SoHum Health

Subject:	Manual:
Comprehensive Eye Exam	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform a comprehensive eye exam annually for all patients. A comprehensive eye exam consists of refraction, anterior segment exam, and a dilated fundus exam. An undilated fundus exam may be performed at the request of the patient. Fundus photos and a visual field screening exam may be performed at the discretion of the optometrist.

DEFINITIONS:

Appropriate eye chart: Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…
Appropriate color vision test: Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…
Appropriate stereoscopic vision test: Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…
At distance: 20 feet or simulated 20 feet
At near: 40 cm (16 inches) or the distance at which the patient holds reading material
BIO: Binocular Indirect Ophthalmoscopy
D: Diopter
FCC: Fused cross cylinders
GAT: Goldmann applanation tonometry
NRA: Negative range of accommodation
OCT: Optical Coherence Tomography
PRA: Positive range of accommodation

PROCEDURE:

Prescreening

Auto-keratometry and auto-refraction or manual keratometry and manual refraction should be performed for each patient. Auto-keratometry and auto-refraction should be performed in dim lighting if possible. Tonometry should be performed on each patient. New patients should have an appropriate color vision and stereoscopic vision screening performed. Color vision and stereoscopic vision should be performed in normal room lighting. Visual acuities at distance and near should be performed with and without current corrective lenses.

Refraction

Following prescreening, the results are put in the phoropter. Alternatively, the patient's current prescription is put into the phoropter, or a manual refraction is performed, at the discretion of the optometrist. A subjective refraction is performed using the phoropter and an appropriate eye chart. An appropriate eye chart may contain letters or symbols. The room should be dimly lit.

Binocular Vision

Using the subjective refraction the patients horizontal and vertical phorias are measured at a distance. Distance should be 20 feet or a simulated 20 feet. Results are measured in prism diopters, noting the position of the prism base. Other binocular vision screening tools may be used at the discretion of the optometrist. The room should be dimly lit.

Near Vision

A near chart is placed in front of the phoropter. Starting from subjective refraction, positive power is added until the patient can see the chart as clearly as possible. FCC and NRA/PRA may be performed at the

discretion of the optometrist. Near horizontal and vertical phorias are measured. Results are recorded in prism diopters, noting the position of the prism base. The room should be bright.

Anterior Segment Examination

Using the slit lamp, the patient's eyelids, lashes, tear film, conjunctiva, sclera, cornea, anterior chamber, anterior chamber angle, and iris are examined. Fluorescein dye, Rose Bengal, lissamine green, or other appropriate dyes may be used to assess the external tissues at the discretion of the Optometrist. GAT may be performed at the discretion of the optometrist. GAT may be performed using Fluress (Fluorescein and Benoxinate) or proparacaine 0.5% with a Fluorescein strip. Gonioscopy may be performed at the discretion of the optometrist. Gonioscopy may be performed with a 3-mirror or 4-mirror gonioscopic lens, or other appropriate gonioscopic lens, proparacaine 0.5%, and Refresh Celuvisc or Goniosol if the gonioscopic lens has a flange. The room may be dim or dark at the discretion of the Optometrist.

Dilated Fundus Examination

Before instilling dilating eyedrops, the patient is informed of the side effects (light sensitivity and blurred near vision) and verbal consent is obtained and documented. 1-2 drops of an appropriate dilating agent (tropicamide 0.5% or 1%) is instilled in each eye. The number of drops and concentration of tropicamide is at the discretion of the Optometrist, except in patients with diabetes (see Diabetic Eye Exam for details). Using the slit lamp, the crystalline lens and anterior vitreous are examined. Using the slit lamp and an appropriate condensing lens (examples: 60D, 78D, or 90D lens) or ophthalmoscope, the posterior vitreous, optic nerve, macula, arteries and veins are examined. Using a BIO with an appropriate condensing lens (examples: 20D, 30D), 3-mirror gonioscopic lens, or other appropriate method, the midperiphery and periphery of the retina are examined. Scleral depression may be performed at the discretion of the Optometrist. The room may be dim or dark at the discretion of the Optometrist.

Other Tests, Return Visits, Referrals

At the discretion of the Optometrist, other procedures may be performed as part of this exam or at another visit to assist in diagnosis and monitoring of ocular health, including- but not limited to- contact lens fitting, anterior segment OCT, macular OCT, Humphrey Visual Field, etc. A patient may be referred to other providers for bloodwork, surgery, or other procedures for diagnosis, continuity of care, or treatment.

SoHum Health

Subject:	Manual:
Billing and Coding	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform accurate and legal billing and coding for all patient exams. Billing and coding consists of documenting diagnoses and their ICD-10 ® codes, documenting procedures performed and their CPT® codes, E/M Codes, HCPCS, and submitting the codes on claims to patients and/or their insurance.

DEFINITIONS:

BAA: Business Associate Agreement
CPT® Code: Current Procedural Terminology®
E/M Codes: Evaluation and Management Codes
HCPCS: Healthcare Common Procedure Coding System
ICD-10: International Classification of Diseases
ID Card: Identification card

PROCEDURE:

When a new patient arrives, they will be asked for their insurance card and ID card. When an existing patient arrives, they will be asked if their insurance information has changed. At the end of the visit, the Optometrist will list the patient's diagnoses and their ICD-10 codes and the procedures performed and their CPT® codes in the electronic health record in the appropriate location. The codes will then be added to a claim to patients and/or their insurance and then submitted electronically or mailed. Any portion of these services may be performed by a third-party vendor. Third Party vendors must be vetted and produce a COC (certificate of compliance) or similar documentation. Third parties must sign the District BAA.

~~**DEFINITIONS:**~~

~~**BAA:** Business Associate Agreement~~
~~**CPT® Code:** Current Procedural Terminology®~~
~~**E/M Codes:** Evaluation and Management Codes~~
~~**HCPCS:** Healthcare Common Procedure Coding System~~
~~**ICD-10:** International Classification of Diseases~~
~~**ID Card:** Identification card~~

~~Reference:~~

~~Weave. (2024, August 23). *How to do billing and coding for optometry*. How to do Billing and Coding for Optometry. https://www.getweave.com/optometry-coding-billing/~~

SoHum Health

Subject:	Manual:
Soft Contact Lens Fit, Training, Follow-Up	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform a contact lens fitting annually for patients who want contact lenses, training for new contact lens wearers, and follow up assessment as needed. A contact lens fit may be performed as part of a comprehensive eye exam or during another appointment. A contact lens fit consists of refraction, anterior segment exam, inserting trial contact lenses and checking the fit, comfort, and clarity of the trial lenses. If the trial lenses are appropriate, the patient may use the trial lenses for a period of time (usually one week) as determined by the Optometrist before returning for a follow-up. A follow-up assessment consists of checking the fit, comfort, and clarity of the trial lenses after they have been worn for a period of time (usually worn throughout the week and at least 30 minutes before the follow-up appointment) and making adjustments to the lens power or switching to a different brand at the discretion of the Optometrist. Contact lens training ("Insertion and Removal", "I&R") consists of teaching the patient how to safely insert and remove the contact lenses under the supervision of a trained staff member.

DEFINITIONS:

Appropriate eye chart: Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…
Appropriate color vision test: Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…
Appropriate stereoscopic vision test: Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…
At distance: 20 feet or simulated 20 feet
At near: 40 cm (16 inches) or the distance at which the patient holds reading material
BIO: Binocular Indirect Ophthalmoscopy
D: Diopter
FCC: Fused cross cylinders
GAT: Goldmann applanation tonometry
NRA: Negative range of accommodation
OCT: Optical Coherence Tomography
PRA: Positive range of accommodation

PROCEDURE:

Prescreening

Auto-keratometry and auto-refraction or manual keratometry and manual refraction should be performed for each patient. Auto-keratometry and auto-refraction should be performed in dim lighting if possible. Tonometry should be performed on each patient. New patients should have an appropriate color vision and stereoscopic vision screening performed. Color vision and stereoscopic vision should be performed in normal room lighting. Visual acuities at distance and near should be performed with and without current corrective lenses.

Refraction

If a patient was seen for a comprehensive eye exam in the last 3 months, the refraction, binocular vision, and near vision tests may be skipped at the discretion of the Optometrist.

Following prescreening, the results are put in the phoropter. Alternatively, the patient's current prescription is put into the phoropter, or a manual refraction is performed, at the discretion of the optometrist. A subjective refraction is performed using the phoropter and an appropriate eye chart. The room should be dimly lit.

Binocular Vision

Using the subjective refraction the patients horizontal and vertical phorias are measured at a distance. Distance should be 20 feet or a simulated 20 feet. Results are measured in prism diopters, noting the position of the prism base. Other binocular vision screening tools may be used at the discretion of the optometrist. The room should be dimly lit.

Near Vision

A near chart is placed in front of the phoropter. Starting from subjective refraction, positive power is added until the patient can see the chart as clearly as possible. FCC and NRA/PRA may be performed at the discretion of the optometrist. Near horizontal and vertical phorias are measured. Results are recorded in prism diopters, noting the position of the prism base. The room should be bright.

