

Facility's Name:

Policy and Procedure: Use of Goggles/Face Shields to Prevent the Spread of SARS-CoV-2 Virus

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) are now strongly recommending use of goggles or face shields as universal source control.

PURPOSE

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

RESPONSIBILITY

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 will adopt universal use of eye protection (goggles or face shields) for frontline workers as long as deemed necessary. 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. Provide education to frontline staff regarding use of goggles or face shields as universal source control.
2. 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.
3. Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for aerosol generating procedures (AGPs)

- a. Suctioning
- b. Nebulizer treatments
- c. High flow oxygen, including nasal canula >15L
- d. Non-invasive positive pressure ventilation (e.g. CPAP, BIPAP)
- e. Cardiopulmonary resuscitation/Chest compressions
- 4. Conduct inventory to ensure adequate supply of goggles and/or face shields.
 - a. Determine utilization rate
 - b. Ensure there is a supplier/vendor to procure supplies as needed.
 - c. 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.
- 5. Determine need for conventional, contingency or crisis capacity strategies for usage of goggles or face shields.
 - a. Conventional Capacity
 - i. There are no expected or known shortages of eye protection
 - ii. Use according to product labeling and Local, State and Federal requirements
 - b. Contingency Capacity
 - i. Shortage of eye protection equipment is expected
 - ii. Implement extended use of eye protection (the practice of wearing the same goggle or face shield for repeated close contact encounters with several residents without removing between resident encounters).
 - iii. Eye protection should be removed and cleaned/disinfected if it becomes visibly soiled or difficult to see through; discard if damaged
 - iv. If a disposable goggle or face shield is being reprocessed, it should be dedicated to one health care worker/staff; do not share with others.
 - v. If staff need to readjust or accidentally touches goggles or face shield while wearing, immediately perform hand hygiene with either soap and water or alcohol-based hand sanitizer.
 - vi. Store goggles or face shield in paper bag or other breathable container for reuse after cleaning and disinfecting.
 - c. Crisis Capacity
 - i. There are known shortages of eye protection equipment, therefore, alternative strategies may be implemented
 - 1. Use eye protection devices beyond the manufacture designated shelf-life during resident care. If there is no date available, visually inspect product for evidence of damage or disrepair.
 - 2. Prioritize eye protection for aerosolizing procedures
 - 3. Prioritize eye protection for activities where prolonged face-to-face or close contact with a potentially infectious resident is unavoidable.

6. Clean and disinfect eye protection for reuse
 - a. Utilize the following when manufacturer instructions for cleaning and disinfection are unavailable:
 - i. While wearing clean gloves, carefully wipe the *inside*, followed by the outside of the goggles or face shield using an EPA-registered disinfectant that is effective against Covid-19 (can be found on EPA's N List)
 - ii. Next, wipe the outside of the goggles or face shield using an EPA-registered disinfectant that is effective against Covid-19
 - iii. Wipe the outside of the goggles or face shield with clean water or alcohol 70% to remove residue
 - iv. Dry fully (may air dry or use clean absorbent/paper towels)
 - v. Remove gloves and perform hand hygiene
7. The facility will implement any and all of the following possible engineering and control measures to optimize the utilization and availability of PPE.
 - a. Reduce the number of residents going to the hospital or other outpatient settings
 - b. Exclude non-essential employees for resident care from entering the care area
 - c. Reduce the number of face-to-face encounters with residents
 - d. Cohort residents and/or health care workers
 - e. Exclude visitors for residents who are on observation and those who are suspected or confirmed with Covid-19 infection, except in extenuating circumstances.
 - f. Maximize use of telemedicine as much as possible

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 (7/15/2020). Strategies for Optimizing the Supply of Eye Protection. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

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