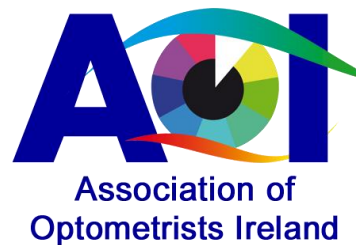


COVID-19 Response Plan

Meeting eye health needs and preventing vision impairments in primary eye care settings



Version: 1.1

Originally published: 05/06/2020

Latest update published: 18/06/2020

Review date: 06/07/2020

[Disclaimer.](#)

Contents

1. Background	3
2. Your COVID-19 Response Plan	4
3. Prepare for change and a dynamic response	5
3.1 Practices	6
3.2 Professionals/Practice staff	8
3.3 Patients	10
3.4 Procedures (face-to-face care).....	11
4. Responding to eye health needs and COVID-19	13
5. Additional support and advice	13
Other resources	13
Annexe 1: Screening questions and contact logging.....	14
Screening questions – reducing the risk of transmission.....	14
Professionals and staff – before returning to work	15
Employee daily self-assessment and contact logging.....	16
Patient screening.....	17
Annexe 2: Dealing with suspect COVID-19 in the workplace.....	18
Annexe 3: Control measures (standard precautions)	20
Standard precautions poster	23
Annexe 4: PPE in primary eye care settings.....	24
What PPE to use	24
PPE summary table	25
How to use PPE.....	25
Annexe 6: Quick links to official COVID-19 advice	26
Annexe 7: Disclaimer	27
Annexe 8: References	27

1. Background

Vision and eye health both play key roles in mental wellbeing, social functioning and in staying connected with communities and support mechanisms. During the initial phase of the COVID-19 emergency response, eye care providers could only offer very restricted services. Therefore, many people are now living with unmet vision and eye health needs which could lead to serious problems, and sight loss if not addressed.

While doing everything to eliminate community spread of COVID-19 and keep the infection rate (R)ⁱ below 1, it is also vital to continue providing eye care to mitigate the risk and impacts of eye disease and impairment throughout the pandemic. So, the news that people could once again get their eyes tested from 18 May 2020, following the Return to Work Safely Protocol, was significant on both health and public health grounds.

- “I can confirm that it is safe to proceed with Phase 1 of our plan to ease the COVID-19 restrictions on Monday”. You will be able to “get your eyes tested”.
[Leo Varadkar, 15 May 2020](#)

As we work through phase 1 of the government's [Roadmap to reopening society and business](#) and start to open and offer eye tests, we know there is no quick solution to the COVID-19 pandemic. Even developing effective immunisation, treatment, or another public health solution could take at least 18 months and possibly much longer for it to have an impact. Primary eye care providers must, therefore, continue to adapt to meet eye health needs safely as the pandemic progresses.

We have created this guide to help members with additional information you need to:

- Complete your COVID-19 Response Plan in a primary eye care setting
- Work through applicable COVID-19 guidance and advice from the Health and Safety Authority (HSA), HSE and Health Protection Surveillance Centre (HPSC).

Additional support

If you would like any other advice and support contact

FODO: Ireland@fodo.com

ⁱ R_0 (R naught), referred to as R in the media, is the basic reproduction number of a virus. It estimates the average number of cases of a virus – here COVID-19 – as the result of a single person being infected. It, however, is estimated based on a homogenous population and before widespread immunity/immunisation. Many factors therefore influence R_0 , including how it is measured. Nevertheless, it will remain an important metric for governments. [Learn more about \$R_0\$](#) .

2. Your COVID-19 Response Plan

You should work through this:

- [Health and Safety Authority COVID-19 Response Plan template](#)ⁱⁱ

It details policies and practices you need to implement to meet the government's '[Return to work Safely Protocol](#)'.

Your response plan must provide details about what you have done to reduce COVID-19 related risks. The response plan includes four steps to help you do this.

Step	What to do
1 Have a clear policy statement	Download, read, complete, sign and comply with the 'COVID-19 Policy Statement'.
2 Identify who will help ensure compliance with your COVID-19 policies	Identify a suitably trained person(s) to help ensure your response plan is implemented and checklists completed.
3 Record key information	Complete a simple table with details about your practice.
4 Work through seven checklists	Ensure all workers complete this Return to Work Form and work through each checklist. Keep a record of actions taken and copies of the completed lists.
1	Plan and prepare in advance throughout the pandemic.
2	Ensure you implement essential control measures to reduce the risk of infection.
3	Ensure all employees are up to date with new ways of working.
4	Know how to respond to a potential COVID-19 case at work.
5	Put an effective cleaning and disinfection system in place.
6	Ensure employees understand and comply with their responsibilities.
7	Appoint and train a worker representative(s) to help ensure your plan is followed.

More detail on each step is set out [here](#).

COVID-19 presents a dynamic, not static, risk. So, you should keep your response plan under review to make sure it is up to date throughout the pandemic.

This document includes additional guidance and support to help you complete your response plan and checklists.

ⁱⁱ [https://www.hsa.ie/eng/topics/covid-19/return to work safely templates and checklists/covid19-response-plan-template.docx](https://www.hsa.ie/eng/topics/covid-19/return%20to%20work%20safely%20templates%20and%20checklists/covid19-response-plan-template.docx)

3. Prepare for change and a dynamic response

As an employer, you should do all that you can reasonably do to set up a system of safe work and then ensure implementation. You should appoint at least one lead worker representative, who must have the necessary trainingⁱⁱⁱ, to ensure COVID-19 measures are strictly adhered to at work.¹

We have created a '4Ps' matrix framework to help you work through your COVID-19 Response Plan checklists. The framework will help you assess and mitigate risk in your practice(s) and provide safe care:

1. **Practices/premises** – e.g. spacing furniture, health and safety protocols
2. **Professionals/practice staff** – e.g. training and education, social isolation
3. **Patients** – e.g. triage suspect/confirmed COVID-19 patients
4. **Procedures** – e.g. prioritising what you do to minimise the risk of cross-infection and making the best use of available capacity.

Protection remains at the heart of the public health approach, which is the top priority and underpins all the above.

You should make and keep a record of the actions you have taken, for example, a record of your risk assessment using the tables in this framework and embedding your actions through staff meetings, reinforcing communications (e.g. signage) and training.