Anterior Segment Examination

Using the slit lamp, the patient's eyelids, lashes, tear film, conjunctiva, sclera, cornea, anterior chamber, anterior chamber angle, and iris are examined. Fluorescein dye, Rose Bengal, lissamine green, or other appropriate dyes may be used to assess the external tissues at the discretion of the Optometrist. GAT may be performed at the discretion of the optometrist. GAT may be performed using Fluress (Fluorescein and Benoxinate) or proparacaine 0.5% with a Fluorescein strip. Gonioscopy may be performed at the discretion of the optometrist. Gonioscopy may be performed with a 3-mirror or 4-mirror gonioscopic lens, or other appropriate gonioscopic lens, proparacaine 0.5%, and Refresh Celuvisc or Goniosol if the gonioscopic lens has a flange. The room may be dim or dark at the discretion of the Optometrist.

Contact Lens Fitting

Using the subjective refraction and keratometry results, the Optometrist selects an appropriate trial soft contact lens for each eye. If the patient is new to contact lens wear, the Optometrist inserts the lenses into the patient's eyes. If the patient has experience wearing contact lenses, they may insert the lenses themselves. The patient's visual acuity is measured. An over-refraction is obtained using loose lenses, flipper paddles, or a phoropter. A slit lamp is used to view the fit and movement of the lens on the eye. A different trial lens may be selected or ordered for the patient to wear. If the patient is new, they must be trained before they can take home trial lenses to wear until their follow-up appointment. An experienced patient may take home the trial lenses without additional training.

Contact Lens Training

A trained staff member will teach the patient how to safely insert and remove their lenses, and discuss proper care and hygiene when wearing contacts. A patient will be given up to 20 minutes to attempt to insert and remove the lenses; if they fail to adequately show competence, a follow-up visit will be scheduled to retrain. Three training attempts will be allowed per year. If a patient demonstrates competence at I&R, they may be permitted to take the trial lenses home with them to wear during the days before their follow up visit.

Contact Lens Follow-Up

The patient should wear the contact lenses at least 30 minutes before arriving for the follow-up appointment. The patient's visual acuity is measured. An over-refraction using loose lenses, flipper paddles, or a phoropter. A slit lamp is used to assess the fit and movement of the lenses on the eye. Adjustments to the lens power or brand may be made at the discretion of the Optometrist. If this happens, a new trial lens must be dispensed to the patient to trial for a period of time (usually one week) and another follow-up visit is scheduled.

Other Tests, Return Visits, Referrals

At the discretion of the Optometrist, other procedures may be performed as part of this exam or at another visit to assist in diagnosis and monitoring of ocular health, including- but not limited to- dilated or undilated fundus examination, anterior segment OCT, macular OCT, Humphrey Visual Field, etc. A patient may be referred to other providers for bloodwork, surgery, or other procedures for diagnosis, continuity of care, or treatment.

~~**DEFINITIONS:**~~

~~**Appropriate eye chart:** Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…~~
~~**Appropriate color vision test:** Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…~~

Appropriate stereoscopic vision test: Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…
At distance: 20 feet or simulated 20 feet
At near: 40 cm (16 inches) or the distance at which the patient holds reading material
BIO: Binocular Indirect Ophthalmoscopy
D: Diopter
FCC: Fused cross cylinders
GAT: Goldmann applanation tonometry
NRA: Negative range of accommodation
OCT: Optical Coherence Tomography
PRA: Positive range of accommodation

References:

Pearle Vision. (n.d.). *Contact lens fitting guide*. Contact Lens Fitting Guide. https://www.pearlevision.com/pv-us/contact-lenses-contact-lens-fitting

SoHum Health

Subject:	Manual:
Diabetic Eye Exam	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform a diabetic eye exam annually for all diabetic patients. A diabetic eye exam may be performed as part of a comprehensive eye exam (see Comprehensive Eye Exam) or contact lens fitting/follow up (See Contact Lens Fitting/Follow Up). A diabetic eye exam consists of fundus photos, an anterior segment exam, and a dilated fundus exam.

DEFINITIONS:

Appropriate eye chart: Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…
Appropriate color vision test: Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…
Appropriate stereoscopic vision test: Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…
At distance: 20 feet or simulated 20 feet
At near: 40 cm (16 inches) or the distance at which the patient holds reading material
BIO: Binocular Indirect Ophthalmoscopy
D: Diopter
FCC: Fused cross cylinders
GAT: Goldmann applanation tonometry
NRA: Negative range of accommodation
OCT: Optical Coherence Tomography
PRA: Positive range of accommodation

PROCEDURE:

Prescreening

Auto-keratometry and auto-refraction or manual keratometry and manual refraction should be performed for patients that desire a refraction. Auto-keratometry and auto-refraction should be performed in dim lighting if possible. Tonometry should be performed on each patient. New patients should have an appropriate color vision and stereoscopic vision screening performed. Color vision and stereoscopic vision should be performed in normal room lighting. Visual acuities at distance and near should be performed with and without current corrective lenses.

Optional Refraction

Following prescreening, the results are put in the phoropter. Alternatively, the patient's current prescription is put into the phoropter, or a manual refraction is performed, at the discretion of the optometrist. A subjective refraction is performed using the phoropter and an appropriate eye chart. An appropriate eye chart may contain letters or symbols. The room should be dimly lit.

Optional Binocular Vision

Using the subjective refraction the patients horizontal and vertical phorias are measured at a distance. Distance should be 20 feet or a simulated 20 feet. Results are measured in prism diopters, noting the position of the prism base. Other binocular vision screening tools may be used at the discretion of the optometrist. The room should be dimly lit.

Optional Near Vision

A near chart is placed in front of the phoropter. Starting from subjective refraction, positive power is added until the patient can see the chart as clearly as possible. FCC and NRA/PRA may be performed at the

discretion of the optometrist. Near horizontal and vertical phorias are measured. Results are recorded in prism diopters, noting the position of the prism base. The room should be bright.

Anterior Segment Examination

Using the slit lamp, the patient's eyelids, lashes, tear film, conjunctiva, sclera, cornea, anterior chamber, anterior chamber angle, and iris are examined. Fluorescein dye, Rose Bengal, lissamine green, or other appropriate dyes may be used to assess the external tissues at the discretion of the Optometrist. GAT must be performed by the Optometrist. GAT may be performed using Fluress (Fluorescein and Benoxinate) or proparacaine 0.5% with a Fluorescein strip. Gonioscopy may be performed at the discretion of the Optometrist. Gonioscopy may be performed with a 3-mirror or 4-mirror gonioscopic lens, or other appropriate gonioscopic lens, proparacaine 0.5%, and Refresh Celuvisc or Goniosol if the gonioscopic lens has a flange. The room may be dim or dark at the discretion of the Optometrist.

Dilated Fundus Examination

Before instilling dilating eyedrops, the patient is informed of the side effects (light sensitivity and blurred near vision) and verbal consent is obtained and documented. 1-2 drops of an appropriate dilating agent (tropicamide 1%) are instilled in each eye. Using the slit lamp, the crystalline lens and anterior vitreous are examined. Using the slit lamp and an appropriate condensing lens (examples: 60D, 78D, or 90D lens) or ophthalmoscope, the posterior vitreous, optic nerve, macula, arteries and veins are examined. Using a BIO with an appropriate condensing lens (examples: 20D, 30D), 3-mirror gonioscopic lens, or other appropriate method, the midperiphery and periphery of the retina are examined. Scleral depression may be performed at the discretion of the Optometrist. The room may be dim or dark at the discretion of the Optometrist.

Other Tests, Return Visits, Referrals

At the discretion of the Optometrist, other procedures may be performed as part of this exam or at another visit to assist in diagnosis and monitoring of ocular health, including- but not limited to- contact lens fitting, anterior segment OCT, macular OCT, Humphrey Visual Field, etc. A patient may be referred to other providers for bloodwork, surgery, or other procedures for diagnosis, continuity of care, or treatment.

Definitions:

Appropriate eye chart: Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…
Appropriate color vision test: Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…
Appropriate stereoscopic vision test: Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…
At distance: 20 feet or simulated 20 feet
At near: 40 cm (16 inches) or the distance at which the patient holds reading material
BIO: Binocular Indirect Ophthalmoscopy
D: Diopter
FCC: Fused cross cylinders
GAT: Goldmann applanation tonometry
NRA: Negative range of accommodation
OCT: Optical Coherence Tomography
PRA: Positive range of accommodation

References:

American Optometric Association. (n.d.). *Comprehensive eye exams*. AOA.org. https://www.aoa.org/healthy-eyes/caring-for-your-eyes/eye-exams?sso=y

Lin, G., Law, J. C., Pfister, T., Kim, L. A., Lee, S. Y., & Jung, E. E. (2024, May 27). *Diabetic retinopathy screening*. EyeWiki. https://eyewiki.org/Diabetic_Retinopathy_Screening

SoHum Health

Subject:	Manual:
Glaucoma Screening	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform a Glaucoma Screening annually for all glaucoma and glaucoma-suspect patients. In accordance with California State law SB 1406, Optometrists with TPG or TLG designations are allowed to diagnose and treat primary open angle glaucoma in patients over 18 years of age. Optometrists lacking the TPG or TLG designations are unable to diagnose or treat glaucoma, but may perform other services. In an emergency, an Optometrist shall stabilize (if possible) and immediately refer any patient who has an acute angle attack to an ophthalmologist, A glaucoma screening may be performed as part of a comprehensive eye exam (see Comprehensive Eye Exam), diabetic eye exam (see Diabetic Eye Exam), or contact lens fitting/follow up (See Contact Lens Fitting/Follow Up). A glaucoma screening consists of fundus photos, an anterior segment exam, a dilated fundus exam, macular OCT, optic nerve OCT, Humphrey Visual Field. A Humphrey Visual Field exam may be performed at the discretion of the optometrist during this visit or at a return visit. Gonioscopy must be performed for narrow anterior chamber angles to determine the risk of closure. Pachymetry must be performed and recorded at least once but does not have to be performed annually.

