance/>

<https://www.college-optometrists.org/the-college/media-hub/news-listing/primary-eyecare-covid-19-guidance-amber-phase.html>

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>

<https://www.optical.org/en/news_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19/index.cfm#GOC%20guidance>

<https://www.aop.org.uk/coronavirus-updates>

<https://www.abdo.org.uk/coronavirus/>

<https://www.fodo.com/members/guidance/covid-19/>

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SUPPORTING INFORMATION FOR OPTICAL PRACTICES

5 step approach: Principles, staff, practice, PPE and patients

**1. PRINCIPLES TO CONSIDER**

• Continue to provide remote consultations for patients

• Social distancing measures in place

• Minimise face to face patient contact

• Develop clear safety standards for Personal Protective Equipment (PPE) and Infection Prevention and Control

• Appropriate sequencing and scheduling of patients

**2. STAFF CONSIDERATIONS**

• Undertake risk assessment of staff and make appropriate arrangements if they are considered to be clinically vulnerable, shielding or BAME

• Ensure all staff are aware of the symptoms of possible COVID-19 and do not attend the practice if they or any of their household display these symptoms or test positive for COVID-19, as per government advice

• All staff to observe social distancing (2 metres) wherever possible

• Plan staff rota to keep contacts to a minimum, consider staggered starts and breaks

• Staff training - Provide staff training on new ways of working, use of PPE, infection control and decontamination including hand hygiene and respiratory hygiene

**3. PRACTICE CONSIDERATIONS**

• Update practice website, answer-phone message, policies, processes

• Update information included on patient letters/leaflets/posters

• Develop plan for sequencing and scheduling of patients

• Determine how many patients can safely be seen over what time period and consider patient flow through practice to minimise risk

• Rearrange waiting room; keep clean and clutter free and remove all non-essential items from work surfaces and waiting room

• Consider screens for reception

• Consider how to maintain social distancing in communal areas

• Update infection control and decontamination policy for COVID-19

• Consider any adjustments required to equipment or clinical protocols

**4. PPE CONSIDERATIONS**

• Adequate supply of PPE

• Identify an area large enough for donning and doffing and ensure current PPE guidance is being followed.

**5. PATIENT CONSIDERATIONS**

• Undertake appropriate risk assessments

• Communication on what to expect when visiting the practice

• Adjustments to clinical and referral protocols