ⁱⁱⁱ NSAI guidance states that organisations should determine the necessary COVID-19 competence and training of person(s) doing work under its control; ensure that the necessary person(s) receive appropriate COVID-19 training to implement the requirements of this document; where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken; retain appropriate documented information as evidence of competence.

3.1 Practices

This section includes practice-based factors you might consider as part of your risk assessment. It also includes examples of actions you might take to help reduce the risk of COVID-19 transmission.

Main factor(s) to consider	Additional points to consider
Can your practice support other local eye care providers?	<p>Primary eye care practices should be non-COVID-19 sites.</p> <p>Having separate designated sites where no COVID-19 patients are seen makes it easier to reduce the risk of cross-infection compared with zoned sites. Where hospital sites do not have distinct entry/exit points or effective 'zoning' for COVID-19 and non-COVID-19 patients, primary eye care providers can help to reduce visits to the hospital further.</p> <p>These options should be part of local planning which should ideally include eye care representatives from primary and secondary care.</p>
How to maintain physical distancing outside the practice and on entry/exit	<p>Risk-assess the location and mitigate risks. For example:</p> <ul style="list-style-type: none"> ▪ Book appointments to control the flow of patients/customers ▪ Mark two-metre queuing zones outside the practice if required and/or ask people to book an appointment and/or attend at a different time etc. ▪ If possible/necessary, implement one-way entry/exit points ▪ Some patients may prefer to wait in their car until they are ready to be seen ▪ Consider using official public health posters to encourage compliance with physical distancing and self-isolation etc. <p>You can access free posters and other templates on the HSA website.</p>
How to maintain physical distancing inside the practice	<p>Walk through the store and map staff movements and patient/customer journeys to help you assess pinch points and other obstacles that can be addressed to help support physical distancing. For example:</p> <ul style="list-style-type: none"> ▪ Temporarily move/remove furniture where it's safe or possible to do so ▪ Define the number of people (staff, patients and customers) that can be in the practice to allow physical distancing. Think about total floorspace and pinch points and busy areas ▪ If you provide care at more than one site, estimate the maximum number of people that can safely be in each practice at any one time, plan staffing and clinical diaries accordingly ▪ Avoid all non-essential visitors – e.g. ask patients to attend alone whenever possible ▪ Only have the necessary number of staff on-site each day ▪ Try and arrange deliveries before opening/after you close ▪ Use secure (non-trip) tape to mark out two-metre distancing etc. ▪ Provide hand sanitiser at the entrance and other stations ▪ Where possible use back-to-back or side-to-side working (rather than face-to-face). <p>Consider the benefits of installing screens at the reception desk – e.g. if space or procedures do not facilitate physical distancing. Screens can help avoid the need to use other PPE in such scenarios. It can also minimise the need to use face masks as these can make it difficult for some people to communicate – e.g. those that depend on lip-reading.</p>

	Also read, keep up to date with and implement the College of Optometrists COVID-19 guidance ² which includes practice tips of physical distancing specific to primary eye care settings.
Air conditioning and other considerations	<p>“Air conditioning is not generally considered as contributing significantly to the spread of COVID-19. Switching off air conditioning is not required to manage the risk of COVID-19. For organisations without air conditioning, adequate ventilation is encouraged, for example, by opening windows where feasible etc.”³</p> <p>If the site has been physically closed for some time, read the HAS Control of Legionella Bacteria During and After the COVID-19 Pandemic before you reopen.</p>
First line of defence – triage suspect and confirmed cases of COVID-19, so they do not attend primary eye care settings	<p>Have clear protocols to reduce the risk of somebody with a confirmed or suspected case of COVID-19 entering the practice. These include patients, staff, and all visitors. For example, have official posters at entry points to advise people to stay at home and follow local health service advice if they have COVID-19 symptoms or live in a household where somebody else does.</p> <p>See Annexe 1 for screening suggestions.</p>
Support best practice handwashing and respiratory hygiene throughout the day	<p>Organise patient flow to ensure mandatory and regular handwashing and/or use of hand sanitiser and breaks between patients.</p> <p>See Annexe 3 for essential control measures to reduce risks.</p>
Stay up to date and compliant with official infection prevention and control precautions for COVID-19	<p>Follow infection prevention and control precautions for COVID-19.</p> <p>This includes ensuring you have:</p> <ul style="list-style-type: none"> ▪ Control measures in place to reduce the risk of spreading COVID-19 – see Annexe 1 and 2 ▪ Systems in place to ensure people use the correct PPE and use it correctly – see Annexe 4 <p>Walk through the branch:</p> <ul style="list-style-type: none"> ▪ Where possible remove additional materials (e.g. magazines and leaflets) to aid physical distancing and cleaning ▪ Minimise contact points – e.g. use contactless payments, avoid the use of pens where possible (or have staff and patients bring their pens). <p>Where possible, simplify procedures to aid compliance by using simple diagrams.</p>
Personal protective equipment (PPE)	<p>If you cannot adequately control risks, e.g. by maintaining 2 metres distance, then suitable PPE must be provided. People must also understand when to use this and how – i.e. the correct PPE must be used, and it must be used correctly.</p> <p>See Annexe 4</p>
Have a plan in place in case somebody develops COVID-19	<p>You should not see patients with COVID-19 and staff with symptoms of COVID-19 should not attend work. But, you should have a transparent process in place to manage a scenario in which an employee, a customer or patient starts to demonstrate signs of COVID-19 while on the premises.</p>

symptoms while at work	The process should include how to clean the premises if so. Planning will help you reduce risk and reopen promptly. See Annexe 2
Waste disposal	"All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a normal waste bag. Double bagging should be used. The waste bag should be kept for 72 hours, then thrown into the normal waste." ⁴

3.2 Professionals/Practice staff

This section focuses on additional considerations and detail on how to manage COVID-19 related risks in your practice by working in collaboration with professionals and practice staff.

