Digital Health Contact: Jen Grile & Jessica McClusky

- Due to concerns for transmission of COVID-19 by patients who may be asymptomatic, patient facing team members must wear eye protection during patient care encounters.
- Eye protection is defined as face shields, goggles, and surgical eye wear. Safety glasses and personal eyeglasses are not acceptable eye protection.
- Face shields are the preferred PPE for the care of COVID-19 confirmed or COVID-19 suspected patient. Goggles are an acceptable alternative.
- Face shields and goggles are provided by Spectrum Health and are available through Lawson.
- Surgical eye wear that meets ANSI, OHSA, and AORN standards are acceptable eye protection for care of non-COVID-19 patients, but will be prioritized for surgical and procedural areas.

Face shield video link: www.vimeo.com/404347658/83242b2a81

Use the following guidelines for eye protection:
- Eye protection can be worn continuously and for multiple patient encounters.
- Eye protection can be worn by multiple team members after disinfection.
- Do not touch the outside of your eye protection, pull up over your head, or store on your head.
- When eye protection is removed, perform hand hygiene, follow the disinfection process, detailed here, and place safe storage area (example: paper bag, hooks, or paper box).
- If not shared with other team members, label eye protection with your name and primary unit (or title, if not applicable).
- Perform hand hygiene when re-donning eye protection.
- Where available, disinfect eye protection using the UV process, detailed here, after care of patients with confirmed or suspected COVID-19.
- Discard eye protection if signs of deterioration are found (straps compromised, difficult to see through, or visibly damaged).

Eye Protection FAQ’s

Why are we required to wear eye protection for all patient encounters?
The Centers for Disease Control and Prevention (CDC) has released new guidance regarding eye protection use for all healthcare providers working with any patient in areas with moderate to substantial community transmission of COVID-19. At this time, West Michigan is labeled “High Risk” for disease transmission.

Will all team members be required to wear eye protection, or is this requirement only for patient facing staff?
Eye protection should be worn by patient facing staff while providing hands-on patient care, or by those who may come into close contact with patients (including, but not limited to, Nursing, EVS, Security, Respiratory Therapy, Physicians, Phlebotomy, Radiology, Students).
Patient Access Services/Patient Services Representatives and Guest Services should also wear eye protection due to frequent close encounters with potentially unmasked patients and visitors.
All other staff may request eye protection as supplies allow.
What types of eye protection are acceptable?
ANSI Z87 D3 rating applies ONLY to PPE from home to provide leaders with clear guidelines for acceptable products.
Eye protection received from Spectrum Health supply chain is acceptable to wear at this time.
Surgical eye wear such as SafeView glasses are acceptable to wear, but ordering is being restricted to surgical and procedural areas due to supply limitations.
Supply chain is working diligently on acquiring additional eye wear options.

Where should eye protection be worn?
Eye protection should be worn continuously for multiple patient encounters following extended use guidelines. Eye protection may be removed in common areas (including, but not limited to, nurses stations, conference rooms, medication rooms, hallways, elevators). Disinfect when removed.

What types of eye protection are available?
Face shields are preferred for all patient interactions.
Goggles are an acceptable alternative. Due to limited supply, surgical eyewear will be prioritized for surgical and procedural areas.

Will traditional glasses be considered an acceptable form of eye protection?
No. Regular eyeglasses (including those with added side shields) and contact lenses do not provide adequate eye protection and would not be considered PPE.

Since this initiative would be to protect employees, would employees have the ability to opt out?
This is a requirement from Spectrum Health following new recommendations from the CDC in order to ensure safe delivery of patient care. Contact your supervisor/manager with concerns.

If we are telling the community that it is now safe to seek healthcare and we instituting this to keep our employees safe, should we be offering eye protection to our patients and visitors to keep them safe?
Currently, the CDC recommends eye protection for employees and providers involved in patient care.

How many shifts can eye protection be reused?
Eye protection can be worn continuously and for multiple patient encounters regardless of isolation status. Discard when product has signs of deterioration (cracking, clouding, loss of sheen, visible damage, strap damage). Eye protection may be specific to a single staff member, or shared among team members.

When should eye protection be disinfected?
Eye protection should be disinfected whenever it is removed from the health care worker’s face, or if contaminated, following the Disinfection of Eye Protection standard work. Eye protection may be worn for multiple patient encounters regardless of isolation status.

How should eye protection be stored?
After being cleaned, eye protection can be stored on hooks, in bags, in isolation carts, or in any clean area that works for a specific space. Eye protection may not be stored on top of a staff member’s head.

Is eye protection brought from home acceptable?
Any eye protection brought from home must meet the standards outlined in the PPE from Home guidelines. If link is not opening correctly, open a new web browser and try again.

Should face shields and goggles be worn together?
Face shields and goggles may be worn together if the staff member prefers, but only one type of eye protection is necessary.
Are masks with attached face shields acceptable?  
No, due to specific CDC recommendations regarding the type of eye protection that may be worn, masks with attached face shields are not considered acceptable universal eye protection.

Can plexiglass barriers be added to check-in areas?  
Due to supply, there are no current plans to add additional plexiglass barriers. For those areas that currently have plexiglass barriers, staff would not need to wear additional eye protection unless they are interacting with a patient outside the area of the barrier.

What options are available for eye protection for staff who may be walking frequently and only have intermittent patient contact?  
Eye protection is encouraged to be worn throughout the day in between patient interactions. For those who need to carry eye protection on their person, goggles may be an easier choice than face shields.

What are options for skin protection?

- Apply Cavilon No Sting Barrier Film Wipe (Lawson #903244) to the face to reduce eye protection friction.
- Do not use petroleum jelly or mineral oil as a skin sealant.
- Ideally, if able to be out of patient care areas, remove eye protection for 15 minutes every 2 hours. If this is not possible, provide some pressure relief. Wash hands and apply gloves before after lifting eye protection.
- Use DuoDERM (Lawson #653190) applied behind the ears.