DEFINITIONS:

Appropriate eye chart: Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…
Appropriate color vision test: Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…
Appropriate stereoscopic vision test: Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…
At distance: 20 feet or simulated 20 feet
At near: 40 cm (16 inches) or the distance at which the patient holds reading material
BIO: Binocular Indirect Ophthalmoscopy
D: Diopter
FCC: Fused cross cylinders
GAT: Goldmann applanation tonometry
GCC Analysis: Ganglion cell count analysis
NRA: Negative range of accommodation
OCT: Optical Coherence Tomography
PRA: Positive range of accommodation

PROCEDURE:

Prescreening

Auto-keratometry and auto-refraction or manual keratometry and manual refraction should be performed for patients that desire a refraction. Auto-keratometry and auto-refraction should be performed in dim lighting if possible. Tonometry must be performed on each patient. New patients should have an appropriate color vision and stereoscopic vision screening performed. Color vision and stereoscopic vision should be performed in normal room lighting. Visual acuities at distance and near should be performed with and without current corrective lenses.

Optional Refraction

Following prescreening, the results are put in the phoropter. Alternatively, the patient's current prescription is put into the phoropter, or a manual refraction is performed, at the discretion of the optometrist. A subjective refraction is performed using the phoropter and an appropriate eye chart. An appropriate eye chart may contain letters or symbols. The room should be dimly lit.

Optional Binocular Vision

Using the subjective refraction the patients horizontal and vertical phorias are measured at a distance. Distance should be 20 feet or a simulated 20 feet. Results are measured in prism diopters, noting the position of the prism base. Other binocular vision screening tools may be used at the discretion of the optometrist. The room should be dimly lit.

Optional Near Vision

A near chart is placed in front of the phoropter. Starting from subjective refraction, positive power is added until the patient can see the chart as clearly as possible. FCC and NRA/PRA may be performed at the discretion of the optometrist. Near horizontal and vertical phorias are measured. Results are recorded in prism diopters, noting the position of the prism base. The room should be bright.

Anterior Segment Examination

Using the slit lamp, the patient's eyelids, lashes, tear film, conjunctiva, sclera, cornea, anterior chamber, anterior chamber angle, and iris are examined. Fluorescein dye, Rose Bengal, lissamine green, or other appropriate dyes may be used to assess the external tissues at the discretion of the Optometrist. GAT must be performed by the Optometrist. GAT may be performed using Fluress (Fluorescein and Benoxinate) or proparacaine 0.5% with a Fluorescein strip.

Gonioscopy

Gonioscopy must be performed if the patient's anterior chamber is shallow or if primary or secondary angle closure is suspected. Gonioscopy may be performed with a 3-mirror or 4-mirror gonioscopic lens, or other appropriate gonioscopic lens, proparacaine 0.5%, and Refresh Celuvisc or Goniosol if the gonioscopic lens has a flange. The room may be dim or dark at the discretion of the Optometrist.

Dilated Fundus Examination

Before instilling dilating eyedrops, the patient is informed of the side effects (light sensitivity and blurred near vision) and verbal consent is obtained and documented. 1-2 drops of an appropriate dilating agent (tropicamide 0.5% or 1%) is instilled in each eye. Using the slit lamp, the crystalline lens and anterior vitreous are examined. Using the slit lamp and an appropriate condensing lens (examples: 60D, 78D, or 90D lens) or ophthalmoscope, the posterior vitreous, optic nerve, macula, arteries and veins are examined. Using a BIO with an appropriate condensing lens (examples: 20D, 30D), 3-mirror gonioscopic lens, or other appropriate method, the midperiphery and periphery of the retina are examined. Scleral depression may be performed at the discretion of the Optometrist. The room may be dim or dark at the discretion of the Optometrist.

Ocular Coherence Tomography

An anterior segment OCT may be performed to obtain pachymetry results if there are none on file. An anterior segment OCT may be performed before dilation drops are given to measure the openness of the anterior chamber angle. A macula OCT with GCC Analysis must be performed annually. An optic nerve OCT must be performed annually.

Visual Field Test

A Humphrey Visual Field (24-2 or 10-2 for advanced glaucoma), or equivalent visual field test must be performed annually.

Other Tests, Return Visits, Referrals

At the discretion of the Optometrist, glaucoma screening tests may be split into multiple visits or included as part of other exams. A patient may be referred to other providers for bloodwork, surgery, or other procedures for diagnosis, continuity of care, or treatment.

~~DEFINITIONS:~~

~~Appropriate eye chart:~~ ~~Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…~~
~~Appropriate color vision test:~~ ~~Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…~~
~~Appropriate stereoscopic vision test:~~ ~~Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…~~
~~At distance:~~ ~~20 feet or simulated 20 feet~~
~~At near:~~ ~~40 cm (16 inches) or the distance at which the patient holds reading material~~

BIO: Binocular Indirect Ophthalmoscopy
D: Diopter
FCC: Fused cross cylinders
GAT: Goldmann applanation tonometry
GCC Analysis: Ganglion cell count analysis
NRA: Negative range of accommodation
OCT: Optical Coherence Tomography
PRA: Positive range of accommodation

REFERENCES:

American Optometric Association. (n.d.). *Comprehensive eye exams*. AOA.org. https://www.aoa.org/healthy-eyes/caring-for-your-eyes/eye-exams?sso=y

Correa, L., & Aanestad, S. (2008, August 12). *SB 1406 Bill Analysis*. SB 1406 Senate bill - bill analysis. http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb_1401-1450/sb_1406_cfa_20080812_200950_asm_floor.html

Lawrence, E., Ibarra Lozano, A. F., Ared, A. A., Akkara, D. J. D., & Cui, Q. N. (2022, February 3). *Glaucoma screening*. Eyewiki. https://eyewiki.org/Glaucoma_Screening#:~:text=If%20a%20patient%20is%20considered,information%20about%20optic%20nerve%20status.

SoHum Health

Subject: Opticianry	Manual: Optometry

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide an Opticianry ("Optical"). An Opticianry consists of a gallery of spectacle frames for sale; an area secluded from the public for receiving, verifying, and holding patient prescriptions; and a station for adjusting and repairing glasses. A registered optician will operate the Opticianry, and/or a trained staff member operating under the supervision of the optometrist or registered optician.

DEFINITIONS:

ANSI: American National Standards Institute
CLRx: Contact lens prescription
EHR: Electronic health record
SRx: Spectacle prescription or glasses prescription

PROCEDURE:

Filling Spectacle Prescriptions (SRx)

A patient may order an SRx through the optician if the prescription is not expired. An expired prescription may be filled if the patient's spectacles broke or are lost. If an expired prescription is filled, the optician must notify inform the patient to notify their optometrist/ophthalmologist that the prescription was filled, in accordance with California law.

A patient may choose spectacle frames from those provided by the Opticianry or bring their own. If a patient brings their own frames, they must sign a waiver saying that they accept the risk of their frame being lost or broken.

When a prescription is ordered through the optician, the optician must obtain the appropriate measurements for the spectacles. When receiving an order from a lens manufacturer, the optician must check the prescription to ensure the order is within ANSI standards of the original prescription. The patient should then be informed by phone, text, or other desired method that their spectacles are ready to be picked up. Patients do not need to make an appointment to pick up their prescription. Upon arrival, the patient may request adjustments to the frame for an improved fit.

Patients are entitled to obtain a copy of their SRx upon request. An SRx includes the following: the dioptric power of the lens; the expiration date of the prescription; the date of issuance of the prescription; the name, address, telephone number, prescriber's license number, and signature of the prescribing optometrist or physician and surgeon; the name of the person to whom the prescription is issued; and the material of the lens for patients that legally require certain materials. Patients that legally require certain materials include police officers, firefighters, monocular patients, patients under 18. The material for such lenses should be case-hardened lenses, laminated glass lenses, lenses made with resin material, or lenses made of any other material resistant to shattering.

Frame Repair and Adjustment

Frames are adjusted free of charge. A patient does not have to have been seen by the optometrist nor have ordered frames through the optician to obtain this service. Simple frame repairs are performed free of charge. Simple repairs include replacing nose pads, tightening or replacing screws, and reinserting lenses. Frames and lenses should be cleaned before returning them to the patient. Before adjusting or repairing frames, the patient should be informed that the frames can become damaged during the process. The optician may refuse to adjust frames if the frames appear to be old and brittle to prevent causing unnecessary damage to the patient's frames.

