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| **Infection Prevention and Control Policy and Procedure** | **Subject: Eye Protection During the Covid-19 Public Health Emergency** |
| **Approved by:** |  |
| **Effective: 7**/15/2020 | **Revised:** 10/21/2020, 11/25, 2021, 5/20/2021, 1/10/2023 |

**BACKGROUND**

SARS-CoV-2, commonly known as COVID-19, is primarily a viral respiratory infection. It is most commonly spread between people who are in close proximity of each other (within 6 feet). It spreads through respiratory droplets or small particles produced when an infected person coughs, sneezes, sings, talks or breathes. These particles can be inhaled into the nose and mouth, and eventually into the lungs, causing an infection. Droplets can also land on surfaces and inanimate objects and spread when dirty hands touch the eyes, nose and mouth. The incubation period is between 2-14 days. The Centers for Disease Control and Prevention (CDC) and the New York State Department of Health (NYSDOH) strongly recommends the use of goggles or face shields as universal source control for healthcare personnel (HCP) in facilities located in counties where community transmission is high.

**PURPOSE**

To reduce the risk of transmission of the Coronavirus Disease (COVID-2019) in this healthcare setting.

**RESPONSIBLITY**

Physicians, physician assistants, nurse practitioners, and facility staff are responsible for following Standard and Transmission-Based Precautions to break the chain of infection and prevent the spread of Covid-19 infection.

**POLICY**

The facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of COVID-19. In addition to universal masking as source control, the facility may consider adopting universal use of eye protection (goggles or face shields) for all resident encounters when the Covid-19 community transmission rate is high. Staff will continue to use eye protection when interacting with residents who are Covid-positive, are persons under investigation (PUI), and for aerosol generating procedures, irrespective of county community transmission rates. The facility will follow and implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention (CDC) and the New York State Department of Health (NYSDOH). Staff will be informed of any changes during change of shift huddle and as often as necessary.

**PROCEDURE**

1. Facility Administrator, Director of Nursing, and/or the Infection Preventionist will be responsible for checking and logging Covid community transmission rates in an Excel spreadsheet weekly on Mondays using the following CMS link <https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&data-type=CommunityLevels>.
2. Provide education to staff regarding use of goggles or face shields as universal source control for resident encounters.
3. Wear eye protection (goggles or a face shield), in addition to facemask, to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.
4. Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for aerosol generating procedures
5. Suctioning
6. Nebulizer treatments
7. High flow oxygen, including nasal canula >15L
8. Non-invasive positive pressure ventilation (e.g. CPAP, BIPAP)
9. Cardiopulmonary resuscitation/Chest compressions
10. Conduct inventory to ensure adequate supply of goggles and/or face shields.
11. Determine utilization rate
12. Ensure there is a supplier/vendor to procure supplies as needed.
13. May need to communicate with local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) to identify additional supplies.
14. Clean and disinfect eye protection for reuse, if applicable
    1. Utilize the following when manufacturer instructions for cleaning and disinfection are unavailable:
       1. While wearing clean gloves, carefully wipe the *inside*, followed by the outside of the goggles or face shield using a clean cloth saturated with neutral detergent solution or wipe
       2. Next, wipe the outside of the goggles or face shield using a wipe or clean cloth saturated with an EPA-registered hospital disinfectant solution.
       3. Wipe the outside of the goggles or face shield with clean water or alcohol to remove residue
       4. Dry fully (may air dry or use clean absorbent towels)
       5. Remove gloves and perform hand hygiene
15. The facility will implement any and all of the following possible engineering and control measures to optimize the utilization and availability of PPE.
    1. Reduce the number of residents going to the hospital or other outpatient settings
    2. Exclude non-essential employees for resident care from entering the care area
    3. Reduce the number of face-to-face encounters with residents
    4. Cohort residents and/or health care workers

**References:**

CDC (7/15/2020). Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (Covid-19) Pandemic. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDC (10/21/2020). Coronavirus Disease 2019 (COVID-19): Frequently Asked Questions. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Spread>

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NYSDOH (11/24/2020). Health Advisory: Universal Use of Eye Protection. Retrieved from <https://coronavirus.health.ny.gov/system/files/documents/2020/11/hcp_eye_protection_guidance_112520.pdf>

CDC (9/23/2022). Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>