**PRACTICE DECLARATION FORM –**

**RESUMPTION OF FACE-TO-FACE EMERGENCY AND ESSENTIAL EYECARE**

**Practice Details**

|  |  |
| --- | --- |
| Trading Name: | Payment Location Code: |
| Address: |
| Town: | Postcode: |
| Email address: |
| Named Contact: |
| Practice Ownership(Please Tick as appropriate) | Optometrist/OMP: |
| Body Corporate: |
| Dispensing optician: |
| None of the above: |

**The practice should refer to the NES and HSE guidelines via the undernoted links prior to completion of this declaration:**

<https://learn.nes.nhs.scot/28963/optometry/covid-19-eyecare-delivery-support>

<https://www.hse.gov.uk/simple-health-safety/risk>

**Please complete below using the tick box column**

|  |  |
| --- | --- |
| **Health and Safety Risk Assessment**Health and Safety Risk Assessment has been undertaken and completed | **Tick Box** |
| **Personal Protective Equipment (PPE)****Practice staff understand the appropriate use of:** |  |
| Appropriate hand sanitiser  |  |
| Disposable gloves |  |
| Disposable fluid resistant face masks |  |
| Disposable aprons |  |
| Visors/eye protection |  |
| Alcohol based wipes or cleaning spray |  |
| All staff have been trained on what PPE to use and how to don and doff |  |
| **Infection Control** |  |
| Infection control measures for practice sanitisation have been implemented and staff trained |  |
| Aerosol generating procedures have been discontinued and include: |  |
| Non-contact tonometry |  |
| Use of alger brush |  |
| Blephex treatment |  |
| Practice has implemented physical distancing measures in all areas of the practice |  |
| Breath Guards fitted to slit lamp(s) |  |
| All clinical waste and PPE being disposed of appropriately |  |
| **Training:**All optometrists/OMPs have read the NES document: “Resuming General Ophthalmic Services following Covid-19 Shutdown” <https://learn.nes.nhs.scot/31186/optometry/resuming-general-ophthalmic-services-following-covid-19-shutdown> |  |
| All staff have been trained in appropriate hand washing technique |  |
| All staff have been trained on appropriate method for using hand sanitiser |  |

**Declaration**

I/we certify that I/we have undertaken a Health and Safety Risk Assessment in line with the guidelines outlined above and that these guidelines will be adhered to within this practice and have included a copy of the completed Risk Assessment with this Declaration.

I/we further certify that we will regularly access NHS Education for Scotland resources to ensure the practice is adhering to the most up to date guidance.

I/we further certify that during Phases 2 to 4 of the Scottish Government's recovery Route Map, I/we will submit GOS and optical voucher claim forms to Practitioner and Counter Fraud Services for all such activity undertaken during this period.

**Signed:**

**Part 1 Optometrist/OMP**: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practice Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Self-Declaration form should be used by practices as a checklist to ensure that they are conversant with the requirements of safe provision of emergency and essential eyecare in the practice. Please e-mail this completed form to your NHS Board, along with a copy of your completed Practice Health & Safety Risk Assessment by **Thursday 25 June 2020**. If staff return to work after the form has been returned you should ensure that you take them through the checklist and satisfy yourself that they can comply with the infection control guidance.

**NB: By completing this form you are confirming that face-to-face emergency and essential eyecare will be provided from the above noted practice premises.**