



South African Optometric Association

**Dear Patient,**

I trust that email finds you well, safe, and adapting to the so-called 'new norms'.

**Please note that my practice will be opening to attend to those situations requiring prompt attention on a phased basis as from 4th May 2020, with resumption of patient consultations on a case-by-case basis, as per the South African Optometric Association Guidelines.**

**All possible precautions are being taken to ensure the safety of all patients and staff which include the following:**

1. Patients and staff are screened daily upon arrival to the building, which includes having their temperature taken and filling in a questionnaire.
2. Patients and staff are required to follow strict protocols, as outlined below, including full-time mask wearing while in the building, wearing of personal protective clothing, social distancing, and stringent hand hygiene.
3. All equipment, door handles, pens, countertops, tables, cell phones and other areas of contact that are touched by staff and patients is sanitised between each patient with 70% alcohol-based disinfectant.
4. All staff sanitise their hands thoroughly after each patient.
5. Social distancing measures are implemented: only one patient at a time is requested to wait in the reception waiting area. Unfortunately, no accompanying persons are permitted to come into the practice. We are staggering bookings to ensure patients do not have to wait together in the waiting area. If you come early, you will be asked to wait outside or in your car until the waiting area is available.
7. Reading material and anything non-essential has been removed from reception waiting area.

**Patients are also asked to read and sign the following consent form:**

### **CONSENT TO CONSULTATION DURING THE NATIONAL LOCKDOWN**

I understand that the SARS-COV-2 virus is a novel coronavirus that is circulated through normal human interaction via direct nasal and oral droplet spread, or indirect contact with a surface that has infected droplets on it. I am aware that unintended microscopic droplet spread occurs even during normal speech, and all the more-so when coughing/sneezing. I understand that this virus causes the new disease COVID-19, and that COVID-19 disease symptoms range in severity from asymptomatic carriers to severe life-threatening pneumonia.

I understand that by leaving my home to go to the shops or to consult with any doctor at this time, there is some risk of contracting the SARS-COV-2 virus. I therefore acknowledge that I will take every



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precaution to prevent this from occurring. I acknowledge that I will not hold the doctors, staff or practice liable if such infection occurs to me or my accompanying persons.

I also understand that if I am an asymptomatic carrier of the SARS-COV-2 virus or an undiagnosed patient with early COVID-19, I may be endangering fellow patients, doctors and staff, and I therefore understand it is my duty to take appropriate precautions and to follow the safety protocols prescribed by the practice, as outlined below -:

**I acknowledge that it is my responsibility to do the following:**

- 1. Wear a mask at all times while at this practice.**
- 2. Avoid touching my face.**
- 3. Alcohol-sanitise my hands, my phone and other personal belongings upon arrival at the practice.**
- 4. Practice social distancing – not be within 2 meters of any staff member or fellow patient until my examination and/or treatment requires proximity to the doctor as needed.**
- 5. Not bring unnecessary accompanying family/friends/colleagues to my consultation.**
- 6. Inform the optometrist or staff on arrival if I have a travel history outside of South Africa within the past 21 days.**
- 7. Inform the optometrist or his/her staff on arrival if I have a history of contact with anyone suspected of having COVID-19 or flu-like symptoms.**
- 8. Inform the optometrist or staff on arrival if I have any of the following symptoms: fever, cough, loss of taste or smell sensation, sore muscles or joints, fatigue/malaise/general feeling of unwell, sore throat, shortness of breath.**

\_\_\_\_\_  
Patient (or person authorised to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**There is going to be a prolonged period of extreme safety protocols such as this required, possibly into 2021 until we have an effective vaccine. As we learn more over time, the recommended protocols above may change. If you or your practice need anything from me during this time, please let me know. I hope you and your families stay safe. Keep well!**