



Association of
Optometrists

AOP COVID-19 clinical and professional guidance webinar

9 April 2020



Association of
Optometrists

- The first part will be the webinar with CET content and previous questions, then we will do a live Q&A.
- Please use the Q&A function located at the bottom of your screens to ask questions. We will answer as many as we can within the session.
- Please note that we will review any unanswered questions and update our FAQs



Association of
Optometrists



Peter Hampson, Clinical Director, AOP



Association of
Optometrists

The last webinar had over 400 questions submitted!

We are going to address a number of the most common in an “informative” way so that you can also claim a CET point.



- 2.8.1 Ensure that records are maintained appropriately when undertaking patient consultations remotely during COVID-19
- 2.12.1 Ensure that a safe clinical environment is provided for patients and practitioners during COVID-19
- 2.16.1 Ensure that services delivered during COVID-19 are for emergencies or to meet the essential needs of patients



Association of
Optometrists

Topics

- What is essential and what is emergency care?
- How to provide remote care
- PPE
- Claiming for GOS & Furlough?
- Questions



Association of
Optometrists

What is essential and what is emergency care?



- **What does staying open for essential and emergency care mean?**
 - The first point is they are two separate things and it is important we don't conflate them.
- **Essential eye care** currently delivered under General Ophthalmic Services (GOS).... This may include where patients have broken or lost their glasses or contact lenses and need a replacement pair to function.
- **Urgent or emergency eye care** where a contract is held with a CCG to deliver urgent clinical advice or intervention



Broadly speaking

- Essential = GOS related
 - Urgent or emergency = MECS or similar
 - There is always some overlap especially where there isn't currently MECS provision.
-
- What is important is that you can stay open for "essential" even if you **don't** provide "urgent or emergency"



- **What do you mean by staying open?**
- **Have I got to be open as per normal?**
- **I've said I've changed my opening hours?**

- In our opinion you should maintain your normal GOS contracted hours, but you may deliver those remotely, with face to face contact by exception and only where the problem cannot be solved another way.
- If you have said you have reduced your hours without a formal contract variation then you should inform the NHS regional team and revert to normal.



- If you open 9am to 5pm normally for GOS, you should continue to do so, but this may be delivered via a combination of telephone and email contact.
- For example patients may be able to contact you via phone 9am to 3pm and after 3pm by email and responding to messages promptly.
- This is for your GOS contract, MECS requirements will depend upon each scheme.



Association of
Optometrists

How to provide remote care?



