

# Optimum VA



The Official Newsletter of the  
National Association of Veterans Affairs Optometrists

**Summer/Fall 2009**

## NAVAO Officers

President  
**Gay Tokumaru**

Vice President  
**Brian Kawasaki**

Secretary  
**David Storer**

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## Optometric Board Certification Approved

In June, the American Optometric Association voted in favor of the establishment of the American Board of Optometry (ABO). After much debate, the final vote tally was 1,126 in favor and 887 against board certification. [The state by state results can be found here.](#)

The proposal for board certification was put forth by the Joint Board Certification Project Team (JBCPT) created in 2007. The JBCPT consisted of six different optometric organizations including the American Optometric Association (AOA), the American Academy of Optometry (AAO), the National Board of Examiners in Optometry (NBEO), the Association of Regulatory Boards in Optometry (ARBO), the Association of Schools and Colleges of Optometry (ASCO) and the American Optometric Student Association (AOSA).

The JBCPT proposed the development of the American Board of Optometry and determined board certification requirements which are detailed in the JBCPT's proposal but are summarized here.

- American Board of Optometry to consist of 7 members with 3 year terms: 1 public member, 1 member from AAO, 2 members from AOA, 1 member from AOSA, 1 member from ASCO, 1 member from ARBO
- Board certification process includes 3 years active licensure plus post graduate educational requirements in the form of residency, fellowship in the AAO or COVD, practice experience plus educational activities (published papers, poster presentations, teaching) and completion of board certification examination (an enhanced patient assessment and management examination)
- Maintenance of Board Certification

Once the ABO is actually formed, modifications and refinements of the board certification process are likely to come.

## ISSUE HIGHLIGHTS

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# PROMOTION INFORMATION SHEET: NAVAO MENTOR PROGRAM

## Amendments to the NAVAO Constitution

The NAVAO Executive Committee recommends the following amendments to the NAVAO Constitution and By-Laws to accommodate optometric research fellows in our membership structure. Only the proposed changes are listed here. The Constitution and By-Laws are available in its entirety online at the NAVAO website.

We will be voting on the changes at the annual Business Meeting at the AAO meeting in Orlando.

### **National Association of VA Optometrists Constitution    December 1997 **Amended November 2009****

We, Doctors of Optometry, who are members of the medical staff at the Department of Veterans Affairs (VA) Medical Centers, Hospitals, Outpatient Clinics, Blind Rehabilitation Centers, or Extended Care Centers, or who have an interest in VA optometry programs, in order to achieve our mutual goals of encouraging and promoting the best possible primary eye and vision care for our nation's veterans and promoting the education, training, professional growth, and welfare of optometric staff, research fellows, residents, and students, do ordain and establish this Constitution.

#### **Article II**

Membership: Any VA staff, attending, or consultant optometrist, or any other optometrist having an interest in VA optometry shall be eligible for membership in the NAVAO with all its benefits, rights, privileges, and duties as provided in the By-Laws. VA research fellows and residents shall be also eligible for membership but without voting rights and may not run for an elected office. Of the members in good standing, hereinafter referred to as Members, those present at a business meeting shall form a quorum. Membership dues shall be specified in the By-Laws.

### **By-Laws    December 1990    Amended December 1992, December 2006, and **November 2009****

#### Article I

##### Section I:

**Membership.** To establish and maintain membership in good standing and to be entitled to all the benefits, rights (including voting rights), privileges, and duties of the Association, annual dues are to be submitted to the Treasurer or his/her designee by January 31 of each year for general members and by August 31 of each year for optometric research fellows and optometric resident members. There will be a \$5 late fee for dues received after this date for general members. Dues will not be accepted for the current calendar year after August 31; dues received after August 31 will be applied to the following calendar year. Dues will not be accepted at the annual business meeting or banquet. Membership may be terminated by quorum majority vote of the Board for failure to pay dues or by a two-thirds vote of a

quorum of Members for just cause. The Treasurer or his/her designee will ensure that a financial statement is sent to each Member. All newly hired VA optometrists will be provided free membership in the Association for the calendar year in which their employment at the VA commenced. All Members will receive a Membership Certificate when they initially join the Association. The membership year of the Association will be January 1 through December 31. The membership year for optometric research fellows and optometric residents will be July 1 through June 30.