Complex frame repairs include replacing broken parts of the frame or replacing scratched, broken, warped, or missing lenses. The optician should check to see if the patient's frames or lenses are under warranty, or if the patient's insurance has a policy for replacing frames or lenses, before charging the patient to cover the cost of the replacement parts.

Before adjusting or repairing frames, the patient must sign a waiver saying that they accept the risk of their frame being damaged.

Filling Contact Lens Prescriptions (CLRx)

A patient may order a CLRx through the optician if the prescription is not expired, with exceptions depending on the type of contact lens. Patients are entitled to obtain a copy of their CLRx. A CLRx shall include no less than the following information: the dioptric power of the lens; the material and/or manufacturer of the lens; the base curve or appropriate designation; the diameter of the lens when appropriate; and an appropriate expiration date. If a private label is used, the CLRx shall include the name of the manufacturer, the trade name of the private label brand, and the trade name of the equivalent national brand, if applicable.

Patient Orders

If a patient orders multiple SRx and/or CLRx, they should be asked if they want to be notified when each individual order arrives, or only when every order has arrived.

After placing an order with a laboratory (determined by the patient's insurance), the packing slip and spectacle frame are bundled together and mailed to the appropriate laboratory. A copy of the order is printed and placed in an order tray. The patient's name is written on a name plate and inserted into the order tray. One tray should be enough if a patient orders multiple SRx frames, but a note should be added to the tray to remind employees that multiple frames and/or contact lenses were ordered. If a patient ordered frames and contact lenses, one tray may be used if both prescriptions were finalized at the same time. If frames and contact lenses were ordered separately (due to one Rx not being finalized or other unforeseen reasons), separate trays may be used. A color system is used to determine which tray should be used: red for glasses orders, blue for contact lenses, yellow for both. The order tray is added to the area designated for spectacles or contact lens orders waiting to arrive. The order should be marked as "on order" (or equivalent option) in the EHR.

SRx and CLRx orders should be checked against what was originally ordered. Orders that do not meet the ANSI Z80.1 criteria should be reordered. Orders that are missing their tinting, photochromic lenses, or any other part of the original order should be reordered. Scratched, cracked, or damaged lenses, flaking lens coatings, or damaged frames that were ordered through the Opticianry should be reordered. At the discretion of the optician or optometrist, an incorrect SRx order may be dispensed to the patient while waiting for the reorder to arrive. The patient should be informed of this and be included in the decision whenever possible. Incorrect CLRx orders should be returned unopened.

SRx and CLRx orders that have passed the quality check are placed in the correct order trays. If the order does not fit in one tray, additional trays may be labeled and used to hold the additional frames or contact lenses. If multiple trays are required, every effort should be made to keep the entire order together. Once frames and contact lenses are in the correct trays, the patient is notified that their order is ready to be picked up. The tray is then added to the designated area for orders ready to be picked up. If some of the patient's ordered frames or contact lenses have arrived, but the remainder has not arrived, the order tray should remain in the waiting area. If the patient wanted to be informed of the arrival of an incomplete order, they should be notified. The order should be marked as "ready to pick up" (or equivalent option) in the EHR. A note should be added to the EHR that the patient was called, on what day they were called, and by whom.

When a patient arrives to pick up their order, they should be given time to try on their SRx and receive adjustments as needed. If the patient is unhappy with their vision, a Rx Check should be scheduled, but they should try the SRx for a week to see if they adjust to the SRx. The order should be marked as "complete" (or equivalent option) in the EHR. Any complications should also be noted in the EHR.

Orders may be mailed to patients, provided SHCHD has an account with the mail carrier. The patient will be responsible for the price of postage. The patient should be notified that SHCHD is not responsible for any lost or damaged spectacles or contact lenses and the patient's verbal understanding should be noted in the EHR. SHCHD may make an account with trustworthy online contact lens stores (e.g. Marlo) to facilitate the ordering and delivering process. Orders that are mailed should be marked appropriately in the EHR.

Definitions:

ANSI: American National Standards Institute
CLRx: Contact lens prescription
EHR: Electronic health record
SRx: Spectacle prescription or glasses prescription

References:

CA Bus & Prof Code § 525 (2023)

CA Bus & Prof Code § 2541.1-2 (2023)

CA Bus & Prof Code § 2559.1-4 (2023)

CA Bus & Prof Code § 2560-2564.5 (2023)

The Vision Council. (2015). Quick reference guide - ANSI Z80.1-2015. https://www.thevisioncouncil.org/sites/default/files/ANSI Z80 1-2015_Quick Reference v2.pdf

SoHum Health

Subject:	Manual:
Patient History	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to obtain an updated patient history annually. A patient history consists of reason for visit, patient demographics, current or former glasses/contact lens or interest in contact lenses, current medications, known allergies, current medical conditions, historical medical conditions/surgeries, family history of medical conditions, primary care provider, preferred pharmacy, social history, and Notice of Privacy Practices. Medical history may be obtained via paper forms or electronic format.

DEFINITIONS:

Notice of Privacy Practices: SoHum Health's document governing privacy practices across all district services.
Social History: Occupation, hobbies, and alcohol/tobacco/recreational drug use.

PROCEDURE:
When a new patient arrives, they will be given a form to fill out asking for the patient's medical history. When an existing patient arrives, they will be given a copy of their previous form and asked to review it and update it with any changes to their health history. All patients must sign the form acknowledging they were offered a copy of the Notice of Privacy Practices.

~~**DEFINITIONS:**~~

~~**Notice of Privacy Practices:** SoHum Health's document governing privacy practices across all district services.~~
~~**Social History:** Occupation, hobbies, and alcohol/tobacco/recreational drug use.~~

~~**References:**~~

~~Takusewanya, M. (2019, December 17). *How to take a complete eye history*. PMC PubMed Central®. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7041835/~~

SoHum Health

Subject:	Manual:
Refraction-Only Exam	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform a refraction-only exam at the request of patients. A refraction-only exam includes prescreening and a refraction. Fundus photos and a visual field screening exam may be performed at the discretion of the optometrist.

DEFINITIONS:

Appropriate eye chart: Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…
Appropriate color vision test: Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…
Appropriate stereoscopic vision test: Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…
At distance: 20 feet or simulated 20 feet
At near: 40 cm (16 inches) or the distance at which the patient holds reading material
BIO: Binocular Indirect Ophthalmoscopy
D: Diopter
FCC: Fused cross cylinders
NRA: Negative range of accommodation
PRA: Positive range of accommodation

PROCEDURE:

Prescreening

Auto-keratometry and auto-refraction or manual keratometry and manual refraction should be performed for patients that desire a refraction. Auto-keratometry and auto-refraction should be performed in dim lighting if possible. Tonometry should be performed on each patient. New patients should have an appropriate color vision and stereoscopic vision screening performed. Color vision and stereoscopic vision should be performed in normal room lighting. Visual acuities at distance and near should be performed with and without current corrective lenses.

Refraction

Following prescreening, the auto-refraction results are put in the phoropter. Alternatively, the patient's current prescription is put into the phoropter, or a manual refraction is performed, at the discretion of the optometrist. A subjective refraction is performed using the phoropter and an appropriate eye chart. An appropriate eye chart may contain letters or symbols.

Binocular Vision

Using the subjective refraction the patient's horizontal and vertical phorias are measured at a distance. Distance should be 20 feet or a simulated 20 feet. Results are measured in prism diopters, noting the position of the prism base. Other binocular vision screening tools may be used at the discretion of the optometrist.

Near Vision

A near chart is placed in front of the phoropter. Starting from subjective refraction, positive power is added until the patient can see the chart as clearly as possible. FCC and NRA/PRA may be performed at the discretion of the optometrist. Near horizontal and vertical phorias are measured. Results are recorded in prism diopters, noting the position of the prism base. The room should be bright.

Definitions:

Appropriate eye chart: Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…
Appropriate color vision test: Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…
Appropriate stereoscopic vision test: Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…
At distance: 20 feet or simulated 20 feet
At near: 40 cm (16 inches) or the distance at which the patient holds reading material
BIO: Binocular Indirect Ophthalmoscopy
D: Diopter
FCC: Fused cross cylinders
NRA: Negative range of accommodation
PRA: Positive range of accommodation

References:

American Optometric Association. (n.d.). *Comprehensive eye exams*. AOA.org. https://www.aoa.org/healthy-eyes/caring-for-your-eyes/eye-exams?sso=y

SoHum Health

Subject:	Manual:
Dilation and Irrigation	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform dilation and irrigation to assess the patency of the lacrimal drainage system. D&I consists of dilating the lacrimal punctum, inserting a lacrimal cannula into the canaliculus, and passing saline through the canal to check for and clear out blockages. Only TLG-designated optometrists may perform this procedure for patients of age 12 or older. D&I should not be performed in cases of acute dacryocystitis and acute canaliculitis.