Main factor(s) to consider	Additional points to consider
Jobs that can be done from home	If employees can work from home, this remains the preferred option. However, as we move through phases of the pandemic, this will become increasingly difficult for frontline health professionals as face-to-face care becomes increasingly necessary owing to delays during the early stages of the pandemic.
Staff should self-monitor for COVID-19 each day before leaving for work	Staff must self-screen for COVID-19 before leaving for work. See Annexe 1, for example, screening questions.
Plan your practice team to ensure you aid physical distancing and minimise risk - e.g. Restructure and split teams/shifts and have plans in place for increased rates of absence	<p>Where it is practicable to do so: revise staffing rosters and split teams to ensure critical personnel are separated to limit joint exposure and protect the business function.</p> <p>Have contingency plans in place to manage services in the event of increased rates of staff being unable to work.</p> <p>Given the health impacts of COVID-19, and depending on the severity of the infection, some employees might not be able to return to work for some time. You should make provisions to allow recovery and a safe, and possibly phased, return to work.</p> <p>Other tips</p> <ul style="list-style-type: none"> ▪ Implement a no hand-shaking policy ▪ Teams should be as small as is reasonably practicable in the context of the work to be done ▪ Organise breaks in such a way to maintain physical distancing ▪ Reorganise and rearrange working and break areas ▪ Implement an 'air gap' or delayed shift changeover to accommodate a full cleaning and disinfection of all shared equipment ▪ Reduce unnecessary interactions between different shift personnel ▪ Minimise the sharing of equipment and tools ▪ Identify and suspend all non-essential operations which do not directly impact business functionality.

<p>Introduce additional protections for staff who are more vulnerable to COVID-19</p>	<p>Be familiar with and keep up to date with the lists of people at:</p> <ul style="list-style-type: none"> ▪ Very high risk of COVID-19 related illness – this group is asked to cocoon ▪ High risk of COVID-19 related illness – this group is to follow standard precautions more strictly ▪ Here. <p>Ensure you allow employees to share if they are in this group or caring for, or living with, somebody in this group.</p> <p>The Return to Work Safety Protocol states, 'At Risk/Vulnerable Workers: If an at risk or vulnerable worker cannot work from home and must be in the workplace, employers must make sure that they are preferentially supported to maintain a physical distance of 2 metres. However, employers should enable vulnerable workers to work from home where possible.'⁵</p> <p>We are currently confirming the position regarding those at very high risk of COVID-19</p>
<p>Education and protocols to maintain physical distancing inside the practice and infection control procedures – including PPE</p>	<p>Excellent communication is key to ensuring a safe return to work.</p> <p>Ensure staff have appropriate induction – especially returning staff – and understand new protocols. Make sure everybody has a good understanding of the key actions to prevent cross-infection</p> <ul style="list-style-type: none"> ▪ Self-isolation guidance – see Annexe 1 ▪ Important control measures – see Annexe 3 ▪ Also, everybody in primary eye care should understand the importance of compliance with infection prevention and control (IPC) measures for healthcare settings – this includes using the correct PPE and using it correctly – see Annexe 4
<p>Support best practice handwashing and respiratory hygiene throughout the day</p>	<p>See Annexe 3.</p>
<p>Have systems in place to support frontline workers onsite and those working remotely – be particularly mindful of staff anxiety and stress providing face-to-face care</p>	<p>Monitor the wellbeing of people – including those working from home – to help them stay connected to the rest of the team. Engage with staff to get their views and take part in the mobilisation process.</p> <p>It is good practice to start each day's team briefing by checking how colleagues are coping both outside and inside work.</p> <p>Make mental health resources available to everyone working in the practice. Here are some resources you might find useful:</p> <p>A range of supports and advice is also available from the Health and Safety Authority on work-related stress at: https://www.hsa.ie/eng/Topics/Workplace Stress/</p> <p>The Authority also provides a free online risk assessment tool for addressing work-related stress: Work Positive www.workpositive.ie.</p>

	The government's 'In This Together Campaign' also provides information on minding one's mental health, as well as tips on staying active and connected and may be useful for employers and workers: https://www.gov.ie/en/campaigns/together/?referrer=/together/
First aid cover and qualifications during the pandemic	PHECC is responsible for providing First Aid Certification. It has confirmed that if a responder's certification has lapsed and they are unable to complete recertification, it is acceptable for the registered institutions to continue to extend this period until the situation is rescinded. Please see the following link to PHECC website which has further information about extensions to current licences and certification.

3.3 Patients

The steps taken above will also help to protect patients. The following table expands on this.

Main factor(s) to consider	Additional points to consider
Triage suspect and confirmed cases of COVID-19	The first line of defence – triage suspect and confirmed cases of COVID-19 so they can be directed to the care they need through appropriate pathways and do not attend primary eye care settings. See Annexe 1 for screening questions.
Provide remote care first. Have clear protocols/policies in place to offer safe and effective remote care	Read the College of Optometrists' remote consultation guidance during COVID-19
Have clear protocols/policies in place to manage face-to-face care	<p>Clinical care should be prioritised to balance:</p> <ul style="list-style-type: none"> ▪ COVID-19 risks – e.g. the threat level which may be country and/or regionally specific – against ▪ The benefits of eye care – e.g. preventing sight loss and falls, and supporting workers needing vision correction and physical functioning. <p>COVID-19 risks</p> <p>Triage suspect or confirmed COVID-19 cases to a specialist COVID-19 service as clinically necessary – i.e. do not see them in a primary eye care setting. See Annexe 1</p> <p>Eye health</p> <p>The Irish College of Ophthalmologists signposts members to the Royal College of Ophthalmologists' (RCOphth) COVID-19 guidance. The RCOphth and College of Optometrists have produced joint guidance on patient management during the pandemic, which you can access here. This includes a remote care first pathway.</p> <p>Read, keep up to date with and implement the College of Optometrists' COVID-19 guidance⁶ and College of Optometrists' FAQs.</p>

