## **Eye Protection Recommendations FAQs**

- 1. Our Infection Prevention team has indicated goggles are appropriate eyewear for certain team members (screeners for example). How should they be appropriately cleaned and stored?
  - a. Appropriately clean and disinfect goggles according to manufacturer's cleaning instructions using a hospital-approved disinfectant and store in a bag once disinfected and dry.
- 2. The <u>recommendations</u> say, "Individual healthcare workers may wear their own eye protection when not providing care to patients on Special Airborne Contact isolation, Droplet, or Droplet/Contact isolation." What does 'their own eye protection' mean? Eyeglasses?
  - a. Team members who choose to wear alternate eye wear for interactions with patients and/or visitors outside of isolation types outlined above should be sure to follow <u>criteria</u> outlined for alternate eyewear when making their purchase.
- 3. Are there specific guidelines that can be broken down for inpatient vs. outpatient care?
  - a. Inpatient and outpatient guidelines for eye protection are the same. Face shields are the preferred eye protection as they provide full coverage of the eyes and protect the underlying face mask from potential contamination. Face shields are required for certain isolation types outlined above and safety goggles meeting the criteria outlined may be worn for other interactions.
- 4. How are floating staff to use this? Those not just going from unit to unit (ex: respiratory therapy), but from location to location?
  - a. Floating staff should carry their eye protection with them in a bag so it is readily available.
- 5. Are face shields required while caring for infants in an isolette?
  - a. No, face shields are not required while caring for infants within an isolette since the isolette provides barrier protection for the eyes. Eye protection should be made available to providers if they choose to use it in addition to the protection afforded by the isolette. Eye protection is required for care of infants outside of an isolette.
- 6. What are the specifications needed for staff to purchase their own, i.e. side add on to normal eyeglasses, how far down for side protection, any top or bottom restrictions?
  - a. Meet ANSI Z87.1 American National Standard for Occupational and Educational Personal Eye and Face Protection Devices Standard
  - b. Does NOT contain natural rubber latex
  - c. Good coverage (fit face and wrap around for side protection)
  - d. Comfort
  - e. Fit/adjustability

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- f. Anti-fogging
- g. Scratch-resistant
- h. A design that fits over prescription eyeglasses, for those who wear glasses

## 7. How often should you remove and clean face shields?

- a. Face shields should primarily be removed and disinfected after each use except:
  - i. If the staff member is returning immediately to the patient's room, the face shield is to remain untouched and in place. Perform hand hygiene.
  - ii. If staff is immediately going into another patient room, the face shield is to remain untouched and in place. Perform hand hygiene.
- b. PSA or other non-clinical staff choosing to wear a face shield or other eye protection at the front desk or during building screening should disinfect their face shield/eye protection after removing and prior to storing for next use.
- c. Refer to <u>Face Shield Tip Sheet</u> for more detailed instructions on disinfecting face shields.

## 8. Is there a chart with scenarios for when to wear a face shield and when to wear alternate eye protection?

a. Face shields continue to be REQUIRED for care of patients on Special Airborne Contact isolation, Droplet, or Droplet/Contact isolation. If a task may result in splash to a respirator or face mask, then a face shield is the preferred choice to protect the mask worn underneath.

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## **Eye Protection Guidance Table**

Scenario	Direct patient caregivers (e.g., nurses, physicians, therapists, phlebotomists)	Staff working in the patient's clinical environment (e.g., Environmental Services, Food Services, Case Management)	Staff working in non-clinical areas that interact with patients (e.g., Information Services, Screeners, Security, PRMO)	Eye Protection Types	Cleaning (use hospital-approved disinfectant)
Asymptomatic masked patients/visitors	Eye Protection (recommended)	Eye Protection (recommended)	Eye Protection (recommended)	Face shield or safety goggles/glasses meeting criteria	Clean after each patient interaction unless returning to patient room or going directly to next patient room without touching face shield or goggles/glasses.
Asymptomatic not masked patients/visitors	Eye Protection (required)	Eye Protection (required)	Eye Protection (required)	Face shield or safety goggles/glasses meeting criteria	Clean after each patient interaction unless returning to patient room or going directly to next patient room without touching face shield or goggles/glasses.
All patients on the following isolation: Special Airborne Contact, Special Contact/Droplet, Special Droplet	Face shield (required)	Face shield (required; avoid entry according to hospital protocol)	Not applicable	Face shield only	Clean after each patient interaction.



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