

Eye Protection Guidelines & FAQ 10.22.20 1700

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- **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, surgical eye wear, **and safety glasses**. Personal eyeglasses are not acceptable eye protection
- Face shields or goggles are required for the care of confirmed or suspected COVID-19 patients.
- **Face shields, goggles, surgical eyewear, and safety glasses are provided by Spectrum Health and are available through Lawson.**

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 wear on top of your head
- When eye protection is removed, perform hand hygiene, follow the [disinfection process](#), and place in a 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 applicable)
- Perform hand hygiene when re-donning eye protection
- Where available, disinfect eye protection using the [UV process](#), 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

Related to new safety glasses approval:

Why was this change made now?

The Centers for Disease Control and Prevention (CDC) released eye protection guidance this summer recommending eye protection for all healthcare providers working with any patient in areas with moderate to substantial community transmission of COVID-19. West Michigan is currently labeled Medium-High Risk. Team members provided ample feedback on the limitations of current eye protection options, including difficulty seeing, fogging, low peripheral vision, and face shields obstructing the ability to provide patient care.

Because of this, Spectrum Health met with a Michigan Occupational Safety and Health Administration (MIOSHA) consultant to further discuss the eye protection regulations. After a risk assessment was conducted, the Command Center has approved safety/trauma glasses for the care of **non-COVID-19** patients for the following reasons:

- Safety/trauma glasses will still provide adequate protection for the eyes while allowing a lower and less obstructive profile for clearer vision during patient care tasks
- Our robust testing capacity allows for identification of any suspected COVID-19 patients
- We will continue universally masking for team member and patient safety
- Team members perform hand hygiene during donning and doffing of any PPE

The COVID-19 cases in the hospital and community are being watched closely. The Command Center reserves the right to pivot back to goggles/face shields for non-COVID-19 patient care at any time based on pandemic course.

Please see [Universal Eye Protection- Lawson Ordering Information](#) for options.

What eye protection should be worn?

Face shields or goggles must be worn when providing care for any positive or suspected COVID-19 patients. Safety glasses may be worn when providing care for non-COVID-19 patients. In areas with large populations of positive or suspected COVID-19 patients (such as Emergency Departments, Urgent Care Centers, or designated COVID units), team members may choose to wear a face shield or goggles to provide adequate protection against all types of patients instead of switching back and forth.

May I wear my own glasses/glasses with added side shields now?

No. Personal glasses, even with added side shields, continue to be unacceptable for patient care.

Can I wear safety glasses for COVID-19 patient care?

No. Safety glasses are ONLY for non-COVID-19 patient care.

Can I store safety glasses in my pocket between uses?

Yes. Safety glasses should be wiped clean with any hospital disinfectant, and then may be stored in a pocket.

Can I store safety glasses on my head between uses?

Wearing eye protection on the head increases the risk of contamination of the eyes/hair/hands. For this reason, Infection Prevention recommends against this practice.

May I bring safety glasses from home?

Any PPE from home must meet [PPE from Home](#) standards.

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 “Medium - 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 team members 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 team members may request eye protection as supplies allow.

What types of eye protection are acceptable?

Refer to [Universal Eye Protection- Lawson Ordering Information](#) for acceptable eye protection available through Spectrum Health.

Refer to [PPE from Home](#) for acceptable eye protection that may be brought in from home. Face shields or goggles are required for the care of confirmed or suspected COVID-19 patients.

When should eye protection be worn?

Eye protection should be worn during all patient care encounters. This is defined as entering an occupied patient room or treatment space and areas such as patient registration where face-to-face frequent close encounters with unmasked patients and visitors may occur. In areas such as hallways where patients are waiting or walking, it would be advisable to utilize eye protection as well.

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. In situations where patient contact may occur, such as ambulating patients in hallways, it would be advisable to utilize eye protection.

What types of eye protection are available through Spectrum Health Supply Chain?

Refer to the [Universal Eye Protection – Lawson Ordering Information](#) for ordering details.

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 team members 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 team member or shared among team members.

When should eye protection be disinfected?

Eye protection should be disinfected whenever it is removed from the team member'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. **Wearing eye protection on the head increases the risk of self-contamination of the eyes/hair/hands. For this reason, Infection Prevention recommends against this practice.**

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.

At this time, eye protection from home that meets appropriate standards is acceptable for use when caring for confirmed or suspected COVID-19 patients.

Why aren't more options (including those included on the PPE from Home document) available through Spectrum Health?

At this time, Supply Chain has sourced acceptable eye protection options that are available in large quantities. Other options, including most low-profile eye wear, are only available in limited small quantities that would be impossible to distribute across our large system. Spectrum Health will continue to source additional eye protection options if quantities and styles allow.

Should face shields and goggles be worn together?

Face shields and goggles may be worn together if the team member prefers, but only one type of eye protection is necessary.

Are masks with attached face shields acceptable?

No, these do not provide adequate eye protection due to gap above the brow.

Is eye protection required for team members working behind a plexiglass barrier?

Team members who are working behind a plexiglass barrier and are able to ensure a least 6 feet of physical distancing are not required to wear eye protection. Eye protection should be donned by the team member whenever physical distancing cannot be maintained and when moving away from the plexiglass barrier for face-to-face contact.

Can plexiglass barriers be added to check-in areas?

Due to supply, there are no current plans to add additional plexiglass barriers.

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 team members 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.

What are options to prevent eye protection from fogging?

Anti-fog solution (Lawson # 139388) is available from supply chain and can be applied to all types of eye protection as well as personal glasses. Other tips include applying a small amount of dish soap or shaving cream to the lens or shield and use a cloth to scrub clean.

Can face shields be cut down so they are not as long?

No, face shields should not be altered in any way. If you are not able to wear a face shield utilization of goggles or safe view glasses is recommended.

References: https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455---,00.html
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>