DEFINITIONS:

D&I: Dilation and Irrigation
TLG designation: A specific California optometry license designation that indicates the optometrist is trained to perform lacrimal irrigation and dilation procedures for patients over the age of 12 years, as well as diagnose and treat primary open angle glaucoma in patients over the age of 18.

PROCEDURE:

Assess the cornea, conjunctiva, lids, and punctum before beginning to make sure the procedure is not contraindicated. Note any corneal abrasions. Use sterilized tools and saline. Reusable tools should be appropriately sterilized after each use and stored to maintain sterilization.

A numbing eyedrop (proparacaine 0.5%) is placed in the patient's eye. At the optometrist's discretion, numbing drops are soaked into a cotton swab, which is placed over the lacrimal punctum for 30-60 seconds. The patient may squeeze their eyes closed to keep the cotton swab in place.

Have the patient look away from the punctum being dilated (look up and to the right if dilating the right lower punctum.) Pull the lid temporally and gently insert the lacrimal dilator 1-2mm and twist it. Start with the smaller end of the dilator before switching to the larger end. Turn the dilator 90 degrees horizontally and continue to roll the dilator within the punctum.

Remove the dilator and insert the cannula attached to a saline-filled syringe: insert 1-2mm vertically with the lid pulled temporally; turn the syringe 90 degrees horizontally and insert an additional 8mm. Avoid hitting the nasal bone. Gently press the plunger to release the saline into the patient's lacrimal system. Check for regurgitation through the same punctum or the opposite punctum. Record the patency of the lacrimal system and the probable location of blockage, if any.

Attempt to remove the blockage with more forceful pressure on the plunger. If unsuccessful, discuss referring the patient to an ophthalmologist for lacrimal probing.

~~References:~~

~~CA Bus & Prof Code § 3041~~

~~Megan Provence-Perry, O. (2015, March 15). *How to make your patients stop crying*. Review of Optometry. https://www.reviewofoptometry.com/article/how-to-make-your-patients-stop-crying~~

SoHum Health

Subject:	Manual:
Epilation of Eyelashes	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to epilate eyelashes as needed. Epilation consists of removing eyelashes that irritate or injure the patient's eye.

DEFINITIONS:

Bandage contact lens: A contact lens with low refractive power approved by the FDA for extended wear for therapeutic use. Current approved brands as of 2024: Air Optix "plus Hydraglyde" (Alcon), Air Optix Night & Day, PureVision (Bausch & Lomb), Acuvue Oasys (Johnson & Johnson).
BCL: Bandage contact lens
Distichiasis: Abnormal, extraneous growth of eyelashes.
Trichiasis: Misdirected eyelashes growing toward the eye.

PROCEDURE:

Epilation of eyelashes may occur as part of a comprehensive eye exam or as its own visit. During an anterior segment examination, trichiasis or distichiasis may be observed. The optometrist should inform the patient of this discovery and, if epilation is indicated, obtain and document verbal consent before removing the offending eyelashes. Numbing eyedrops (proparacaine 0.5%) may be used at the optometrist's discretion. The eyelashes are removed using sterile jeweler's forceps or another appropriate tool. The forceps may be sterilized with an alcohol pad.

Cautery of offending eyelashes may not be performed by optometrists. If offending eyelashes regrow frequently, the patient should be informed that they can have the lashes cauterized by an ophthalmologist. If the patient chooses this option, the lashes should not be epilated so the ophthalmologist can see which lashes must be cauterized. The patient may be fitted with a bandage contact lens for comfort while waiting for their appointment with the ophthalmologist. A patient that has experience wearing contact lenses may be given additional BCLs to take home to wear and replace on a schedule determined by the optometrist. Inexperienced contact lens wearers should return to the optometrist to have the lens replaced. In their case, the optometrist should determine the risk of bacterial infection and prescribe topical antibiotics as needed.

If an underlying cause of the distichiasis or trichiasis is determined, that cause should be treated. Treatment may include topical or oral antibiotics and steroids, or a surgical procedure performed by an ophthalmologist.

SoHum Health

Subject:	Manual:
Meibomian Gland Expression	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform meibomian gland expression ("expression") for patients with meibomian gland dysfunction ("MGD"). Expression consists of warming the eyelids and applying pressure to the eyelid with a paddle to force meibum from the gland.

DEFINITIONS:

Appropriate eye masks: Gel bead mask made with a plastic exterior (or similar) that can be cleaned with an alcohol pad. Example: Walgreens Cold/Hot Beaded Eye Mask
Comfortably hot: The compress should feel hot without scalding or feeling like it could cause pain if used for an extended period. This can be tested by pushing the compress onto the inner forearm.
Meibum: The oil produced by the meibomian glands.

PROCEDURE:

A microwave-safe warm compress is heated in a microwave and checked that it is comfortably hot. It is then cleaned with an alcohol pad and placed on the patient's eye(s) for 10-15 minutes. Numbing drops (proparacaine 0.5%) may be used at the optometrist's discretion. The patient looks away from the eyelid being expressed (e.g. the patient looks up when expressing the lower lid). A mastrota paddle or equivalent tool is used to pinch the oil out of the glands, ensuring the entire eyelid is expressed. The patient's eye(s) is rinsed clear of debris. Upper and/or lower eyelids may be expressed as frequently as needed.

Expression may be performed diagnostically, before it is used therapeutically, to check the consistency of the meibum.

~~References:~~

~~Hatley, J., Lighthizer, N. (2015, May 15). *How to impress (and express) your patients.* Review of Optometry. https://www.reviewofoptometry.com/article/how-to-impress-and-express-your-patients~~

~~Sambhara, D., March de Ribot, F., Barash, A., Bunya, V. Y., Woodward, M. A., Sundar, G., Yen, M. T., Burkat, C. N., Eftekhari, K. (2024, May 14). *Meibomian Gland Dysfunction (MGD).* Eyewiki. https://eyewiki.org/Meibomian_Gland_Dysfunction_(MGD)~~

SoHum Health

Subject:	Manual:
Photography and Tomography	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform photography and tomography for diagnosis and documentation as needed. Photography may be performed using a slit lamp attachment or a fundus camera. Tomography is performed using an Optical Coherence Tomography (OCT) machine.

DEFINITIONS:

Fundus Camera: iCam, 3nethra, VISUCAM 200, California Ultra-Widefield Retinal Imaging (Optos), etc…
OCT: Optical Coherence Tomography. Examples include SPECTRALIS, CIRRUS® 6000, etc…

PROCEDURE:
All images may be taken with or without dilation eyedrops (e.g. tropicamide 0.5%). Before instilling dilating eyedrops, the patient is informed of the side effects (light sensitivity and blurred near vision) and verbal consent is obtained and documented. 1-2 drops are instilled in each eye. The number of drops and concentration of tropicamide is at the discretion of the Optometrist. The eyes should be given enough time to dilate before images are taken (approximately 15 minutes).

Anterior Photography

Anterior photography may be performed at the discretion of the optometrist, provided the necessary equipment is available. A fundus camera or a slit lamp attachment may be used. Equipment parts that may contact the patient (chin rest, head rest) are sanitized using an alcohol pad. The patient is positioned so the area to be photographed is in focus of the camera. One or more pictures may be taken.

Fundus Photography

A fundus camera or a slit lamp attachment may be used. Equipment parts that may contact the patient (chin rest, head rest) are sanitized using an alcohol pad. The patient rests their head on the chin and forehead rests. The chin rest may be adjusted to better position the patient's head in the equipment. The table may be adjusted for patient comfort. Either the patient's head is moved, or the camera is moved, to bring the fundus into focus. The patient is instructed to look at the fixation light. The patient may blink normally. The image is captured. More than one image may be taken for each eye. The patient may be required to look in different directions to capture specific portions of the fundus. Images should be reviewed and retaken if the image is out of focus or has too many artifacts or shadows.

At the discretion of the optometrist, variations of fundus photography may be performed: color, red-free, autofluorescence, etc..

Anterior Segment OCT

If required by the machine, a pad is added to the forehead rest and an anterior segment lens attachment is placed on the front of the OCT camera. Equipment parts that may contact the patient (chin rest, head rest) are sanitized using an alcohol pad. The patient rests their head on the chin and forehead rests. The chin rest may be adjusted to better position the patient's head in the equipment. The table may be adjusted for patient comfort. Either the patient's head is moved, or the camera is moved, to bring the fundus into focus, following the test's specific guidelines for appropriate camera positioning. If applicable, the camera's auto-focus is used to further adjust the camera. The patient is instructed to look at the fixation light. The patient must keep their eyes open wide for this test but may blink normally between tests. The image is captured. More than one image may be taken for each eye. The patient may be required to look in different directions to capture specific portions of the anterior segment of the eye. Images should be reviewed and retaken if the image is out of focus or has too many artifacts or shadows. If an image is retaken, the unacceptable test should be deleted.

