

Strategies for Optimizing Supplies of Eye Protection for Healthcare Facilities in Kansas

March 20, 2020 (Reviewed April 30, 2020)

The following contingency and crisis strategies are based upon these assumptions:

1. Facilities understand their current eye protection inventory and supply chain
2. Facilities understand their eye protection utilization rate
3. Facilities are in communication with local healthcare coalitions and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies
4. Facilities have already implemented other [engineering and administrative control measures](#) including:
 - Reducing the number of patients going to the hospital or outpatient settings
 - Excluding healthcare personnel (HCP) not essential for patient care from entering their care area
 - Reducing face-to-face HCP encounters with patients
 - Excluding visitors to patients with confirmed or suspected COVID-19
 - Cohorting patients and HCP
 - Maximizing use of telemedicine
5. Facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any personal protective equipment (PPE) ensemble that is used to perform job responsibilities, such as provision of patient care

Your facility has its normal supply of Eye Protection = Normal (conventional) use

Conventional Capacity Strategies: measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and PPE controls should already be implemented in general infection prevention and control plans in healthcare settings.

Use eye protection according to product labeling and local, state, and federal requirements.

Contingency Capacity Strategies: measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected eye protection shortages.

Selectively cancel elective/non-urgent procedures and appointments for which eye protection is typically used by healthcare personnel (HCP).

Shift eye protection supplies from disposable to re-useable devices (i.e., goggles and re-usable face shields).

- Ensure appropriate cleaning and disinfection between users for goggles or re-usable face shields.
- If available, use powered air purifying respirators (PAPRs) or full-face elastomeric respirators which have built-in eye protection.

Implement extended use of eye protection: extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters; this can be applied to disposable and re-useable devices.

- Remove and reprocess when visibly soiled or difficult to see through. For disposable PPE, dedicate to one HCP and reprocess as needed prior to donning again between uses.
- Discard if damaged (e.g., no longer fastens securely, obscured visibility is not restored with reprocessing).
- Do not touch eye protection while in use; if touched/adjusted, immediately perform hand hygiene.
- Leave patient care area before removing eye protection.
- More details on removing and reprocessing eye protection below.

Your facility has no supplies of Eye Protection = No other choices (crisis) use

Crisis Capacity Strategies: strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known eye protection shortages.

Cancel all elective/non-urgent procedures and appointments for which eye protection is typically used by HCP.

Use of eye protection devices beyond the manufacturer-designated shelf life during patient care activities.

- Devices should be visually inspected prior to use, if damage or degraded the product should be discarded.
- If there is no date available on the eye protection device label or packaging, facilities should contact the manufacturer to discuss.

Prioritize eye protection for selected activities such as:

- Aerosol, splash, and spray generating procedures
- Prolonged face-to-face or close contact with a potentially infectious patient

Consider using safety glasses (e.g. trauma glasses) that have extensions to cover the side of the eyes.

Exclude HCP at higher risk for severe illness associated with COVID-19 from contact with known or suspected COVID-19 patients:

- Older age
- Chronic medical conditions
- Pregnant

Designate convalescent HCP for provision of care to known or suspected COVID-19 patients. It may be possible to designate HCP who have clinically recovered from COVID-19 to be preferentially assigned to care for COVID-19 patients. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

Selected Options for Reprocessing Eye Protection

Adhere to recommended manufacturer instructions for cleaning and disinfection.

When manufacturer instructions for cleaning and disinfection are unavailable, such as for single-use disposable face shields, consider:

1. While wearing gloves, carefully wipe the *inside*, followed by the *outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
2. Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
3. Wipe the outside of face shield or goggles with clean water or alcohol to remove chemical residue.
4. Fully dry (air dry or use clean absorbent towels).
5. Remove gloves and perform hand hygiene.

References:

CDC. *Strategies for Optimizing the Supply of Eye Protection*. March 17, 2020.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>.
March 20, 2020.