## Article II

**Dues:** The annual dues for membership shall be \$50.00 for all Members except for optometric research fellows and optometric residents who shall owe \$25.00. There will be no initiation fee. Dues payments received after January 31 and prior to September 1 of each year shall be assessed a \$5 late fee. The fiscal year of the Association will be January 1 through December 31.

## Article V

**Nomination and Election Process:** The President will call for nominations three months before the annual business meeting of every odd-numbered year. Nominations may come from any Member for him or herself or for another Member. Nominations are closed thirty days after the call for nominations. The individuals receiving the most and second-most number of nominations for each office will be contacted by the teller of ballots (an individual selected by the Immediate Past President) and those who wish to run will be given an opportunity to submit a brief profile and statement for publication prior to the election. An individual may run for only one office in an election. Balloting will be performed electronically. Results shall be reported to the teller of ballots, votes will remain confidential. Candidates receiving a plurality for each office will be declared the winner. Election results will be formally announced at the annual meeting. In the event of tie, a runoff will take place at the annual meeting.

## NAVAO Call For Nominations

Dear NAVAO Member:

This is an election year for NAVAO officers and I would like to invite you to submit nominations for NAVAO Members (including yourself) for the offices of President, Vice-President, Secretary, and Treasurer. I have reached the term limit as President and Brian Kawasaki has reached his term limit as Vice-President. The Secretary and Treasurer positions do not have term limits. If you are not sure if the individual you are nominating is an NAVAO member, please login to the members are of the NAVAO website ([www.navao.org](http://www.navao.org)), click on "Membership Status List" and then click on "Current Members" or "New Hire-Members" to review the rosters of active members. You can also review the descriptions of each officer position by going to the NAVAO website and clicking on the "Constitution" tab on the left side of

the home page. Please email your nominations to the following email address: [navaoelections@gmail.com](mailto:navaoelections@gmail.com). The last day for nominations is September 20.

Thank you,

Gay K. Tokumaru, O.D.  
President, NAVAIO

## Cleaning and Disinfection of Reusable VHA Eye Clinic Equipment/Instruments

On the August 21, 2009 optometry conference call, Dr. Roselle, the National Program Director for Infectious Disease was present to answer some frequently asked questions in regards to the cleaning and disinfection of reusable optometric equipment. The presentation is available at the following link: [http://navao.org/august2109/Disinfection\\_Nov\\_2008.pdf](http://navao.org/august2109/Disinfection_Nov_2008.pdf)

A list of frequently asked questions is available under the call minutes on the NAVAIO member website, but is reprinted here for your convenience.

### Frequently Asked Questions as presented by Dr. Roselle:

- Q: Does the Haag-Streit Stericup system require any additional disinfection following removal of the disposable cover beyond simple cleaning with soap and water?**  
**A: Follow the manufacturer's instructions**
- Q: What evidence is there that our previous tonometer disinfection methods put our patients at risk?**  
**A: There has been defined transmission in eye clinics of adenovirus and other things. While there may not be huge outbreaks, I don't think we know the numerator or the denominator for transmission of infections. The VA policy remains, in general, that we should follow the manufacturer's instructions.**
- Q: Do you need a separate room for disinfecting the tonometer tips and lenses?**  
**A: No, because you are not doing high level disinfection or sterilization. However, you should be careful that you do it away from the patient and away from electrical equipment.**
- Q: What are recommendations regarding A-scan and B-scan probes?**  
**A: Follow the manufacturer's instructions**
- Q: What if you choose to use a cleaning system that is different from the manufacturer's instructions, which is felt to be more rigorous, more concentrated, and better?**  
**A: You can check with the manufacturer and if they send you documentation that it is OK, then go ahead. Otherwise, just follow the manufacturer's instructions.**
- Q: Does anyone else make Stericups other than Haag-Streit?**  
**A: Dr. Roselle is not aware of any other manufacturers.**