Know how best to access ophthalmology advice and reduce unnecessary/avoidable patient journeys whenever possible	As a matter of principle and to minimise travel, with the local agreement, wherever clinically feasible and when safe to do so, share diagnostic information with ophthalmology so you can co-manage patients and avoid unnecessary visits to secondary care.
Process in place to support vulnerable groups	<p>Be familiar with and keep up to date with the lists of people at:</p> <ul style="list-style-type: none"> ▪ Very high risk of COVID-19 related illness – this group is asked to cocoon ▪ High risk of COVID-19 related illness – this group is to follow standard precautions more strictly. ▪ Here is further information. <p>The HPSC Guidance on cocooning to protect people over 70 years and those extremely medically vulnerable from COVID-19 states, 'We advise everyone to access medical assistance remotely, wherever possible. However, if you have a scheduled hospital or other medical appointment during this period, talk to your GP, Specialist or other relevant health care professionals to ensure you continue to receive the care you need and determine which of these are absolutely essential.'⁷</p>
<p>Other</p> <ul style="list-style-type: none"> ▪ Patient anxiety – addressing barriers to seeking help 	<p>Primary eye care providers may often be the first to experience patient anxiety about accessing healthcare for non-COVID-19 matters. You should seek to rebuild confidence and reassure patients to seek care, especially where it is for a sight or life-threatening eye condition – e.g. during phone triage reassuring patients that eye care is provided safely (whether delivered in primary care settings or in hospitals by ophthalmology, etc.) as you have infection control protocols in place to minimise the risk of COVID-19 infection.</p>

3.4 Procedures (face-to-face care)

This section will also require significant input from your clinical staff who will need to keep up to date with COVID-19 clinical guidance. The Irish College of Ophthalmologists signposts members to the Royal College of Ophthalmologists' (RCOphth) COVID-19 guidance. The RCOphth and College of Optometrists have worked together throughout the pandemic, so primary eye care providers in Ireland can also use the [College of Optometrists' COVID-19 guidance](#)⁸ and [College of Optometrists' FAQs](#) – reading them alongside local public health and HSE advice.

Main factor(s) to consider	Additional points to consider
Map patient journeys to minimise contact time, collect clinical information required to reach a decision	<p>Adopt a 'remote-first' approach.</p> <p>If a face-to-face appointment is necessary, minimise face-to-face time by carrying out as much of the consultation remotely in advance – e.g. history and symptoms.</p>

	<p>This might not be suitable in all cases – e.g. where a patient also has a hearing disability and struggles to use a phone and does not have video conferencing support.</p> <p>Where face-to-face care is necessary:</p> <ul style="list-style-type: none"> ▪ Provide as much clinical intervention as possible while maintaining physical distancing – e.g. use fundus photography/OCT, not direct ophthalmoscopy. Perform retinoscopy at >2m with a different working distance lens etc. ▪ Follow applicable official infection prevention and control (IPC) guidance and College of Optometrists' PPE guidance – including use of breath guards for slit lamps and where physical distancing is not possible Perspex shields for OCTs/fundus photography. <p>You can do this by ensuring all GOC registrants, who will be leading on all clinical procedures, read, keep up to date with and implement the College of Optometrists' COVID-19 guidance⁹ and College of Optometrists' FAQs on COVID-19.</p>
List procedures that are suspended on safety grounds and remove the equipment	<p>Note: controlling aerosol risk is one meaningful way to reduce the risk of cross-infection – e.g. blephex and alger brush should not be used until the College of Optometrists advises otherwise. Keep up to date with the College of Optometrists' FAQs on COVID-19.</p>
List and prioritise alternative or preferred procedures to deliver safe and effective care during COVID-19 – e.g. organise to facilitate physical distancing/patient flow	<p>Have plans in place, so you know how best to adapt to what procedures are performed based on the COVID-19 risk locally. For example, rather than doing a battery of tests, think about what is clinically necessary based on the patient's current needs. If you judge performing a full eye examination and sight test is not appropriate, explain this clearly and advise the patient that you will book them in as soon as it is safe to do so for a full sight test.</p> <p>Read, keep up to date with and implement the College of Optometrists' COVID-19 guidance¹⁰.</p>
Redesign the dispensing journey with safety and cross-infection controls as the guiding principles	<p>While maintaining physical distancing, allow patients to identify a range of frames without touching them – e.g. pick them for the patient – and place them in a disposable tray or a tray which can be easily cleaned. Allow patients to try them on at a separate desk with mirror. Then clean and disinfect the frames used before placing them back and disposing of the tray and disinfecting the try-on station.</p> <p>Other tips:</p> <ul style="list-style-type: none"> ▪ Limit customer handling of frames etc., for example, through different display methods, new signage or rotation of high-touch stock ▪ Stagger collection times for customers collecting items, with a queuing system in place to ensure a safe distance of 2m ▪ Consider setting up 'no contact' collection/return procedures where customers exchange goods at a designated area ▪ Use contactless payment/refunds, where possible ▪ Clean touchpoints after each customer use or handover. <p>See Annexe 3 for more detail on cleaning.</p>

4. Responding to eye health needs and COVID-19

- “There may be a need for the organisations to prepare for circumstances under which a reduction or scaling back in operations is required. This may also include changes to the products, services, or interactions with customers to allow the business to remain operational.” NSAI, COVID-19 Workplace Protection and Improvement Guide ¹¹

We advise members to have contingency plans in place in the event of a local outbreak, so they can rapidly adapt to changing COVID-19 threat levels. For example, as a team, you should work through scenarios, so that if the unexpected happens, you are ready and able to ensure continuity of care and operations sooner rather than later.

5. Additional support and advice

We are here to support you throughout the crisis. Please do not hesitate to get in touch in the usual way by emailing ireland@fodo.com or calling us on 0044 20 7298 5151.

Also, the 'LEO Business Continuity Voucher' is now available through Local Enterprise Offices. Sole traders and companies across every business sector that employ up to 50 people are eligible. Client companies of Enterprise Ireland, IDA Ireland and Údarás na Gaeltachta should contact their agency to access other suitable supports. The voucher is worth up to €2,500 in third party consultancy costs (at no cost to the company) and can be used to help implement remote working and physical distancing guidelines. Learn more <https://www.localenterprise.ie/Response>

Other resources

- [HSA FAQs covering COVID-19](#)
- [Department of Business, Enterprise and Innovation and the Department of Health Return to Work Safely Protocol, COVID-19 Specific National Protocol for Employers and Workers](#)
- [Health and Safety Authority, COVID-19 advice for employers and employees](#)
- [College of Optometrists, COVID-19 guidance](#)

Annexe 1: Screening questions and contact logging

Screening questions – reducing the risk of transmission

Purpose

To minimise the risk of a suspect or confirmed case of COVID-19 attending the practice. Taking the actions below can help reduce the risk of cross-infection.