Association of
Optometrists

Keeping good records during COVID-19 Video & Telephone consultations

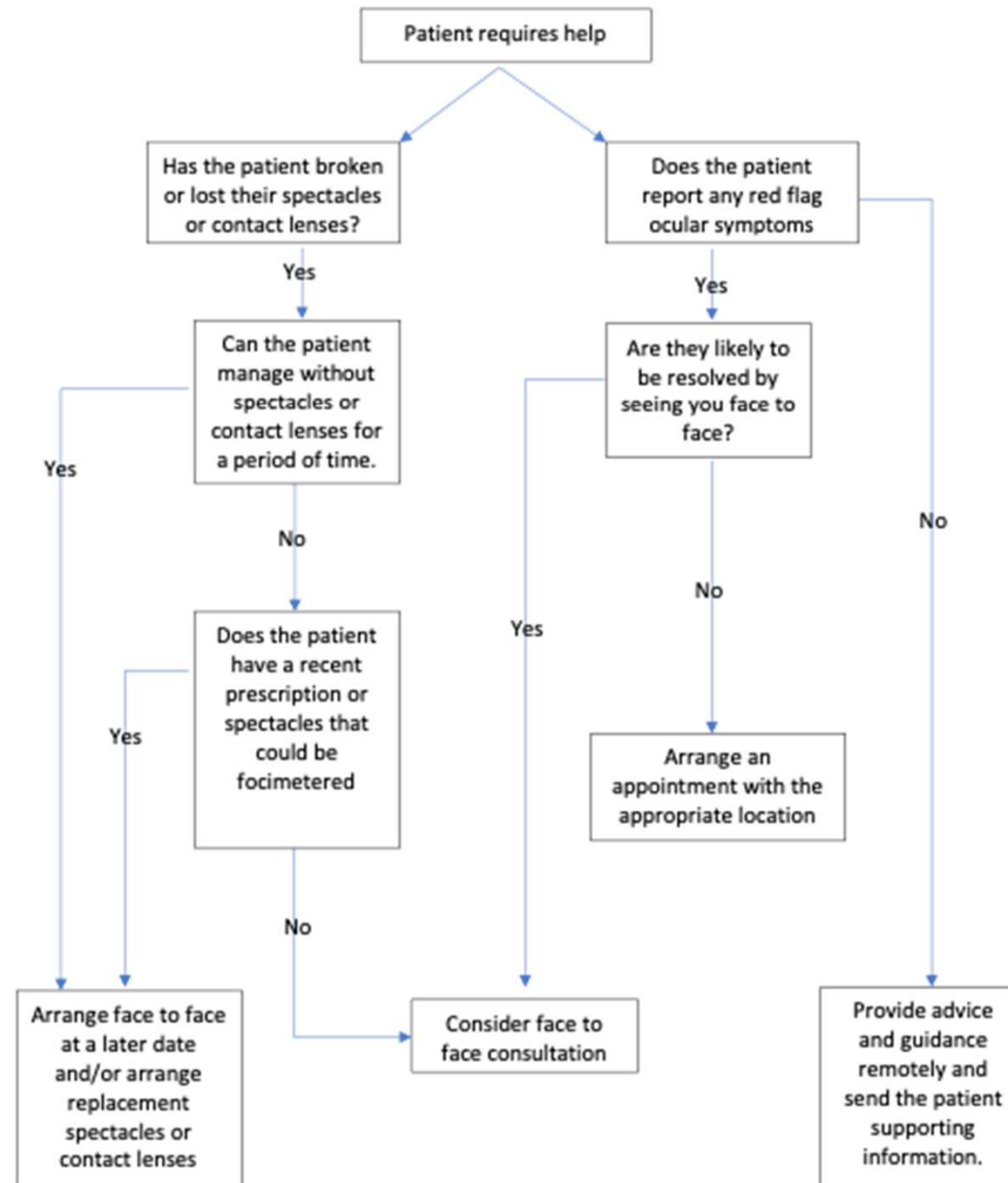
- This presumes you are providing “essential” & “emergency” care. If you aren’t some of these steps may not apply.
- More important than ever to keep good notes of the patient interaction.
- Do **not** record the telephone call!



Association of
Optometrists

Keeping good records during COVID-19 Video & Telephone consultations

- Make sure there is privacy, try not to have the kids screaming in the background.
- Have helpful numbers to hand.
- If you have remote access to your practice records make use of it, the better informed you are the better you can help.
- Use a pre-prepared record card, as it helps to add structure.





Association of
Optometrists

Keeping good records during COVID-19 Video & Telephone consultations

- Establish why the patient needs help?
- Is it due to broken or lost spectacles, or do they have a problem?
- If the patient has a problem, work out if it has any red flag symptoms, if there are red flag symptoms can you help?

- Face to face appointment for flashes and floaters?
- If not where can the patient get that help?
- Hospital? Have you got the number to hand?
- Another practice? Have you got the number to hand?



Association of
Optometrists

Keeping good records during COVID-19 Video & Telephone consultations

- If there are no red flag symptoms, can you offer the patient advice or reassurance?
- If the patient has broken or lost their spectacles can you arrange a replacement from a recent prescription?
- If not what help can you offer?
- Do you need to see the patient as they are at risk of harm from falls or they can't function without their spectacles?
- If so and you have the appropriate PPE, or if you are **personally** happy to see them without, then arrange an appointment.
- If you don't perform a sight test, but it is GOS related keep a log of the activity.



Association of
Optometrists

Keeping good records during COVID-19 Video & Telephone consultations

- It is important that any advice given to the patient is clearly recorded along with any instructions.
- If possible you should provide written guidance to the patient.
- You can send that via email or post.
- If you are sending patients information leaflets, those are not sensitive and may be sent by normal email.
- Ensure records are kept securely, a locked drawer will be sufficient.
- The AOP has a number of resources to help you.



