

Treating patients from congregate living facilities

- 1) All patients coming from congregate living facilities (prisons, nursing homes, long term acute care) should have a telehealth visit first, if possible. The facility can help the patient take and submit photos of any external pathology to us.
- 2) If the issue cannot be handled via telehealth, then the doctor should decide how soon the patient should be seen in person.
- 3) Patients should be screened by phone for COVID symptoms/risk factors, as we are already doing.
- 4) If the patient has been exposed to COVID, or has signs/symptoms suggestive of COVID, but must be seen in clinic, the facility should perform laboratory testing 2-3 days before their appointment to screen for SARS-COV-2. Of course, the patient must be medically stable.
- 5) At the doctor's discretion, the patient can either be seen in the parking lot with a portable slit lamp and Tonopen to avoid bringing the patient into the clinic building, or can be brought in through the back door and be seen in the Retina side. The patient must be wearing a properly-fitting surgical or N95 mask at all times.
- 6) If the doctor does not feel comfortable seeing the patient in clinic due to the risk of disease transmission, the doctor can decide to refer the patient to a hospital with ophthalmology coverage

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