- **Q: How do we deal with reprocessing of low vision equipment, such as cooking utensils, etc?**  
**A: These are not considered reusable medical equipment (RME). Directive 2009-031 only addresses items which require high level disinfection or sterilization. For non-critical items which require cleaning, the facility needs to have a cleaning schedule in place.**
- **Q: What about reading material used for low vision evaluations (i.e. newspapers, etc)?**  
**A: These are not RME, so SOPs are not required with these items.**
- **Q: What about a dedicated room to see patients who have an eye infection?**  
**A: There is no requirement that they be seen in a separate room.**
- **Q: What about keyboards in the clinic?**  
**A: These are not RME (provided they are not exposed to blood or other biohazardous material)**
- **Q: What suggestions do you have for reprocessing equipment that does not have manufacturer's instructions?**  
**A: There are two issues here. First, if they don't have manufacturer's instructions, are they RME at all? Second, is it disposable or reusable?**
- **Q: Are there any indications that the VA will go to disposable?**  
**A: It depends on each facility**
- **Q: We are being told that we need a separate SOP and competency for each brand of lenses, etc. Is this true?**  
**A: No, this is not necessary if the cleaning instructions are the same for each lens, etc. Just be sure to specify what lenses, etc., it covers in the heading of the SOP and the competency.**
- **Q: What about the wooden boxes that many lenses come in?**  
**A: Storage containers have to be able to withstand some kind of cleaning. It's not a problem for patient to patient transmission, unless you're putting them back in those boxes before they're processed.**
- **Q: If something doesn't come into contact with the eye, is it considered to be critical or semi-critical?**  
**A: If something doesn't actually touch anything, then it's hard to consider it critical or semi-critical. If it gets soiled, then that's another matter.**
- **Q: What pressure can you put on manufacturers to simplify their methodology?**  
**A: We have talked with Haag-Streit and Olympus. It is not easy for manufacturers to change these things. They will have to go to the FDA for clearance.**
- **Q: Wouldn't it be easier just to sterilize everything?**  
**A: The manufacturers have to validate whether or not their product can be sterilized.**
- **Q: How can we obtain an up-to-date list of all the manufacturer's instructions?**  
**A: We are looking for a software solution that would post all the latest RME reprocessing recommendations for basically anything we would buy.**
- **Q: What about replacement guarantees?**  
**A: This is a contracting issue.**
- **Q: I have found various reports online regarding CaviWipes XL. The container says that you're supposed to wear gloves when using them. Are gloves necessary?**  
**A: Follow the instructions.**
- **Q: What if the manufacturer's instructions don't seem correct?**  
**A: If the manufacturer's instructions say something that looks odd, then verify that it actually is what it says. If you think they might be wrong, then you can send it to me (Dr. Roselle) or Dr. Townsend and we'd be happy to look at it.**
- **Q: Does everything have to be reprocessed centrally by SPD?**

**A: No, every VA facility determines how best to meet their needs with their available resources, etc.**

**Q: Does the person doing the competency have to be certified by the manufacturer?**

**A: This is not a requirement.**

**Q: Disinfecting chin rests with saniwipes can smell and be annoying to people.**

**A: This is a non-critical or semi-critical device and any low level disinfectant on the market would be suitable. You can try to find something else.**

**Q: Do eyeglass frames in the dispensary need to be disinfected?**

**A: In general, no.**

**Q: Why are we exceeding manufacturer's guidelines in the disinfection of eye clinic RME? Why are we gassing every item?**

**A: I assume that "gassing" is referring to ethylene oxide (ETO). There is no VA requirement that eye clinic items must be sterilized by ETO. Follow the manufacturer's instructions. Some manufacturers will list ETO as an alternative, but an alternative doesn't mean that you have to do it (you can choose).**

**Q: How do we disinfect the Goldmann Applanation Tonometer tip?**

**A: Refer to the VA Patient Safety Alert AL08-03 from October 30, 2007.**

**Q: How are clinics handling SOPs for non-critical equipment?**

**A: For non-critical items, you will need a cleaning schedule and cleaning instructions (this is different than an SOP). This is not covered by the RME directive.**

**Q: For some pieces of equipment that cannot be autoclaved, SPD insists that the equipment that's cleaned by them expires after five days. Is this true?**

**A: No. SPD is not required to reprocess equipment after five days. The five day rule only applies to hang time for endoscopes that are high level disinfected and not wrapped.**

**Q: Why are we taking such extreme measures?**

**A: We have had a lot of problems (not with the eye clinic) with RME. Management decided that we were going to follow the manufacturer's instructions and make an attempt to industrialize the process and do it right. The eye equipment fell into that.**