Posterior Segment OCT

Make sure the anterior segment lens is not placed on the front of the OCT camera. Equipment parts that may contact the patient (chin rest, head rest) are sanitized using an alcohol pad. The patient rests their head on the chin and forehead rests. The chin rest may be adjusted to better position the patient's head in the equipment. The table may be adjusted for patient comfort. Either the patient's head is moved, or the camera is moved, to bring the fundus into focus, following the test's specific guidelines for appropriate camera positioning. If applicable, the camera's auto-focus is used to further adjust the camera. The patient is instructed to look at the fixation light. The patient must keep their eyes open wide for this test but may blink normally between tests. The image is captured. More than one image may be taken for each eye. The patient may be required to look in different directions to capture specific portions of the anterior segment of the eye. Images should be reviewed and retaken if the image is out of focus or has too many artifacts or shadows. If an image is retaken, the unacceptable test should be deleted.

~~References:~~

~~Feldman, B. H., Kozak, A., Shah, V. A., Kim, L. A., Tripathy, K., de Carlo, T., Lim, J. I., Ichlangod, A. M., & Bose, A. (2024, May 3). *Optical coherence tomography*. EyeWiki. https://eyewiki.org/Optical_Coherence_Tomography~~

~~Mishra, C. (2023, August 25). *Fundus Camera*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK585111/#:~:text=Fundus%20photography%20is%20taking%20the,path%2C%20i.e.%2C%20the%20pupil.~~

~~Panwar, N., Huang, P., Lee, J., Keane, P. A., Chuan, T. S., Richhariya, A., Teoh, S., Lim, T. H., & Agrawal, R. (2016, March). *Fundus photography in the 21st century--a review of recent technological advances and their implications for Worldwide Healthcare*. Telemedicine journal and e-health : the official journal of the American Telemedicine Association. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4790203/~~

SoHum Health

Subject: Perimetry Testing	**Manual:** **Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform perimetry to diagnose and monitor the progression of ocular diseases. Perimetry consists of using computer equipment to measure the visual field of the patient.

DEFINITIONS:

Perimeter: Humphrey Visual Field, Olleyes VR Visual Field, etc…
Perimetry: A measurement of the peripheral visual field.

PROCEDURE:

The test is performed dilated or undilated at the discretion of the optometrist. If the patient is to be dilated, perimetry is performed before a fundus examination. A patient's eyelids may need to be taped open for the test.

The parts of the instrument the patient will contact are cleaned using an alcohol pad (e.g. forehead rest, chin rest, handheld button, eyepatch). If required, the patient's prescription is put into the machine to calculate what loose lenses are needed to put into the lens well (some machines and contact lens wearers may not require this step). Clean and insert the appropriate loose lenses into the lens well.

Select the appropriate visual field test protocol. Cover the eye that isn't being tested with an eyepatch. The room should be as dark as possible. Give the patient the button. Have the patient position their head within the machine. If the machine has multiple head/chinrest positions, make sure the patient is appropriately placed according to the eye being tested. Adjust the height of the table for comfort. Position the lens well in front of the patient's eye so it is close like a glasses lens (12-15mm from eye), but not touching the eyelashes. Move the chinrest to center the patient's eye in the machine. Direct the patient on where to look. Repeat that the patient may blink as needed but must always look at the fixation target for the duration of the test. The patient may practice pressing the button if they wish. Inform the patient you are starting the test before beginning. Remain with the patient for the duration of the test. Remind the patient to focus on the fixation target as needed. Between tests, the patient may be given a break to stretch or use the restroom.

Exchange the lenses in the lens well for the appropriate lenses for the other eye. Cover the eye that won't be tested. Perform the test for the other eye.

The 24-2 Humphrey Visual Field protocol or equivalent is used for patients with, or suspected of having, glaucoma. The 10-2 Humphrey Visual Field protocol or equivalent is used for patients with a history of taking Plaquenil (hydroxychloroquine) or advanced glaucoma.

~~References:~~

~~Broadway, D. C. (2012). *Visual field testing for glaucoma - A practical guide*. Community Eye Health Journal. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3588129/~~

~~Montelongo, M., Gonzalez, A., Morgenstern, F., Donahue, S. P., & Groth, S. L. (2021, March 1). *A virtual reality-based automated perimeter, device, and pilot study*. Translational Vision Science and Technology. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7991920/#:~:text=The%20VisuALL%20(Olleyes%2C%20Inc.,parts%3A%20the%20hardware%20and%20software.~~

Recommendations on screening for chloroquine and Hydroxychloroquine Retinopathy - 2016. American Academy of Ophthalmology. (2024, March 27). https://www.aao.org/education/clinical-statement/revised-recommendations-on-screening-chloroquine-h

Ruia, S., & Tripathy, K. (2023, August 25). *Humphrey Visual Field*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK585112/

SoHum Health

Subject:	Manual:
Prescreening	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to perform prescreening at every visit. Prescreening consists of auto-refraction, auto-keratometry, color vision testing, stereoscopic vision testing, tonometry, perimetry, fundus photography, and visual acuities. Any or all portions of prescreening may be skipped upon request by the patient, the nature of the visit, or at the discretion of the optometrist. PRETESTING SHOULD NOT BE PERFORMED ON PATIENTS THAT HAD A CHEMICAL SPLASH IN THEIR EYE(S).

DEFINITIONS:

Appropriate color vision test: Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…
Appropriate eye chart: Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…
Appropriate stereoscopic vision test: Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…
Auto-refraction: A computer estimation of the patient's spectacle prescription
Auto-keratometry: A computer estimation of the anterior curvature of the cornea
IOP: Intraocular pressure
NCT: Non-contact tonometer
Tonometry: Measurement of the intraocular pressure

PROCEDURE:

Pretesting is performed after the patient checks in at the front desk (or equivalent area) and fills out insurance information and health history paperwork.

Auto-refraction/Auto-keratometry

The chin and forehead rests are sanitized with an alcohol pad. The table is adjusted so the patient can comfortably place their chin and forehead on the rests. The chinrest may need to be adjusted to position the patient's eyes properly within the apparatus. The machine is aligned with the patient's eye. If the machine has multiple settings, choose the appropriate measurement setting. The patient is instructed to open their eyelids wide, but continue to blink, and look at the image in the machine. Repeat with the other eye. The results are printed or recorded.

Tonometry

If using iCare: Insert a new probe into the iCare and turn on the machine. Wear the safety wrist strap to reduce the risk of accidentally dropping and damaging the device. The patient's head should be in a neutral position. Instruct the patient to try to not blink and look at the wall behind the tester. Five measurements should be taken for each eye and the average for each eye should be recorded under NCT or iCare in the health record.

Color Vision Screening

Using an appropriate color vision test, the patient is asked to identify what symbol they see. This test may be performed monocularly or binocularly at the discretion of the optometrist. The test booklet should be held at an appropriate test distance from the patient (40cm or greater depending on the test). The room should have normal room lighting. The results are recorded.

Stereoscopic Vision Screening

Using an appropriate stereoscopic vision test, the patient is asked to identify which symbol they can see or is "popping out" at them. If the test requires the patient to wear polarized or red/green glasses, the glasses should be cleaned with an alcohol wipe before the patient wears them. The test booklet should be held at an appropriate test distance from the patient (40cm or greater depending on the test). The room should have normal room lighting.

Perimetry Screening

The chin and forehead rests and button are sanitized with an alcohol pad. The table is adjusted so the patient can comfortably place their chin and forehead on the rests. The chinrest may need to be adjusted to position the patient's eyes properly within the apparatus. The machine is aligned with the patient's eye. If the machine has multiple settings, choose the appropriate measurement setting. The patient is given the button and they may practice pressing the button if they wish. The patient is instructed to blink normally. The patient should stare at the fixation target (usually a small light or dot) for the duration of the test. When patient notices a light at the edge of their vision, they should press the button. Repeat with the other eye. The results are printed or recorded.

Fundus Photography

The chin and forehead rest are sanitized with an alcohol pad. The table is adjusted so the patient can comfortably place their chin and forehead on the rests. The chinrest may need to be adjusted to position the patient's eyes properly within the apparatus. The machine is aligned with the patient's eye. If the machine has multiple settings, choose the appropriate measurement setting. The patient is instructed to open their eyelids wide, but continue to blink, and look at the image in the machine. Repeat with the other eye. The results are printed or recorded.

Visual Acuities

The chair, phoropter, slit lamp, and occluder paddle are cleaned before the patient enters the exam room. The patient is seated in the room.

If wearing glasses: The patient removes their glasses and one eye is occluded. The patient reads the smallest line of letters they can see. The other eye is occluded and the patient reads again. Without any occlusion, both eyes read the smallest line they can. The patient replaces their glasses on their face and acuities are again tested monocularly and binocularly. The smallest line of letters that the patient could read half or more of the letters is recorded, noting any additional letters that were read from the next smallest line, or how many letters were missed. (e.g. 20/20-3 means the patient could read the 20/20 line of letters, but missed 3 of the letters.) Watch the patient's eyes to ensure they are not squinting during the test.

If wearing contact lenses: While wearing the contact lenses, occlude one eye and have the patient read the smallest line they can. Occlude the other eye and have the patient read the smallest line they can. With both eyes uncovered, the patient reads the lowest line they can. The patient only removes their contact lenses at the discretion of the optometrist. Watch the patient's eyes to ensure they are not squinting during the test.