This section is based on the [current case definition of COVID-19](#). This could change with time, so we strongly recommend you use an official source when designing your questions – e.g. the [HPSC](#) or [HSE](#) – and keep your screening questions up to date.

As well as ensuring staff do a daily self-assessment before leaving for work, and that patients are triaged to minimise the risk that somebody with COVID-19 visits your practice, you can also have posters at the entrance. Some examples are:

- [Stay at home poster](#) – English
- [Stay at home poster](#) – Irish

Professionals and staff – before returning to work

Make sure each member of your team completes this return to work form.

COVID-19 Return to Work Form

To help prevent the spread of COVID-19 in the workplace, every worker must complete and sign this form before returning to work. On review of the form, management may contact you and ask you not to return to work immediately and will discuss a suitable future date for your return.

Note: Every question **must** be answered.

Employee name: <i>Click or tap here to enter text.</i>	
Manager name: <i>Click or tap here to enter text.</i>	
Workplace address: <i>Click or tap here to enter text.</i>	
Question	Answer each question
1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu-like symptoms now or in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has a doctor advised you to self-isolate at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has a doctor advised you to cocoon at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Please provide details below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your safe return to work. Further information on people at higher risk from coronavirus can be accessed here .	
<i>Click or tap here to enter text.</i>	

* If you are unsure whether or not you are in an at-risk category, please check the information at the link in Question 6.

** If your situation changes after you complete and submit this form, please tell your manager.

Print name: *Click or tap here to enter text.*

Signature:

Date: *Click or tap to enter a date.*

Employee daily self-assessment and contact logging

Make sure all your staff are aware of the signs and symptoms of COVID-19 and are monitoring their wellbeing. They must self-isolate at home and contact their GP promptly for further advice if they display signs or symptoms at any time. They should also inform managers immediately.¹²

Questions to answer each day before leaving for work:

1. Do you have a high temperature? This means 38 degrees Celsius or above. If you do not have a thermometer, check whether you feel hot to touch on your chest or back.

Yes No

2. Do you have a new continuous cough? This can be any kind of cough, not just dry.

Yes No

3. Do have shortness of breath or breathing difficulties?

Yes No

If you answer YES to any question, stay at home for 14 days.

- If you develop a fever or any respiratory symptoms [contact your GP](#) or HSE Live on 1850 24 1850.
- You may also need to be tested for coronavirus. [Find out when you should call your GP to be assessed for a test](#)
- People in your household will also have to restrict their movements – [learn more](#)

4. Do you live with someone who has any of the above symptoms of COVID-19?

Yes No

If you answered YES to question 4, then the person you live with will have to act as if they have the virus and self-isolate immediately. They should follow the steps above. Even if you feel well, you should restrict your movements for 14 days. The person you live with may be referred for a test for coronavirus. If their test is positive, you will need to continue to restrict your movements. If this test is negative, you should continue to follow the advice for everyone – [stay at home](#) as much as possible.

Source: <https://www2.hse.ie/conditions/coronavirus/symptoms.html> accessed 28 May 2020

You might also choose to use a poster and booklet as a training resource:

- [Know the signs](#) – English
- [Know the signs](#) – Irish
- [COVID-19 public information leaflet](#) – English
- [COVID-19 public information leaflet](#) – Irish

You should also keep a contact log. The goal is to achieve “zero instances of direct contact for each day spent in the workplace [...] This information should be stored securely, maintained centrally and readily available upon request. Such information may be requested by the authorities to assist with contact tracing.”¹³

Patient screening

Ideally, patients should be assessed remotely to identify if:

- Care and advice can be given using remote consultation
- Carers/relatives/volunteers can provide care and support with guidance
- Face-to-face contact is clinically necessary.

Questions you might ask a patient or customer before confirming their appointment can go ahead:

1. Do you have a high temperature? This means 38 degrees Celsius or above. If you do not have a thermometer, check whether you feel hot to touch on your chest or back.

Yes No

2. Do you have a new continuous cough? This can be any kind of cough, not just dry.

Yes No

3. Do have shortness of breath or breathing difficulties?

Yes No

4. Do you live with someone who has any of the symptoms of COVID-19: high temperature, continuous cough, shortness of breath or breathing difficulties?

Yes No

If the patient answers YES to any question, do not see them in a primary eye care setting. Ask them to follow HSE COVID-19 advice – including contacting their GP or HSE Live on 1850 24 1850.

If they have an urgent or emergency eye care issue that needs attention, this should be organised according to local COVID-19 specialist ophthalmology pathways.

Annexe 2: Dealing with suspect COVID-19 in the workplace

The Return to Work Safely Protocol COVID-19, Specific National Protocol for Employers and Workers (8 May) states that you must have a process to manage suspect cases on the premises. This is copied below for ease of reference.

“While a worker should not attend work if displaying any symptoms of COVID-19, the following steps outline how employers should put in place a response plan in advance and also deal with a suspected case that may arise during the course of work.”

Employers must:

- Include a defined response structure that identifies the team(s) responsible for responding to a suspected case in the COVID-19 Response Plan
- Appoint an appropriate manager(s) for dealing with suspected cases
- Identify a designated isolation area in advance. The designated area and the route to the designated area should be easily accessible and, as far as is reasonable and practicable, should be accessible by people with disabilities
- Take into account the possibility of one or more persons displaying the signs of COVID-19 and have additional isolation areas available or another contingency plan for dealing with them
- Ensure the designated area can isolate the person behind a closed door. Where a closed-door area is not possible, the employer must provide for an area away from other workers.
- Provide as is reasonably practicable:
 - Ventilation, i.e. via a window
 - Tissues, hand sanitiser, disinfectant and/or wipes
 - PPE; gloves and masks
 - Clinical waste bags.

If a worker displays symptoms of COVID-19 during work, the manager and the response team must:

- Isolate the worker and have a procedure in place to accompany the individual to the designated isolation area via the isolation route. Keep at least 2 metres away from the symptomatic person and make sure others maintain a distance of at least two metres from them at all times.
- Provide a mask for the person presenting with symptoms if one is available. The worker should wear a mask if in a common area with other people or while exiting the premises.
- Assess whether the unwell individual can immediately be directed to go home and call their doctor and continue self-isolation at home.
- Help the person presenting with symptoms to remain in isolation if they cannot immediately go home and help them to call their doctor. The worker should avoid touching people, surfaces and objects. Advice should be given to the symptomatic person to cover their mouth and nose with the disposable tissue provided when they cough or sneeze and put the tissue in the waste bag provided.
- Arrange transport home or to hospital for medical assessment. Public transport of any kind should not be used.

