

Date: 06/04/2020

Question: In light of the updated CDC exposure guidelines, should facilities implement universal eye protection?

The Centers for Disease Control and Prevention (CDC) recently updated their [exposure guidelines](#) on May 29, 2019, to include recommendations for eye protection, and [also issued a new “frequently asked question” on May 29, 2020:](#)

[Given the potential for asymptomatic transmission of SARS-CoV-2, what personal protective equipment \(PPE\) should be worn by healthcare personnel \(HCP\) providing care to patients who are not suspected to have COVID-19?](#)

The CDC now recommends using eye protection when caring for patients in areas of “moderate to substantial community transmission [of SARS-Cov-2]” *even if COVID -19 is not suspected* in “order to ensure [that] the eyes, nose and mouth are protected splashes and sprays of infectious materials from others.” The new FAQ defines [minimal, moderate and substantial community transmission](#) as follows:

- **Substantial community transmission:** Large scale community transmission, including communal settings (e.g., schools, workplaces)
- **Minimal to moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases
- **No to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

The new CDC FAQ also states: “Depending on testing availability and how rapidly results are available, facilities can also consider implementing pre-admission or pre-procedure testing for COVID-19. Testing results might inform decisions for universal use of eye protection and respirators as described above, especially if there are Personal Protective Equipment (PPE) shortages.”

What does all this mean for our affiliated hospitals?

- We believe that hospitalized patients *not suspected of having COVID-19* are not likely to expose HCPs to “splashes and sprays of infectious materials” *if patients are wearing a mask* while receiving direct care. Therefore, we do not recommend the routine or mandatory use of eye protection when caring for patients *not thought to have COVID-19* who reside in areas with minimal to moderate community transmission unless a **patient CANNOT wear a mask** when receiving direct patient care within 6 feet of these individuals.
- N95 respirators and eye protection are appropriate when aerosol generating procedures (AGPs) are performed in any patients in hospitals with minimal to moderate or substantial transmission risk of

SARS-CoV-2. Use DICON's preprocedural testing and PPE guidance [Appropriate PPE During COVID-19 Response](#)

- [UNC Health's Universal Pandemic Precautions](#) is a good example of an affiliated hospital implementing this practice. Special Airborne/Contact Precautions should continue for patients known to be infected with COVID-19 or patients under investigation for COVID-19.
- The updated CDC exposure guidelines for eye protection have led to some confusion about adoption of universal shielding in conjunction with universal masking. We have received reports of fogging, panic attacks and breathing difficulties from prolonged use of face shield in conjunction with facemasks in HCPs from our affiliated hospitals.

The current CDC guidance for eye protection can be interpreted as follows:

- Everyone wears a facemask at point of entry after screening (patient, visitors, vendors, and all staff and providers).
- All inpatients, regardless of COVID-19 status, who leave their rooms for any reason are required to wear a surgical mask unless there is a medical reason making mask use infeasible.
- All inpatients, regardless of COVID-19 status, should wear a surgical mask when anyone enters their room.
- If the patient is not able to mask, staff must wear eye protection in addition to their mask when entering their room (**only if expected to be within 6 feet of patient or have prolonged contact with patient ≥15 min**)
- Eye protection includes either a face shield, a face mask with attached face shield, or safety goggles or safety glasses that offer wrap around protection to the side of the eyes.
- Eye protection does not include standard prescription glasses (even with side shields) or contact lenses.

References:

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>
3. https://www.med.unc.edu/crso/files/2020/05/Universal-Pandemic-Precautions-5_22_2020.pdf
4. Advani SD, Smith BA, Lewis SS, Anderson DJ, Sexton DJ. Universal masking in hospitals in the COVID-19 era: Is it time to consider shielding? *Infection Control & Hospital Epidemiology*. 2020;1-2. doi:10.1017/ice.2020.179