

BCLA Supplementary Guidance

Re-/fitting Contact Lens Wearers in Practice

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The BCLA published its umbrella guidance on [returning to contact lens practice in Covid-19](#) in May 2020. We continue to review the published scientific evidence and consult with academics and topic experts to ensure that our published guidance remains accurate and contemporary. Those guidelines are now available in multiple languages to support our worldwide membership.

Different countries find themselves at different stages of managing the pandemic and potentially operating with some restrictions regarding what services and procedures they are, and are not, permitted to deliver in practice. One service to consider is the fitting (or refitting) of contact lenses to new or lapsed wearers. It is important that each ECP operate in accordance with the guidance issued by your local government and/or regulatory body.

Re-/fitting contact lenses

Every procedure/service should be risk assessed before being introduced into your clinic/practice offering. When it comes to the risk associated with contact lens wear it is documented that wearing contact lenses puts you at no higher risk of contracting Covid-19, nor does it increase the severity with which you experience Covid-19 should you contract it^{1,2}. It is always recommended, and to be reinforced, that the wearer understands the importance of good hand and eye hygiene.

There are many patients who were scheduled for a contact lens fitting prior to Covid-19, and more now interested in contact lenses for a variety of different common, and less, common reasons. There may be rules governing new fits issued by your local government and/or regulatory body that must be followed. In the absence of these the BCLA believe that there is no reason why new wearers are not (re)fitting with contact lenses (if the patient has a need and no contraindications to contact lens wear).

Recommendation

When we consider re-/fitting wearers with contact lenses, we need to acknowledge that types of lenses and patients will require a different approach.

It is likely that no deviation from your current fitting approach for specialist lenses (such as Rigid Gas Permeables (RGPs), sclerals, mini-sclerals, etc) and younger children will be appropriate due to the more involved technical process. In both of these groups additional consideration will need to be given to the Personal Protective Equipment (PPE) protocols employed.

For those who fall outside of these groups it would be appropriate to consider the routine you follow when fitting contact lenses, examining the order in which you complete the process to manage the duration and distances at which you and the patient are exposed to each other. Our [Proximity Risk Management guidance](#) explores this in more detail.

We propose that a patient's suitability for contact lenses continues to be determined during their eye examination and as part of that their corneal topography mapping or keratometry readings being recorded. You can then use distanced conversation, either remote (phone/video call) or across the consulting room, to determine the modality, prescription and material type you would like to fit. For many eye care practitioners (ECPs), they will continue to undertake application and removal (A&R) after they have completed their initial assessment of the contact lens on eye. An alternative approach worth consideration is to arrange for the patient to complete A&R training first. This must be undertaken in a responsible way and it is recommended that the trainer sits behind a desk screen during this process and only the patient handles the contact lenses. The possible advantage of completing the A&R at this time is that we will identify those unable to handle contact lenses before they spend time in the consulting room (resulting in inefficient use of chair time, and additional unnecessary cleaning of consulting room and equipment) and will further increase wearer

1. Jones et al. The COVID-19 pandemic: Important considerations for contact lens practitioners. Contact Lens and Anterior Eye, June 2020
2. Zeri and Naroo. Contact lens practice in the time of COVID-19. Contact Lens and Anterior Eye, March 2020

success rates for your practice. After A&R the patient will be reviewed by ECP in the consulting room allowing for assessment of contact lens fit and visual performance and any resulting modification required. This approach limits the duration and proximity of patient and ECP, and allows ECP to remain gloved, if their preference (see [BCLA Supplementary Use of Gloves in Contact Lens Practice Guidance](#)).

Once the initial fitting and A&R training has been completed the subsequent return/review/aftercare appointments can be completed in accordance with your practice protocols (which might also include video or phone calls), and with confidence that your patient will be able to handle their own contact lenses. These appointments should also be reviewed to determine how you manage proximity risks.

The following pages list our fitting and A&R appointment considerations.

Re-/fitting

This guidance assumes that an appropriate COVID-19 risk assessment has taken place.

Pre-re-/fitting Considerations

1. Where possible, discuss patient suitability for contact lenses at the earliest opportunity.
 - a. Ideally this will be ahead of their eye examination appointment, so all appropriate information can be given ahead of their visit.
 - b. Use triage calls (virtual consultation) to understand if patients are currently wearing contact lenses and if not, then discuss their suitability based on lifestyle needs e.g. use of PPE.
 - c. If they are existing wearers, then ensure their aftercare recall date is checked too, as it might be worth bringing this forward slightly (where appropriate) to align this to their eye examination.
2. If patients are interested in experiencing contact lenses, then email a link to your practice A&R training videos and supporting information for new wearers.
3. Advise them that their optometrist will discuss contact lenses during their eye examination and contact lens fitting appointment. This might be a combined appointment also including a contact lens teach session, so the patient should allow for extra time at their visit.