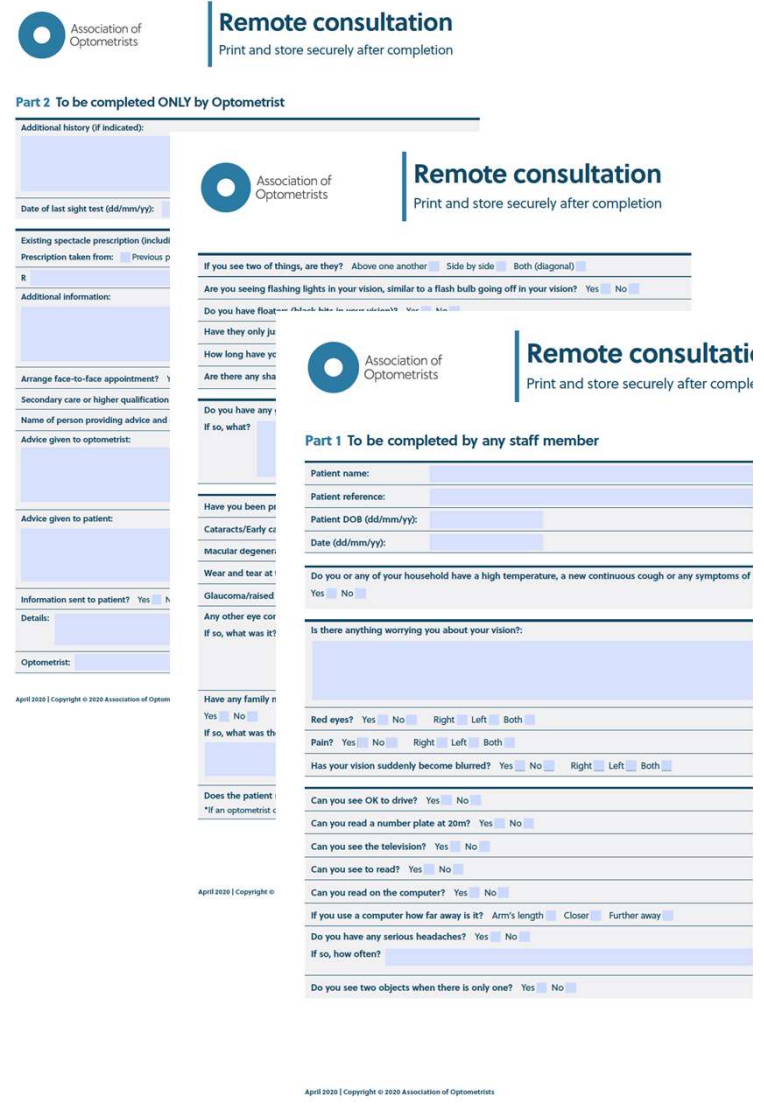
Association of
Optometrists



- <https://www.aop.org.uk/advice-and-support/for-patients/aop-patient-leaflets>

Keeping good records during COVID-19 Video & Telephone consultations

- This form has been developed in two parts, the first part could be completed by an assistant. The questions are written in patient friendly language to help with that.
- It can be used for remote consultations
- Alternatively if you are seeing the patient face to face then it can also be used to reduce contact time within 2m.



Remote consultation
Print and store securely after completion

Part 2 To be completed ONLY by Optometrist

Additional history (if indicated):

Date of last sight test (dd/mm/yy):

Existing spectacle prescription (including contact lenses) taken from: Previous prescription New

Additional information:

Arrange face-to-face appointment? Yes No

Secondary care or higher qualification

Name of person providing advice and advice given to optometrist:

Advice given to patient:

Wear and tear at:

Information sent to patient? Yes No

Details:

Optometrist:

April 2020 | Copyright © 2020 Association of Optometrists

Remote consultation
Print and store securely after completion

If you see two of things, are they? Above one another Side by side Both (diagonal)

Are you seeing flashing lights in your vision, similar to a flash bulb going off in your vision? Yes No

Do you have floaters (dark spots or specks in your vision)? Yes No

Have they only just started? Yes No

How long have you had them?

Are there any shadows? Yes No

Do you have any other symptoms? Yes No

If so, what?