**We have a new website: ["http://vaww.va.gov/INFECTIOUSDISEASES/NECOA.asp"](http://vaww.va.gov/INFECTIOUSDISEASES/NECOA.asp) and on it you will see SPD FAQs. Dr. Townsend will be sending out an email to all VA Optometrists with the link.**

**We have been looking for better manufacturer's instructions for some items, such as fundus contact lenses. It is not a simple process and we are still trying to gather those.**

**Question from someone on the conference call: Can we disinfect the tonometer tips and lenses in an exam room when the patient is not there, such as at the end of the day?**

**Dr. Roselle: You can even do it when the patient is there. It doesn't matter. Just be a little bit away from the patient and the electrical equipment. If you're doing a thousand of them and you have a five gallon drum of something, then that might be different. But if you're just doing a few and they're little cups, you don't need a special place, you don't need special ventilation, and you don't need special garb.**

**Question from another person on the conference call: Is this nationwide across all VAs? We have been told specifically by our SPD that we have to have a specific dirty room set up and these were not to be placed in the same room where there is patient care.**

**Dr. Roselle: That's why we're going to publish the FAQs. This process moved so quickly that there are some inconsistencies around and we're trying to straighten out some of these things by getting on the conference calls and publishing the FAQs. This is not the same as high level disinfection or sterilization which requires special areas for decontamination.**

□ Another question from someone on the conference call: Are you saying that the tonometer tips do not require high level disinfection? Glutaraldehyde and bleach solutions have been suggested by the manufacturers as two options. My understanding is that they're planning to do away with the bleach as an option. My facility does not have glutaraldehyde, nor would they want us to be using that in the clinics.

**Dr. Roselle:** While tonometer tips appear to be a semi-critical device that would require high level disinfection or sterilization, the FDA has determined that you don't have to do high level disinfection or sterilization. The FDA has the authority to do that. Refer to the 2008 CDC Guidelines on Disinfection and Sterilization, as well as the Patient Safety Alert AL08-03 from October 2007. You can use bleach or peroxide to do this. Bleach is compounded by the pharmacy. 3% peroxide can be purchased by the bottle.

## Open VA Optometrist Positions

FACILITY	CONTACT INFORMATION	CLOSING DATE	POSITION INFORMATION
Black Hills, SD Health Care System - Ft. Meade	(605) 720-7090	09/04/09	<p><b>1 Part-Time Permanent (FTP) Position</b></p> <p>Superior professional attainment in the optometric field, education, research or administration which clearly distinguishes the optometrist as having the highest professional qualifications in his/her profession. The selecting official reserves the right to select the most qualified candidate.</p>
St. Cloud, MN VAMC	Sharon Schmitz (320) 255-6301 <a href="mailto:sharon.schmitz@va.gov">sharon.schmitz@va.gov</a>	09/13/09	<p><b>1 Part-Time Permanent (FTP) Position</b></p> <p>Recruiting to fill a part-time (24 hours/week) Optometrist position at the St. Cloud VA Medical Center. Provides a full range of clinical optometric diagnosis and treatment of all of the most prevalent types of vision dysfunction and the detection and referral of ocular disease in veterans with ocular disease or ocular manifestations of systemic disease.</p>
Gainesville, FL VAMC	Joan Kelley (352) 376-1611 x5083 <a href="mailto:Joan.Kelley@va.gov">Joan.Kelley@va.gov</a>	11/30/09	<p><b>1 Full-Time Permanent (FTP) Position</b></p> <p>The incumbent will render optometry services by conducting regularly scheduled clinics. Provides diagnostic, preventative and therapeutic health services to patients. Assists in the administration of the eye clinic to include developing plans and procedures to enhance eye care delivery. Integrates eye care service with other medical professionals. This position may require travel to outlying clinics up to 15 days per year.</p>

## Web Links

### Associations, Institutes, Organizations, Societies

[All About Vision](#)  
[Alliance for Aging Research](#)  
[American Academy of Ophthalmology](#)  
[American Academy of Optometry](#)  
[American Academy of Pediatrics](#)  
[American Optometric Association](#)  
[American Optometric Foundation](#)  
[Association of Regulatory Boards of Optometry \(ARBO\)](#)  
[Council for Refractive Surgery Quality Assurance](#)  
[Eye Advisory](#)  
[Eye Surgery Education Council](#)  
[Glaucoma Research Foundation](#)  
[Healthy Vision 2010](#)  
[International Glaucoma Association](#)  
[NASA Vision Group](#)  
[National Eye Research Foundation](#)  
[National Keratoconus Foundation](#)  
[National Optometric Association](#)  
[NBEO](#)  
[Optometric Extension Program](#)  
[Optometric Refractive Surgery Society](#)  
[Optometrists.org](#)  
[ORMS](#)  
[Parents Active for Vision Education](#)  
[RGP Institute](#)  
[Schepens Eye Research Institute](#)  
[Vision Council of America](#)  
[World Council of Optometry](#)