3. <https://www.hse.gov.uk/coronavirus/working-safely/index.htm>

4. Ensure the patients record is adequately annotated so that colleagues can follow-up with this discussion when the patient arrives for their appointment(s).

On arrival at the practice

1. History and symptom questioning outside the consulting room, with additional questioning to understand patient's lifestyle and preferences on what type of lens may be best suited for their needs, if not already completed during virtual consultation. Remembering to maintain consideration of patient confidentiality.
2. Select appropriate trial lenses for initial lens experience and keep with record.

During the eye examination & contact lens fitting combined appointment (led by the optometrist)

1. Wipe down and disinfect surfaces ahead of patient's appointment. ECP to wear appropriate PPE, as per local health authority guidance.
2. Conduct eye examination, including additional tests required for contact lens assessment, i.e. detailed anterior eye and tear film assessments.
3. Once eye examination complete, discuss patient suitability for contact lenses and either:
 - a. Offer to apply contact lenses for the patient. This process allows ECP to measure VA and assess contact lens fit, before the patient leaves the consulting room to begin their A&R training.
 - b. Invite patient to complete A&R with a trained colleague before assessing fit and measuring VA.
4. If ECP is applying lenses, then patient should consider whether the patient needs to wear a mask. The use of gloves by ECP is a question of professional judgement (See [BCLA hand hygiene and glove guidance](#))
5. When applying or removing the lenses, try to stay to the side of the patient where possible and neither patient nor ECP should speak during this process. Risk mitigations might include:
 - a. keeping the activity time involved as short as possible
 - b. using screens or barriers to separate patients/colleagues from one another
 - c. using side-to-side working (rather than face-to-face) whenever possible³

7. Thoroughly wash hands after lens application or removal. Apply new pair of disposable gloves if this is the preference for PPE use by the ECP.
8. Conclude appointment with patient advice, recommendations and next steps including the contact lens teach (refer to the [BCLA Do's & Don't's checklist for contact lenses](#)).

Contact Lens Fitting standalone appointment (Optometrist or Contact Lens Optician led)

Similar steps as above, however practices may wish for patient to have contact lens teach before contact lens fit appointment.

Application and Removal (A&R)

This guidance assumes that an appropriate COVID-19 risk assessment has taken place.

Pre-A&R Considerations

1. An area of the practice with minimal traffic should be designated as the A&R area. A free consulting room could be considered if there is adequate ventilation.
2. A&R should ideally occur on the same day as the fit appointment to minimise number of practice visits and individual contacts for the patient. This will also simplify procedures in a 'Track and Trace' scenario.
3. Patients and colleagues in vulnerable groups or considered at greater risk should not be included.
4. Ensure the area is set up with a (Perspex) screen. A special consideration should be given to the height of the screen since patients sometimes stand during the A&R. If the screen height cannot be modified for standing, then the colleague performing the A&R should make reasonable adjustments to their position relative to the patient to maintain adequate distancing during periods of standing. Risk mitigations might include⁴
 - a. keeping the activity time involved as short as possible
 - b. using screens or barriers to separate patients/colleagues from one another
 - c. using side-to-side working (rather than face-to-face) whenever possible
5. As you would for other areas of the practice, display signage to demonstrate that you have risk assessed the A&R area to communicate Covid security

4. <https://www.hse.gov.uk/coronavirus/working-safely/index.htm>

6. The A&R area should be cleaned as per local infection prevention and control guidelines before and after each use.
7. Clinical waste bins should be available for the patient to use during the A&R and for disposal of PPE post A&R session.
8. Adequate supply of single use tissues/lint free hand towels should be available within the A&R area.

During the Teach

1. Provide patient with a contact lens handling/teach video. Ideally, the patient will be able to access this on their own device to avoid transmission hazards from practice-owned digital devices etc.
2. Patient must be advised to wash, and dry hands thoroughly and then move directly to the A&R area without touching anything, including their own belongings.
3. The colleague will have set up the A&R area with ample contact lenses/solution using gloved hands.
4. For reusable contact lenses the solution provided will be the one they take home instead of using practice solution. Consider single use saline if required for daily disposable (alternatively the colleague could support with gloved hands if saline required).
5. Both parties will be wearing appropriate masks/face coverings.
6. Colleague may demonstrate contact lens handling and/or A&R but this should be kept to a minimum wherever possible in order to reduce time spent together.
7. Following the A&R, wear and care guidance should be given at 2m or 1m with risk mitigations and should be touch free. Consider signing any advice on the patient's behalf and emailing as follow up.
8. Wherever possible take any payments or set up schemes in a touch free manner.
9. Follow up call/video call as appropriate at 2-3 days.
10. Remote interventions should be considered for patients requiring refresher A&R training.

Information correct at time of publishing: 30 September 2020.