Have you been prescribed any eye drops? Yes No

Cataracts/Early cataracts? Yes No

Macular degeneration? Yes No

Wear and tear at:

Glaucoma/raised intraocular pressure? Yes No

Any other eye conditions? Yes No

If so, what was it?

Have any family members been diagnosed with any of the above? Yes No

If so, what was the diagnosis?

Does the patient have any other symptoms? Yes No

*If an optometrist completing the form

April 2020 | Copyright © 2020 Association of Optometrists

Part 1 To be completed by any staff member

Patient name:

Patient reference:

Patient DOB (dd/mm/yy):

Date (dd/mm/yy):

Do you or any of your household have a high temperature, a new continuous cough or any symptoms of COVID-19? Yes No

Is there anything worrying you about your vision?

Red eyes? Yes No Right Left Both

Pain? Yes No Right Left Both

Has your vision suddenly become blurred? Yes No Right Left Both

Can you see OK to drive? Yes No

Can you read a number plate at 20m? Yes No

Can you see the television? Yes No

Can you see to read? Yes No

Can you read on the computer? Yes No

If you use a computer how far away is it? Arm's length Closer Further away

Do you have any serious headaches? Yes No

If so, how often?

Do you see two objects when there is only one? Yes No

April 2020 | Copyright © 2020 Association of Optometrists



Association of
Optometrists

PPE



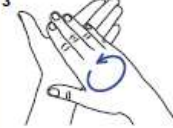







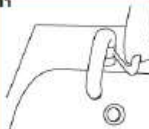
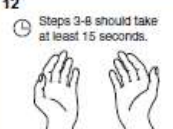


- **A lot of people have been confused by PPE**
- **Questions included**
 - What are the different types of mask?
 - What do I need to wear?
 - How do I dispose of it safely?
- **Let's start with the basics.**



Best Practice: how to hand wash

Steps 3-8 should take at least **20 seconds**

<p>1</p>  <p>Wet hands with water.</p>	<p>2</p>  <p>Apply enough soap to cover all hand surfaces.</p>	<p>3</p>  <p>Rub hands palm to palm.</p>
<p>4</p>  <p>Right palm over the back of the other hand with interlaced fingers and vice versa.</p>	<p>5</p>  <p>Palm to palm with interlaced fingers.</p>	<p>6</p>  <p>Backs of fingers to opposing palms with fingers interlocked.</p>
<p>7</p>  <p>Rotational rubbing of left thumb clasped in right palm and vice versa.</p>	<p>8</p>  <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	<p>9</p>  <p>Rinse hands with water.</p>
<p>10</p>  <p>Dry thoroughly with towel.</p>	<p>11</p>  <p>Use elbow to turn off tap.</p>	<p>12</p>  <p>Steps 3-8 should take at least 15 seconds.</p> <p>...and your hands are safe*.</p>

*Any skin complaints should be referred to local occupational health or GP.



Association of
Optometrists

What type of facemask do I need?

- There are quite a few different types of mask in existence from basic cloth, cotton or gauze masks (cloth masks).
- Medical, surgical or procedure masks (medical masks).
- And N95, N99, N100, P2, P3, FFP2 and FFP3 respirators (respirators).
- It all gets a bit confusing.



What type of facemask do I need?

- Medical masks and cloth masks were originally designed to prevent the spread of infection from wearers to others.
- If they contain a fluid resistant layer, they also protect the wearer against splashes of biological fluids.
- They do not protect against airborne or aerosolised pathogens.
- You shouldn't encounter those in primary care optometry as guidance is to avoid NCT, blephEx and alger brush.



What type of facemask do I need?

- Respirators are designed to protect the wearer from respiratory infections, when in contact with high risk patients.
- They are designed to form a seal around the face and are defined and regulated by their filtration capacity.
- They also require a fit test before use.



What type of facemask do I need?

- FFP2 are tested to ensure that they allow no more than 8% leakage to the inside and 94% filtration.
- FFP3 provide no more than 2% leakage and 99% filtration.
- FFP3 are needed when aerosol generating procedures are being performed.
- They also require a fit test before use.