- Assess the incident which will form part of determining follow-up actions and recovery.
- Arrange for appropriate cleaning of the isolation area and work areas involved.
- Provide advice and assistance if contacted by the HSE.

The NSAI has additional advice on dealing with a suspected case.¹⁴

Cleaning of the contaminated area

For further detail on environment cleaning following a confirmed COVID-19 case within the workplace see [Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2](#).

Waste disposal

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a typical waste bag. Double bagging should be applied. The waste bag should be kept for 72 hours, then thrown into the regular waste.¹⁵

The ECDC has produced guidance on disinfection where there has been a likely case of COVID-19. The ECDC's table is further simplified and reproduced below for ease of reference. [Access the source here](#).

	Healthcare	Non-healthcare	General
Surfaces	<ul style="list-style-type: none"> ▪ Neutral detergent AND ▪ Virucidal disinfectant OR ▪ 0.05% sodium hypochlorite OR ▪ 70% ethanol <p style="text-align: center;">Suggested</p>		<ul style="list-style-type: none"> ▪ Neutral detergent <p style="text-align: center;">Suggested</p>
Toilets	<ul style="list-style-type: none"> ▪ Virucidal disinfectant OR ▪ 0.1% sodium hypochlorite <p style="text-align: center;">Suggested</p>		<ul style="list-style-type: none"> ▪ Virucidal disinfectant OR ▪ 0.1% Sodium hypochlorite <p style="text-align: center;">Optional</p>
Textiles	<ul style="list-style-type: none"> ▪ Hot-water cycle (90°C) AND ▪ Regular laundry detergent ▪ Alternative: lower temperature cycle + bleach or other laundry products <p style="text-align: center;">Suggested</p>		NA
Cleaning equipment	<ul style="list-style-type: none"> ▪ Single-use disposable OR ▪ Non-disposable disinfected with: Virucidal disinfectant OR 0.1% sodium hypochlorite <p style="text-align: center;">Suggested</p>	<ul style="list-style-type: none"> ▪ Single-use disposable OR ▪ Non-disposable disinfected with: Virucidal disinfectant OR 0.1% sodium hypochlorite <p style="text-align: center;">Optional</p>	<ul style="list-style-type: none"> ▪ Single-use disposable OR ▪ Non-disposable cleaned at the end of cleaning session <p style="text-align: center;">Suggested</p>
PPE for cleaning	Refer to HPS and PHE guidance above.		
Waste disposal	The waste bag should be kept for 72 hours, then thrown into the normal waste (source: https://www.nsaie.ie/images/uploads/general/NSAI-Guidelines-for-COVID-19-2020-04-09.pdf)		

Annexe 3: Control measures (standard precautions)

“The best way to prevent the person-to-person spread of COVID-19 is to use proper hand hygiene and respiratory etiquette and practice physical distancing.”¹⁶

You should have control measures in place to prevent or minimise the spread of COVID-19 in the workplace. All employees, contractors and other visitors must comply with these measures. This includes:

- Self-isolating in line with official guidance
- Physical distancing
- Best practice hand hygiene and hand sanitising standards
- Promoting good respiratory hygiene
- Minimising contact and avoid face touching
- Cleaning and disinfection processes in place

Do this by:

- Using the resources in this annexe as training and information resources for your team
- Keeping a record of training.

Self-isolating in line with official guidance

Ensure employees read, understand, and comply with [Annexe 1](#).

Consider providing your employees with

- [HSE/HPSC document on self-isolation at home](#)

Or a poster:

- [Stay at home poster](#)

Physical distancing

Make sure all employees know that physical distancing is essential to help slow the spread of coronavirus. This includes:

- Maintaining a 2m distance while at work – e.g. Keeping a space of 2m between colleagues, customers, patients, and other visitors
- Not shaking hands.

They can read this [short HSE note](#) for a general overview before they come back to work.

Hand hygiene and hand sanitising

Instruct and then make sure all employees wash their hands regularly, especially:

- Immediately before every episode of direct patient care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of PPE, equipment decontamination and waste handling
- On arriving and leaving the workplace
- At the beginning and end of a break
- Before and after eating or drinking
- If they cough or sneeze or blow their nose
- Before entering enclosed spaces such as vehicles
- When changing workstations or handling equipment that others have handled

Version 1.0

- When hands are dirty, after using toilet use, etc.¹⁷

They should receive training in best practice handwashing standards and using hand sanitiser where handwashing is not possible. You might find the following resources helpful to train and aid compliance:

Videos:

- [HSE handwashing video](#)
- [HSE video on preventing the spread of infection for the reception and non-clinical staff](#) – includes best practice use of alcohol hand rub

Posters:

- [Handwashing instructional poster](#) – English
- [Handwashing instructional poster](#) – Irish

Respiratory and cough hygiene

Promote proper respiratory hygiene measures by:

- Using disposable, single-use tissues to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissues should be disposed of promptly in the nearest waste bin
- Making tissues, waste bins (lined and foot-operated) and hand hygiene facilities available for patients, visitors and staff
- Cleaning hands (using soap and water if possible, otherwise using ABHR) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects
- Encouraging patients to keep hands away from the eyes, mouth and nose.

Minimise contact and avoid face touching

Instruct employees about the importance of avoiding touching their eyes, hands and mouth with their hands.

Clean and disinfect according to the practice protocol

- “Cleaning of all work areas must be conducted at regular intervals using disinfectants to kill germs and stop the spread of disease and in a visible manner to instil staff and visitor confidence.”¹⁸

Please also see [Annexe 2](#) for cleaning in the event of a suspected COVID-19 case in the practice. This section covers general cleaning and disinfection processes in a typical primary care setting where you see **no** COVID-19 patients.

Disinfectants

When cleaning, make sure you check manufacturers' instructions to ensure you do not damage equipment or surfaces.