Phoropter

The results of the auto-refraction are placed in the phoropter unless the optometrist desires otherwise.

~~References:~~

~~*Comprehensive eye exams*. AOA.org. (n.d.). https://www.aoa.org/healthy-eyes/caring-for-your-eyes/eye-exams?sso=y~~

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SoHum Health

Subject:	Manual:
Punctal Plug Insertion and Removal	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to insert punctal plugs into the lacrimal punctum for dry eye patients. Punctal plugs may be temporary collagen plugs ('intracanalicular plugs") or permanent silicone plugs. The procedure may be performed for upper and lower puncta.

DEFINITIONS:

Dacryocystitis: Inflammation of the lacrimal sac
Epiphora: Excessive tearing. Caused by too much tear production or not enough tear drainage.

PROCEDURE:

Preparation

Review the patient's health history for allergies to the punctal plugs (bovine collagen, silicone, etc…). The eyelids, punctum, conjunctiva, and cornea are assessed for contraindications to the procedure: significant ocular surface inflammation, dacryocystitis, epiphora, etc….

At the optometrist's discretion, a topical analgesic (proparacaine 0.5%) is placed in the patient's eye. Numbing drops may be soaked into a cotton swab, which is placed over the lacrimal punctum for 30-60 seconds. The patient may squeeze their eyes closed to keep the cotton swab in place.

Pull the lid down to expose the punctum (pull up for the upper lid). A punctal sizing gauge is used to measure the size of the punctum. Alternatively, careful observation and estimation may be performed with the slit lamp if a gauge is unavailable. Have the patient look away from the punctum being measured (look up and to the right if dilating the right lower punctum.) Dilate the punctum with a punctal dilator if needed (see Dilation and Irrigation). Select the appropriate plugs for the patient.

Intracanalicular Plugs

Use forceps to insert a portion of the plug vertically into the punctum. Pull laterally on the eyelid and insert the plug the rest of the way. Have the patient blink a few times to make sure the plug slides into position.

Silicone Plugs

Using the packaged applicator, insert the plug until the top is flush with the lid margin and release the plug. Have the patient blink a few times to make sure the plug stays in place.

Caution the patient to not rub their eyes as this may dislodge the plugs. If the plugs irritate the patient, they may be removed. Discuss the option of punctum cautery with the patient and refer the patient to an ophthalmologist if the patient desires.

Punctal Plug Removal

If it becomes necessary to remove collagen plugs before they dissolve, the plugs can be removed by saline irrigation (see Dilation and Irrigation). Silicone plugs may be removed by grasping the exposed end with forceps and pulling it out. If epiphora occurs due to the silicone plugs, partial-occlusion plugs should be considered as a replacement.

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Bunya, V. Y., Halfpenny, C., Hong, A., Yen, M. T., Kuriakose, R. K., Kaufman, A. R., & Bert, B. B. (2024, March 3). *Punctal plugs*. EyeWiki. https://eyewiki.org/Punctal_Plugs

Gillogly, A. (2016, June 15). *Plug the drain with lacrimal occlusion*. Review of Optometry. https://www.reviewofoptometry.com/article/plug-the-drain-with-lacrimal-occlusion

SoHum Health

Subject:	Manual:
Chemical Burns in Eye(s)	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to treat chemical burns of the eye. CHEMICAL BURN TREATMENT IS AN EMERGENCY, and the patient should be given immediate treatment. Treatment should not be postponed for updating patient history or insurance information. No pretesting is performed.

DEFINITIONS:

Eye irrigation tools: Morgan lens (preferred), Undine for eye irrigation
Narrow Range pH Strip: Range should be between 6 and 8. Examples include Hydrion Narrow Range pH Test Paper 6.0-8.0
Non-caustic fluid: Sterile water, sterile saline (0.9%), Cederroth Eye Wash, Ringer's lactate, tap water (if no other option)

PROCEDURE:

If a patient calls before arriving at the clinic, they should be instructed on how to treat the burn: irrigate the affected eye(s) copiously with any available non-caustic fluid. The patient should be transported to a hospital if possible.

If the patient arrives at the clinic: Remove the patient's contact lenses. Instill an anesthetic eye drop (proparacaine 0.5%) in the affected eye(s). Bring the patient into an available room and begin irrigating the eye(s) with any available non-caustic fluid. While irrigating, have the patient look up, down, side-to-side, and evert lids to ensure good coverage of the eye wash. The pH of the eye should be taken every 15 to 30 minutes using a narrow-range pH strip (between 6 and 8). The goal is to achieve a pH of 7.0 to 7.2 and continue irrigation for 15-30 minutes after achieving this. The eyewash fluid may be applied with or without the use of eye irrigation tools. If eyelid retractors are used to keep the eye open, the retractor should be removed periodically, and the eyelids should be flushed with water as well. The fornices should be swept with a sterile cotton swab to remove debris. Once irrigation is stopped, the patient's visual acuity is measured and recorded.

Patient history may be obtained (what chemical was spilled, how long ago, what first aid was given, etc…) during the irrigation procedure.

In the case of alkali and acid burns, the patient should be transported to an ophthalmologist as soon as possible. Irrigation should be continued during transit. It is important to transport the patient to a higher standard of care as treatment may require 12-24 hours of constant IV dripline irrigation or surgery to rescue the patient's vision.

~~References:~~

~~Gwenhure, T. (2020, September 3). *Procedure for eye irrigation to treat ocular chemical injury*. Nursing Times. https://www.nursingtimes.net/clinical-archive/accident-and-emergency/procedure-for-eye-irrigation-to-treat-ocular-chemical-injury-03-02-2020/~~

~~Hemmati, H. D., & Colby, K. A. (2016, February 17). *Treating acute chemical injuries of the cornea*. American Academy of Ophthalmology. https://www.aao.org/eyenet/article/treating-acute-chemical-injuries-of-cornea~~

~~Singh, S., Kerndt, C., & Davis, D. (2023, August 14). *Ringer's lactate*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK500033/~~

Stevens, S. (2016). *How to irrigate the eye*. Community eye health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5340106/#:~:text=Irrigating%20fluid%20(normal%20saline%20or,Lid%20retractors%20if%20available

Trief, D., Woodward, M. A., Halfpenny, C., Murchison, A., Auran, J. D., Syed, Z. A., Justin, G. A., Griffiths, D., & Patel, R. (2024, July 27). *Chemical (alkali and acid) injury of the conjunctiva and cornea*. EyeWiki. https://eyewiki.org/Chemical_(Alkali_and_Acid)_Injury_of_the_Conjunctiva_and_Cornea

SoHum Health

Subject:	Manual:
Foreign Body Removal	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to removal foreign bodies (FB) from the ocular surface. Foreign body removal consists of identifying the FB's material if possible, removing the foreign body, and debriding the corneal epithelium if needed. Per California law, only foreign bodies that are non-perforating, no deeper than midstroma, and not reasonably anticipated to require surgical repair may be removed. FBs that fall outside of these criteria may be given an eye shield or bandage contact lens before being referred to an ophthalmologist.

DEFINITIONS:

Bandage contact lens: A contact lens with low refractive power approved by the FDA for extended wear for therapeutic use. Current approved brands as of 2024: Air Optix "plus Hydraglyde" (Alcon), Air Optix Night & Day, PureVision (Bausch & Lomb), Acuvue Oasys (Johnson & Johnson).
BCL: Bandage contact lens
Debriding tool: Alger brush, etc…
Hypodermic needle: Should be a 25- or 27- guage 5/8" needle. Bent tip is optional. The bevel should face away from the eye. Approach the corneal surface tangentially to avoid puncture.
Oral analgesics prescribable by optometrists: codeine with compounds, hydrocodone with compounds, and tramadol, limited to three days.

PROCEDURE:

The patient history should include questions about how long ago the sensation began, what the patient was doing (welding, etc…), what the patient believes entered the eye (metal fragment, etc…), if the patient wore safety gear, and what first aid has been rendered, if any. Remove the patient's contact lens from the affected eye.

Position the patient's head within the slit lamp. Anesthetize the eye with proparacaine 0.5% (multiple drops may be used throughout the visit). Examine the ocular surface with and without dye, as well as the palpebral conjunctiva. Note corneal abrasions and other staining patterns, and rust ring size if it has formed. Once the FB(s) has been located, check if it is mobile. Mobile FBs may be removed with a sterile cotton swab and eye wash. Immobile FBs require the use of sterilized jeweler's forceps, spud, hypodermic needle connected to a tuberculin syringe, or nylon loop. Carefully unstick the FB. Use eyewash to rinse the eye. Double check the ocular surface for remaining debris. Remove the rust ring with a debriding tool at this or a follow-up appointment. Record the size of the wound site. If a rust ring has not formed from a metallic FB, the patient should return the following day to have the rust ring removed.