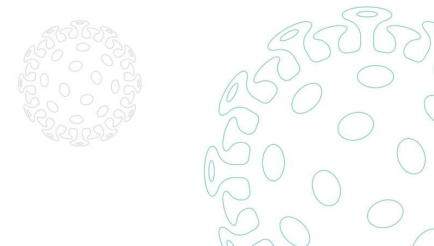
Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case ² (within 2 metres)	✓ single use ³	✓ single use ³	✗	✗	✓ risk assess sessional use ^{4,5}	✗	✓ risk assess sessional use ^{4,5}
Any setting	Performing an aerosol generating procedure ⁶ on an individual that is not currently a possible or confirmed case ²	✓ single use ³	✗	✓ single use ³	✗	✗	✓ single use ³	✓ single use ³

Table 4



- This may be single or reusable face/eye protection/full face visor or goggles.
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-w-n-cov-infection>
- Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**
- A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
- The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].



- The guidance issued by PHE says that you need a “fluid resistant (Type IIR mask)”
- This is **different** to a FFP2 which is a respirator.

When to use a surgical face mask or FFP3 respirator

When caring for patients with **suspected or confirmed infectious respiratory virus**, all healthcare workers need to – prior to any patient interaction – assess the infectious risk posed to themselves and wear the appropriate personal protective equipment (PPE) to minimise that risk.

When to use a surgical face mask		When to use an FFP3 respirator
		
In cohorted area (but no patient contact)	Close patient contact (within one metre)	Carrying out potentially infectious aerosol generating procedures
For example: Cleaning the room, equipment cleaning, discharge patient room cleaning, etc	For example: Providing patient care, direct home care visit, diagnostic imaging, phlebotomy services, physiotherapy, etc	For example: bronchoscopy, endotracheal intubation, tracheostomy procedures, cardiopulmonary resuscitation, diagnostic sputum induction;
PPE to be worn	PPE to be worn	Where a patient is known/suspected to have an infection spread via the aerosol route When caring for patients known/suspected to be infected with a newly identified infectious respiratory virus
<ul style="list-style-type: none"> • Surgical face mask (along with other designated PPE for cleaning) 	<ul style="list-style-type: none"> • Surgical face mask • Apron • Gloves • Eye protection (if risk of contamination of eyes by splashes or droplets) 	<ul style="list-style-type: none"> • FFP3 respirator • Gown • Gloves • Eye protection
		<ul style="list-style-type: none"> • Fit testing should be carried out by a properly trained competent fit tester. • Other guidance is available on bacterial infections and pulmonary tuberculosis

These images are for illustrative purposes only. Always follow the manufacturer's instructions.

Remember

- PPE should be put on and removed in an order that minimises the potential for cross-contamination.
- The order for PPE removal is gloves, apron or gown, eye protection, surgical face mask or FFP3 respirator.
- Hand hygiene must always be performed following removal of PPE.
- Healthcare workers who have had influenza vaccination, or confirmed influenza infection, are still advised to use the above infection control precautions.

© Crown copyright 2013. NHS ENGLAND GATEWAY REFERENCE 00349
 2901107. 1p Sept 2013. Produced by Williams Lea for the Department of Health, NHS England and Public Health England in conjunction with HSE.
 Images copyright CDC 2009



Table 1 — Performance requirements for medical face masks

Test	Type I ^a	Type II	Type IIR
Bacterial filtration efficiency (BFE), (%)	≥ 95	≥ 98	≥ 98
Differential pressure (Pa/cm ²)	< 40	< 40	< 60
Splash resistance pressure (kPa)	Not required	Not required	≥ 16,0
Microbial cleanliness (cfu/g)	≤ 30	≤ 30	≤ 30

^a Type I medical face masks should only be used for patients and other persons to reduce the risk of spread of infections particularly in epidemic or pandemic situations. Type I masks are not intended for use by healthcare professionals in an operating room or in other medical settings with similar requirements.



- **Q1: Do I need a respirator?**
 - No, not based on current guidance.
- **Q2: Will any old face mask do?**
 - No, It needs to be a Type IIR
 - Type II masks are principally intended for use by healthcare professionals in an operating room or other medical settings with similar requirements. The “R” denotes fluid resistance
- **Q3: How do I know I have the correct mask?**
 - Look out for the standard BS EN 14683:2019 and make sure the mask is marked as type II R.



- **Q4. Does the College guidance only say to use masks?**
 - No it recommends following PHE guidance.
 - Which says mask, apron, gloves and potentially eye protection.