The European Centre for Disease Prevention and Control (ECDC) and European Chemicals Agency guidance on COVID-19 note the following as effective disinfectants:

- Propan-1-ol and propan-2-ol alcohol-based disinfectants in concentrations of 70-80%.¹⁹

Version 1.0

The ECDC also notes that, following the use of a detergent, it is also possible to use:

- 0.05% or 0.1% sodium hypochlorite solution. Please note, household bleach usually has an initial concentration of 5%, and you can dilute this. For example, 1:100 for a 0.5%
- Ethanol (70% minimum) where sodium hypochlorite might damage surfaces.²⁰

Routine cleaning and disinfection – during the pandemic

There is significant misinformation online about cleaning, disinfecting and sterilising in primary eye care settings. We would advise that you use trusted and official resources.

The College of Optometrists' COVID-19 guidance advises that you should:

- Continue to use standard cleaning and disinfection processes to help prevent transmission
- “Wipe clinical equipment and door handles after every patient, as well as other surfaces that may have been contaminated with body fluids, using a suitable disinfectant such as an alcohol wipe. All surfaces must be clean before they are disinfected”
- “Sanitise frames before patients try them on. If you need to focimeter patients' spectacles, ask the patient to take them off and provide the patient with a wipe to sanitise their frames before you touch them”.²¹

The College of Optometrists' [infection control guidance is open source and can be accessed here](#).

Use the correct PPE and use it correctly when within 2m

[See Annexe 4](#).

Help us reduce the risk of virus transmission



Ensure staff, patients and other visitors self-isolate and seek medical advice in line with official guidance



Follow physical distancing rules – stay 2m away



Regularly wash your hands using best-practice guidelines. Otherwise, use hand sanitiser



Practise and promote good respiratory and cough hygiene – Catch it, Bin it, Kill it



Avoid touching your face – especially eyes, nose and mouth



Clean and disinfect according to the practice protocol



Use the correct PPE and use it correctly when within 2m

Get more support and advice by emailing Ireland@fodo.com

Annexe 4: PPE in primary eye care settings

What PPE to use

PPE is the last line of defence; this means that in all cases, you should start with other standard precautions (see [Annexe 3](#)) – for example:

- Physical distancing >2m is preferable to working within 2m and using PPE
- Hand hygiene is a must in all cases
- Triaging suspect or confirmed cases of COVID-19 to self-isolate or a specialist pathway is safer for patients and practitioners than seeing the patient in primary eye care settings with PPE
- Suspending aerosol-generating procedures (AGPs) where possible is preferable to using PPE to perform these procedures. E.g. It's why air-puff tonometry and Alger brushes are not being used at this stage in the pandemic.

Therefore, you should **not** see suspected or confirmed cases of COVID-19 and not undertake AGPs in primary eye care settings at this stage of the pandemic.

So, your risk assessment for PPE should be based on seeing patients without any signs/symptoms of COVID-19 within 2m for non-AGP eye care services.

The HPSC and HSE recommend that:

- All healthcare workers use a Type IIR surgical mask when working within “2m of a patient, regardless of the COVID-19 status of the patient”
- Eye protection is recommended when there is a risk of contamination to the eyes from splashes of blood/body fluids including respiratory secretions, and include visor, goggles or face shield or a surgical mask with integrated visor
- You use single-use disposable gloves to protect hands from contamination from blood or body fluids, including excretions
- A disposable plastic apron is recommended to protect uniforms and clothing from contamination when providing direct care or cleaning environment and equipment.²²

The HSE and HPSC also have guidance for PPE used when managing suspect or confirmed cases of COVID-19 ([here](#)). Although this does not apply to a typical primary eye-care setting, it helps reinforce the following:

- No PPE is required in non-clinical areas – e.g. administrative areas, medical records, staff restaurant and any other area where tasks do not involve contact with COVID-19 patients
- No PPE is required in reception areas where physical distancing can be kept, although other systems controls should be explored for minimising risk – e.g. Perspex sheets²³.

Based on these resources, we have created a PPE summary table below.

PPE summary table

Context	Single-use gloves	Single-use plastic apron	Surgical mask	Type IIR surgical mask	Eye/face protection ^(iv)
Optometrist, contact lens or dispensing opticians providing care within 2m – eye examination, contact lens fitting etc. This is in addition to using a slit-lamp breath shield	Risk assess single-use	Risk assess single-use	✗	✔	Risk assess sessional use ^(v)
Pre-screening/dispensing where working face-to-face within 2m – e.g. to measure PDs/mark varifocals	Risk assess single-use	Risk assess single-use	✗	✔	Risk assess sessional use ⁽²⁾
Staff working >2m	✗	✗	✗	✗	✗
Patients – no Covid-19 suspect/confirmed cases are seen, and staff use appropriate PPE*	✗	✗	✗	✗	✗

PPE table: PPE supplements, but does not replace, other infection and prevention control measures – see [Annexe 3](#). This table summarises PPE for a primary eye care setting, not performing AGPs and not seeing suspect or confirmed COVID-19 cases.

*Patients/customers might choose to wear face coverings and should continue to do so in line with general government advice.

How to use PPE

Employees should know which PPE to use and how to use it correctly. The following resources might help support training and education:

- [PPE how to wear a mask poster](#)
- [Video – HSE how to use a Type IIR mask](#)

You can also watch this more detailed video from the HSE on using other PPE – e.g. gloves, mask, goggle and gown [here](#).

You won't typically need a gown in primary eye care settings, so [you might find this video](#) from NHS Scotland useful because it covers how to use a mask, gloves and apron – a more likely combination of PPE in primary eye care.

^{iv} If you assess this is necessary, then this can be a single or reusable face/eye protection/full face visor or goggles

^v Risk assess refers to using PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. Where staff consider there is a risk to themselves or the individuals they are caring for, they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session

Annexe 6: Quick links to official COVID-19 advice

The links below will enable you to keep up to date between alerts and updates.