### Conventions and Meetings

[Great Western Council of Optometry](#)  
[Heart of America Contact Lens Society](#)  
[Midwest Vision Congress & Expo](#)

[Southern Council of Optometrists](#)  
[Vision Expo East](#)  
[Vision Expo West](#)

## **Government Health**

[Armed Forces Optometric Society](#)  
[Centers for Disease Control and Prevention](#)  
[ClinicalTrials.gov](#)  
[Federal Registry](#)  
[NAVAO](#)

## **Journals**

[American Journal of Ophthalmology](#)  
[American Society of Cataract and Refractive Surgery](#)  
[Archives of Ophthalmology](#)  
[British Journal of Ophthalmology](#)  
[Digital Journal of Ophthalmology](#)  
[Eyeworld](#)  
[Ocular Surgery News](#)  
[Ophthalmology Times](#)  
[Ophthalmology](#)  
[Primary Care Optometry News](#)  
[Primary Eye Care News](#)  
[Review of Ophthalmology](#)  
[Review of Optometry](#)

## **Low Vision and Vision Therapy**

[American Foundation for the Blind](#)  
[Canadian National Institute for the Blind](#)  
[Eschenbach Optical](#)  
[Foundation for Fighting Blindness](#)  
[Lighthouse International](#)  
[Low Vision Gateway](#)  
[NORA - Neuro-Optometric Rehabilitation Association](#)  
[Ocutech](#)

[Prevent Blindness America](#)  
[State License Renewal Requirements](#)  
[Vision and Computers](#)

### **Ocular Disease**

[AMD Alliance International](#)  
[American Macular Degeneration Foundation](#)  
[Lutein Information](#)  
[Macular Degeneration Foundation](#)  
[Macular Degeneration International](#)  
[Macular Degeneration Network](#)  
[Macular Degeneration Partnership](#)  
[Macular Disease Society](#)  
[MAXIVISION](#)  
[Center for Keratoconus](#)  
[Chua Eye Page](#)  
[Collaborative Longitudinal Evaluation of Keratoconus Study \(CLEK\)](#)  
[EyeCancer Network](#)  
[Ophthoguide](#)  
[Ophtholinx](#)  
[Trials Summary](#)

### **Systemic Disease**

[American Diabetes Association](#)  
[AskPhysicians.com](#)  
[National Headache Foundation](#)  
[Sjögrens Syndrome Foundation](#)

### **Ophthalmic Equipment and Medications**

[Alcon Laboratories](#)  
[Allergan](#)  
[BOTOX®](#)  
[Carl Zeiss Meditec](#)  
[Hilco](#)  
[Lombart Instruments](#)  
[Medtronic Solan](#)  
[Merck](#)

[Novartis Ophthalmics](#)  
[Novartis](#)  
[Reichert Ophthalmic Instruments](#)  
[Reliance Medical Products](#)  
[Topcon](#)  
[Wilson Ophthalmic](#)

## **Optometry Schools**

[Illinois College Of Optometry](#)  
[Indiana University](#)  
[Michigan College of Optometry at Ferris State University](#)  
[New England College of Optometry](#)  
[Northeastern State University](#)  
[NSU College of Optometry](#)  
[Ohio State University](#)  
[Pacific University](#)  
[Pennsylvania College of Optometry](#)  
[Southern California College of Optometry](#)  
[Southern College of Optometry](#)  
[SUNY State College of Optometry](#)  
[UAB School of Optometry](#)  
[University of California - Berkeley](#)  
[University of Houston](#)  
[University of Missouri - St. Louis](#)

## **State Optometry Associations**

[Alabama](#)  
[Alaska](#)  
[Arizona](#)  
[Arkansas](#)  
[California](#)  
[Colorado](#)  
[Connecticut](#)  
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