- **Q5. What if I don't have all of the PPE?**
 - The PHE guidance clearly states a risk assessment.
 - We think aprons and masks are very hard to argue against.
 - You might decide that with a large slit lamp shield, goggles aren't needed.
 - Also gloves don't negate good hand hygiene, you might decide they aren't essential.

- Public Health England have provided a guide on how to put on and take off PPE.
- Which will be sent in a follow up email with the remote consultation form.

Putting on PPE

Public Health England

Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-JdI2s>

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- Perform hand hygiene before putting on PPE.
- Put on apron and tie at waist.
- Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.
- With both hands, mould the metal strap over the bridge of your nose.
- Don eye protection if required.
- Put on gloves.

Public Health England

*For the PPE guide for AGPs please see: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

© Crown copyright 2020. Public Health England Gateway Number: 2019-002. V1.2. 24-03-2020

Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-JdI2s>

PPE should be removed in an order that minimises the risk of self-contamination

- Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

- Remove gloves. Grasp the outside of glove with the opposite gloved hand, peel off. Hold the removed glove in the remaining gloved hand.
- Clean hands.
- Apron. Unfasten or break apron ties at the neck and let the apron fall down on itself. Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.
- Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.
- Clean hands.
- Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.
- Clean hands with soap and water.

Public Health England

*For the doffing guide to PPE for AGPs see: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

© Crown copyright 2020. Public Health England Gateway Number: 2019-002. V1.2. 24-03-2020



1. A short summary is as follows:
2. Remove jewelry, make sure you have had a drink, tie back hair.
3. Perform hand hygiene
4. Put on apron and tie at waist.
5. Put on facemask
6. Mold the metal strip around the nose.
7. Put on eye protection if needed.
8. Put on gloves.



Association of
Optometrists

Taking off PPE

1. Remove gloves
2. Clean hands
3. Remove apron
4. Remove eye protection if worn
5. Clean hands
6. Remove facemask
7. Clean hands



Association of
Optometrists

How do we get PPE

- **How do we get PPE?**
 - That is currently the most difficult question.
 - There is currently no clear route to obtain PPE for practices.
 - NHS England and the optical sector are urgently working on it.

- **Waste**
- Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):
- Should be put in a plastic rubbish bag and tied when full.
- The plastic bag should then be placed in a second bin bag and tied.
- It should be put in a suitable and secure place and marked for storage until the individual's test results are known.
- Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.
- if the individual tests negative, this can be put in with the normal waste
- if the individual tests positive, then store it for at least 72 hours and put in with the normal waste
- If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.



Association of
Optometrists

Claiming GOS & Furlough



- **Q1: Do I claim for a sight test when giving advice over the phone, or via video?**
- No, but record any activity and keep records.

- **Q2: Does the patient need to sign the GOS1 forms?**
- These will be rare, but currently if seeing the patient in person for a sight test, Yes.

- **Q3: If I have GOS 3 & 4s for patients and I post their specs to them, do they need signatures?**
- No, mark them as COVID-19



- **Q4: Can I provide essential care and claim NHSE support while furloughing staff?**
- You can furlough any staff on PAYE who are not involved in providing essential care. Staff who are involved in providing care – even on a voluntary or part-time basis – cannot be furloughed under the rules of the Coronavirus Job Retention Scheme (CJRS).

- **Q5: Can I provide essential care and claim NHSE support while also claiming self-employment support?**
- In principle we think self-employed practice owners who are providing essential care and receiving NHS England financial support may also be able to claim for support under the self-employed scheme, provided that
 - (i) they meet all the eligibility criteria for the scheme, and
 - (ii) they can show they have suffered ‘lost profits’ relating to private sales and services. This would include non-voucher dispensing private sight tests, contact lens appointments.
Basically anything not funded by GOS and that has been affected.
- You must make sure you can show that GOS support hasn’t been used to cover the costs of essential services.