Clinical and regulatory

- The [Irish College of Ophthalmologists](#) recommend members use:
 - RCOphth – [COVID-19 clinical guidance and updates](#)
 - American Academy of Ophthalmology [COVID-19 guidelines](#)
- FODO Ireland refers members to College of Optometrists who work closely with the RCOphth:
 - College of Optometrists – [COVID-19 guidance and updates](#)
- [CORU COVID-19 updates](#)

Government

- [General government COVID-19 guidance and advice](#)
- [Department of Health](#)
- [COVID-19 Workplace protection and improvement guide](#)

Public health (HPSC)

- [General COVID-19 advice – including posters and video resources](#)
- [Guidance and advice for healthcare workers](#)
- [Guidance for employers and employees](#)

Health service (HSE) advice

- [COVID-19 main page](#) – includes information on getting tested

Health and Safety Authority (HSA)

- [COVID-19 main page](#)

People at increased risk and the extremely vulnerable

The government is urging people over the age of 70, or who have underlying medical conditions, to stay at home and minimise all non-essential contact with other members of their household who are not cocooning themselves.

- Guidance – cocooning to [protect people over 70 years and those extremely medically vulnerable from COVID-19](#)

Annexe 7: Disclaimer

This is a non-exhaustive document and contains general information and a framework for primary eye care providers.

While we make every effort to ensure that its contents are accurate and up to date, nothing in these pages should be construed as, relied upon or used as a substitute for advice on how to act in a particular case. As is always the case, you should commission specific advice for specific situations.

You should also keep up to date with the latest measures introduced by the government and any advice issued as a result. For more general matters related to occupational health and safety (OSH) requirements, please refer to the relevant legislation, guidance and advice available on the Health and Safety Authority website: www.hsa.ie.

The particular circumstances of each of our members (whether individual or organisation), and any situation with which they are dealing, will differ. You should take appropriate and specific professional advice where necessary.

All and any liability which might arise from this document and your reliance upon it is hereby excluded to the fullest extent permitted by local law.

Annexe 8: References

¹ 8 May 2020, Department of Business, Enterprise and Innovation and the Department of Health, Return to Work Safely Protocol COVID-19 Specific National Protocol for Employers and Workers

² College of Optometrists, 2020, Coronavirus (Covid-19) pandemic: guidance for optometrists <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html>, last updated 9 April, accessed 8 May 2020. Can be used by all primary eye care providers

³ 8 May 2020, Department of Business, Enterprise and Innovation and the Department of Health, Return to Work Safely Protocol, COVID-19 Specific National Protocol for Employers and Workers, page 21

⁴ Section 4.6.4, Waste disposal in NSAI, COVID-19 Workplace Protection and Improvement Guide

⁵ Source: p19 <https://assets.gov.ie/74103/6b5dc9ecab2a489280a5a0cdcc647c5c.pdf>

⁶ College of Optometrists, 2020, Coronavirus (Covid-19) pandemic: guidance for optometrists <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html>, last updated 9 April, accessed 8 May 2020. Can be used by all primary eye care providers

⁷ Source pages 8 and 9 <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/COVID-19%20Guidance%20for%20extremely%20medically%20vulnerable%20groups.pdf>

⁸ College of Optometrists, 2020, Coronavirus (Covid-19) pandemic: guidance for optometrists <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html>, last updated 9 April, accessed 8 May 2020. Can be used by all primary eye care providers

⁹ College of Optometrists, 2020, Coronavirus (Covid-19) pandemic: guidance for optometrists <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html>, last updated 9 April, accessed 8 May 2020. Can be used by all primary eye care providers

¹⁰ College of Optometrists, 2020, Coronavirus (Covid-19) pandemic: guidance for optometrists <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html>, last updated 9 April, accessed 8 May 2020. Can be used by all primary eye care providers

¹¹ NSAI, COVID-19 Workplace Protection and Improvement Guide Page 15

¹² 8 May 2020, Department of Business, Enterprise and Innovation and the Department of Health, Return to Work Safely Protocol, COVID-19 Specific National Protocol for Employers and Workers, page 6

¹³ NSAI, COVID-19 Workplace Protection and Improvement Guide Page 15

¹⁴ Source: <https://assets.gov.ie/74103/6b5dc9ecab2a489280a5a0cdcc647c5c.pdf>

¹⁵ Source: <https://www.nscii.ie/images/uploads/general/NSAI-Guidelines-for-COVID-19-2020-04-09.pdf>

¹⁶ 8 May 2020, Department of Business, Enterprise and Innovation and the Department of Health, Return to Work Safely Protocol, COVID-19 Specific National Protocol for Employers and Workers, page 10

¹⁷ 8 May 2020, Department of Business, Enterprise and Innovation and the Department of Health, Return to Work Safely Protocol, COVID-19 Specific National Protocol for Employers and Workers, page 11

¹⁸ NSAI, COVID-19 Workplace Protection and Improvement Guide Page 11

¹⁹ 26 March 2020, ECDC, Disinfection of environments in healthcare and non-healthcare settings

potentially contaminated with SARS-CoV-2; <https://www.ecdc.europa.eu/en/publications-data/disinfection-environments-covid-19>; and 23 March 2020, ECHA, Recommended requirements for the active substances Propan-1-ol and Propan-2-ol.

https://echa.europa.eu/documents/10162/28801697/recommended_requirements_propanol_isopropanol_en.pdf/ff333754-ea2f-f81c-ca96-874e59802806

²⁰ 26 March 2020, ECDC, Disinfection of environments in healthcare and non-healthcare settings

potentially contaminated with SARS-CoV-2; <https://www.ecdc.europa.eu/en/publications-data/disinfection-environments-covid-19>

²¹ 9 April, College of Optometrists, Coronavirus (COVID-19) pandemic: Guidance for optometrists

<https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html>

²² HPSC and HSE, Appropriate PPE use in healthcare settings, 15 May 2020, [https://www.hpsc.ie/a-](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/webinarresourcesforipc/Appropriate%20use%20of%20PPE%20in%20all%20healthcare%20settings.150520.AMRIC%20education%20programme.pdf)

[z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/webinarresourcesforipc/Appropriate%20use%20of%20PPE%20in%20all%20healthcare%20settings.150520.AMRIC%20education%20programme.pdf](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/webinarresourcesforipc/Appropriate%20use%20of%20PPE%20in%20all%20healthcare%20settings.150520.AMRIC%20education%20programme.pdf) accessed 28 May 2020

²³ HPSC and HSE, Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19, [https://www.hpsc.ie/a-](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf)

[z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf) accessed 28 May 2020