The patient should be placed on a broad-spectrum topical ophthalmic antibiotic until the wound site has re-epithelialized, or one week, whichever is later. Additional medications for pain management (cyclopentolate 1%, oral analgesic) may be prescribed at the discretion of the optometrist and within legal guidelines. A bandage contact lens or pressure patch may be used at the optometrist's discretion, but the patient should be more closely monitored. The patient should be reevaluated within the first week to assess the defect and monitor for infection and inflammation (corneal edema, anterior chamber reaction).

~~References:~~

~~Bunya, V. Y., Mendelsohn, A., Syed, Z. A., Justin, G. A., & Rizzuti, A. (2024, May 27). *Removal of corneal foreign bodies*. EyeWiki. https://eyewiki.org/Removal_of_Corneal_Foreign_Bodies~~

CA Bus & Prof Code § 3041 (2023)

Camodeca, A. J., & Anderson, E. P. (2023, April 17). *Corneal foreign body*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK536977/

Guier, C. P., & Stokkermans, T. J. (2023, July 19). *Corneal foreign body removal*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK554478/

SoHum Health

Subject:	Manual:
Infant and Child Eye Exam	**Optometry**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide eye exams for infants and children. An infant eye exam consists of retinoscopy, cover test, pupil and extraocular muscle function testing, and anterior and posterior segment health. A child eye exam is a comprehensive eye exam (see Comprehensive Eye Exam) with modifications based on the cognitive ability and the comfort level of the patient. It is recommended that a child receive their first eye exam between 6 and 12 months. Asymptomatic and low risk infants should be seen again at least once between 3 and 5 years of age. Annual exams are recommended between 6 and 18 years of age. More frequent examinations may be necessary for high-risk patients or amblyopic or strabismic patients. If needed, trained staff members may assist schools in performing vision screenings. The procedures and tests may be modified at the discretion of the Optometrist to match the cognitive development of the infant/child. Depending on the cooperation of the patient, the exam may be split into multiple visits to ensure accurate test data.

DEFINITIONS:

Appropriate eye chart: Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc…
Appropriate color vision test: Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc…
Appropriate stereoscopic vision test: Titmus "Stereo Fly" test, Lang stereo test, Randot Stereotest, etc…
D: Diopter. A measurement of the focusing power of a lens.
Handheld autorefractor: Righton Retinomax K Plus 5, Welch Allyn Spot Vision Screener, etc…
Ocular alignment tests for infants: Hirschberg test, Krimsky test, red reflex test etc…

PROCEDURE:

Infant Eye Exam

Because infant eye exams often use different tests than children and adults, the tests used should be noted with their test results. The infant exam should begin with additional patient history questions, which may include questions about the mother's health during pregnancy. Ask if the patient was born full-term or premature; what the child's weight at birth was; when the child first crawled/walked/said their first single word; does the parent notice the child's eye(s) turning in/out, when it occurs, and how often.

If available, a handheld autorefractor for infants should be attempted and the results recorded. The autorefraction should be performed in a dim room. If the patient is cooperative, a tonometry test (usually a handheld variant) may be attempted; otherwise, tactile tonometry should be performed. Stereoscopy may be tested with a Titmus Fly or another age-appropriate test.

Pupils should be tested with a penlight or other light tool. Extraocular muscles should be tested with an appropriate fixation tool. Confrontation visual fields should be tested with an appropriate fixation tool that does not emit sound. The patient's ocular alignment may be estimated with appropriate testing methods of infants.

Retinoscopy should be performed on all infants. If prescription glasses are indicated, the retinoscopy results should be put in a trial frame to check ocular alignment. A cycloplegic refraction should also be performed, though, at the discretion of the Optometrist, this may be performed at a later date.

Examination of the anterior and posterior segments are usually performed with a 20D condensing lens and either a transilluminator or BIO headset.

Child Eye Exam

A child eye exam is a comprehensive eye exam (see Comprehensive Eye Exam) with modifications based on the cognitive ability and the comfort level of the patient. New patients should have a cycloplegic refraction performed.

References:

Hu, K. (n.d.). *Alignment Assessment (Hirschberg)*. Moran CORE. https://morancore.utah.edu/basic-ophthalmology-review/alignment-assessment-hirschberg/

Infant vision: Birth to 24 months of age. AOA.org. (n.d.). https://www.aoa.org/healthy-eyes/eye-health-for-life/infant-vision?sso=y

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U.S. National Library of Medicine. (2014). *How to test for the red reflex in a child*. Community eye health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194850/

Over-The-Counter Allergy Eyedrops

- Ketotifen: Zaditor; **for ages 3+**
- Olopatidine: Pataday (Twice-a-Day, Once-a-Day, Extra Strength); **for ages 2+**
- Pheniramine/Naphazoline: Naphcon-A, Opcon-A; **for ages 6+**
- Alcaftadine: Lastacaft; **for ages 2+**

Check eyedropsafety.org for up-to-date information on safety recalls for eye drops. Remove contact lenses before use. Wait 15 minutes before reinserting contact lenses.

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<u>Gotas Para Alergias Sin Receta</u>

- <u>Ketotifen:</u> Zaditor; **para edades 3+**
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Consulte <u>eyedropsafety.org</u> para información actualizada sobre retiradas de productos por motivo de seguridad de gotas para los ojos. Quítese los lentes de contacto antes de usar. Espere 15 minutos antes de reinsertar los lentes de contacto.

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SoHum Health

Subject:	Manual:
Animals in the Hospital	**Safety and Emergency Preparedness**

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to allow both birds and animals on the hospital grounds for the purpose of pet therapy.

Birds and animals have been shown to be therapeutic for residents in long-term care facilities. Birds and animals are allowed in the hospital and skilled nursing facility (SNF) under certain circumstances as outlined in this policy.

PURPOSE:

The purpose of this policy and procedure is to provide guidance in granting approval for animals in the hospital and SNF.

DEFINITIONS:

Activation: Ensuring that the shift into emergency response operation occurs quickly and smoothly
Disaster Plan: an actively maintained document containing procedures and information needed to prevent, mitigate, prepare for, respond to, and recover emergencies.

PROCEDURE:

1. Guide dogs for the vision/hearing impaired or disabled person are permitted and are welcome anywhere the general public is welcome. Guide dogs can be restricted in any areas in which visitors are restricted.

2. Pet Therapy – Certain community groups may request an opportunity to bring animals to the SNF as a therapeutic measure. The group must follow guidelines in procedure #4.

3. A patient's pet may visit in the ACUTE facility, if, in the opinion of the Department Director and/or Director of Patient Care Services and the patient's physician, this would be therapeutic or beneficial to the patient.

    a. A physician will ~~order~~ enter a miscellaneous order in Epic with their recommendation. ~~must be written.~~
    b. The pet must be clean, well groomed, and well behaved. A~~When possible, a~~ veterinarian certificate indicating appropriate vaccines must ~~should~~ be available for inspection.
    c. The individual bringing the pet into the hospital is responsible for its needs.
    d. The patient's roommate must agree to the visit. There must be discussion regarding roommate allergies.
    e. Neither the patient nor the roommate may be immunocompromised or susceptible to diseases routinely associated with the animal.
    f. Visits will be brief and may be terminated as deemed necessary.
    g. Visitations shall not exceed 60 minutes within a twenty-four-hour period, ~~/24 hours.~~ which may be modified at the discretion of the Director of Patient Care Services.

4. Pets may routinely visit the Distinct Part Skilled Nursing Facility (DP/SNF) residents WITHOUT special permission.

a. The pet must be clean, well groomed, and well behaved. A~~When possible, a~~ veterinarian certificate indicating appropriate vaccines must ~~should~~ be available for inspection.
b. The individual bringing the pet into the hospital is responsible for its needs.
c. The resident's roommate must agree to the visit. There must be discussion regarding roommate allergies.
d. Neither the resident nor the roommate may be immunocompromised or susceptible to diseases routinely associated with the animal (e.g.: birds with AIDS patient, etc.).
e. Visits will be brief and may be terminated as deemed necessary.
f. Pets must remain in resident's rooms, the lobby, the Activities Room, or outside. Pets may not be allowed to wander into the Acute facility, nor be in the Activities Room or Dimmick Room during mealtimes or at any time when residents are dining.
g. Visitations shall not exceed 60 minutes/24 hours.

5. At any time, nursing or administrative staff may require a pet to leave if in his/her opinion, its presence is causing undue stress to patients and/or residents or impeding staff from carrying out its duties.

6. Employees may bring their own pets to visit in the DP/SNF or Acute as long as they adhere to the provisions of this policy. However, employees may not bring their pets to work with them simply for the employee's or the pet's convenience.

7. ~~See attached **"Addendum A"** for care guidelines for specific animals.~~

~~Addendum A – Birds~~

~~Procedure:~~

~~1. Checklist and frequency of care for the birds to be done by Activities staff.~~

~~a. Check water and food daily; refill as needed.~~
~~b. Clean cage at least weekly.~~
~~c. Bird cage must have a skirt – empty skirt daily.~~
~~d. Sweep floor around bird cage daily and as needed.~~

~~2. Birds may not be in eating area, or anywhere food is being consumed.~~

~~3. Birds must always stay in cage.~~

~~4. Birds must be covered at night.~~