Considerations for practices in England around staying open during the COVID-19 pandemic

Guidance for practice owners



RELATED CONTENT SET

[Coronavirus updates](#)

[Coronavirus: important information for members](#)

[Common employment questions related to coronavirus](#)

[Coronavirus: guidance for employers on furlough leave](#)



- **Q6: Can I rotate the employees who are furloughed.**
 - Yes, but they must be furloughed (and therefore do no work for you) for blocks of at least 3 weeks.
- **Q7: Can employees who are furloughed do training?**
 - Yes, as long as this does not provide services to or generate revenue for the employer. If this is training that the employer needs them to do, they must be paid at least the minimum wage.
- **Q8: Can employees who are furloughed do volunteer work?**
 - Yes, but not for their employer, nor can they do volunteer work that provides services to or generates revenue for any business linked to or associated with their employer.



- **Q9: What about employees who have already been made redundant?**
 - Provided they were on the payroll at 28 February 2020, and the former employer agrees, they can re-employ that person for the purpose of furloughing them.
- **Q10: Can an employee request their employer puts them onto furlough?**
 - Yes, an employee can request this, but the employer does not have to agree. It is the employer's decision which employees to place on furlough leave, if any. Choosing between employees will be subject to existing employment law e.g. the duty not to discriminate.



- **Q11: Can a furloughed employee work elsewhere?**
 - Yes, the update to the guidance on 4 April 2020 confirms this. However, the employee cannot do work for the employer seeking the reimbursement during furlough. If starting a new job, the fact they are furloughed from another job should be declared on the starter checklist form (section C).
- **Q12: Can those who are on unpaid leave be furloughed?**
 - Not if they went onto unpaid leave before 28 February.
- **Q13: Is it possible to be furloughed from more than one job?**
 - Yes, it has been confirmed that this is possible and that the cap of £2,500 applies to each job.



- **Q14: What sort of payments can be claimed for?**
 - You can claim for any regular payments you are obliged to pay your employees. This includes wages, past overtime, fees and compulsory commission payments. However, discretionary bonuses and commission payments should be excluded.
- **Q15: When will the online portal open?**
 - HMRC told a parliamentary select committee yesterday it will open on 20 April with the first payments made on 30 April. Aim is to pay within 4-6 working days of claim.
- **Q16: What about holiday and furlough?**
 - HMRC customer support have tweeted that it is possible to take annual leave while furloughed and it must be paid at full pay.



How to join the AOP

Please visit www.aop.org.uk/membership

The screenshot shows the AOP website's membership page. At the top left is the AOP logo and name. The navigation bar includes links for 'OT Optometry Today', 'AOP Community', 'MyAOP', 'Log in', and a 'Join AOP' button. A secondary navigation bar contains 'Coronavirus', 'Advice and support', 'Education and events', 'Career development', 'Membership' (highlighted), and 'About AOP'. Below this is a breadcrumb trail 'Home > Membership' and a main heading 'Membership'. The main content area describes the benefits of membership, divided into three sections: 'Protect' (insurance and legal support), 'Support' (professional services), and 'Represent' (advocacy). At the bottom, there are three promotional cards: 'Member benefits', 'Contact from the AOP' (with a lock icon), and 'Don't settle for second best 2019'.

Association of Optometrists

OT Optometry Today | AOP Community | MyAOP | Log in | [Join AOP](#)

Coronavirus | Advice and support | Education and events | Career development | **Membership** | About AOP

Home > Membership

Membership

When you join the AOP, you'll be protected, supported and represented throughout your optical career - from your first day at university through to your retirement. Membership gives you the peace of mind and resources that you need to provide first class eye care and get on with the job you love

Protect

With over 80% of UK practising optometrists as members, we are the leading provider of medical malpractice insurance for optometrists in the UK and our in-house legal team vigorously defends the reputation and livelihood of our members.

Support

We provide high quality services and benefits to enable our members to fulfil their professional roles.

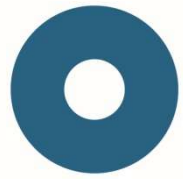
Represent

The optical profession in the UK is changing rapidly and we work on behalf of our members to help shape the sector and positively affect their working lives.

Member benefits
There are so many reasons why our members join and stay with us

Contact from the AOP
Avoiding fraud, how to know if it's really the AOP contacting you

Don't settle for second best 2019
Our Don't settle campaign



Association of
Optometrists

Round of applause for the NHS



Association of
Optometrists

Questions - Pre-submitted



Association of
Optometrists

Questions – Live



Association of
Optometrists

Thank you for listening