

Eye Protection: Updated DUHS Recommendations

Background: Although [Tiers 3 and 4 of our phases of re-opening](#) include a universal masking policy that applies to everyone in our facilities, we recognize that patients and visitors sometimes fail to properly wear their mask (secured above their nose and under their chin), and a small number of patients have a legitimate medical exemption.

For this reason, Duke Health requires all team members to wear eye protection during direct interactions with patients and visitors during Tiers 3 (Moderate Risk) and 4 (High Risk), and recommends eye protection during direct interactions with patients and visitors during Tier 2 (Low Risk). By wearing universal eye protection for all patient and visitor interactions during those times, team members are prepared for any deviation from universal masking they may encounter.

DUHS Recommendations: Please follow the eye protection guidance based on the current tier; see [tiered guidance for re-opening of operations by communicable disease risk](#).

- **Tiers 3 and 4:** Eye protection is **REQUIRED** for all team members during direct interaction with patients and visitors.

Tier 2: Eye protection is **REQUIRED** for all high-risk aerosol-generating procedures and per standard and transmission-based precautions; eye protection is **RECOMMENDED** for all team members during direct interaction with patients and visitors.

Tier 1: Eye protection is **REQUIRED** for all high-risk aerosol-generating procedures and per standard and transmission-based precautions.

Regardless of the current tier, face shields continue to be required for care of patients on Special Airborne Contact isolation, Special Droplet, or Special Droplet/Contact isolation.
- **Direct interaction** with patients and visitors includes but is not limited to:
 - Any face-to-face interactions with patients and visitors within six feet for any duration of time
 - Entering any patient room or space regardless of isolation precautions
 - Entering any patient room on isolation precautions (always follow posted isolation signage for additional PPE requirements).
 - The exception to the requirement to wear eye protection is in the behavioral health (emergency and inpatient) care areas.
- **Face shields** are the preferred eye protection as they are readily available, provide full coverage of the eyes, and protect the underlying face mask or N95 respirator from potential contamination.

- Individual healthcare workers may wear their own eye protection, such as **safety glasses/goggles**, when not providing care to patients on Special Airborne Contact isolation, Special Droplet, or Special Droplet/Contact isolation, if the eye protection meets the following criteria:
 - Meets the ANSI Z87.1 American National Standard for Occupational and Educational Personal Eye and Face Protection Devices Standard
 - Does NOT contain natural rubber latex
 - Provides adequate coverage – fits face and wraps around for side protection
 - Fits comfortably
 - Anti-fogging
 - Scratch-resistant
 - Fits over prescription eyeglasses, for those who wear glasses



Adequate Eye Protection

Face Shields



Safety Goggles/ Glasses

(those that adequately protect from splashes/droplet spray)



Inadequate Eye Protection

Prescription Eyeglasses



Safety Glasses

(those that do not adequately protect from splashes/droplet spray due to open top/bottom/sides)



Sunglasses



Eye Protection Recommendations FAQs

1. How should eye protection be appropriately cleaned and stored?

Clean and disinfect your eye protection according to manufacturer's cleaning instructions using a hospital-approved disinfectant and store in a bag labeled with your name once disinfected and dry.

2. How often should you remove and clean your face shield?

- a. **Clinical staff:** Face shields should primarily be removed and disinfected after each use, with the following exceptions:
 - i. If you are returning immediately to the patient's room, the face shield is to remain untouched and in place. Perform hand hygiene.
 - ii. If you are immediately going into another patient room, the face shield is to remain untouched and in place. Perform hand hygiene.
- b. **Non-clinical staff:** Those working at the front desk, screening locations, or other patient/visitor interaction locations should disinfect their face shield/eye protection after removing and prior to storing for next use.
- c. **Additional information:** Refer to [Face Shield Tip Sheet](#) for detailed instructions on disinfecting face shields.

3. The recommendations state, "Individual healthcare workers may wear their own eye protection such as safety glasses/goggles when not providing care to patients on Special Airborne Contact isolation, Special Droplet, or Special Droplet/Contact isolation." What does 'their own eye protection' mean? Eyeglasses?

Prescription eyeglasses, fashion eyewear, sunglasses, or safety glasses that do not adequately protect from splashes/droplet spray due to open top/bottom/sides DO NOT provide adequate eye protection and are not considered PPE. 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 the specifications outlined below when making their purchase.

4. What are the specifications needed for team members to purchase their own eye protection?

- 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. Provides good coverage – fit face and wrap around for side protection
- d. Fits comfortably
- e. Anti-fogging
- f. Scratch-resistant
- g. Fits over prescription eyeglasses, for those who wear glasses

5. Are there specific guidelines that can be broken down for inpatient vs. outpatient care?

Inpatient and outpatient guidelines for eye protection are the same. Face shields are required for patients on Special Airborne/Contact, Special Droplet, or Special Contact/Droplet isolation. Face shields provide full coverage of the eyes and protect the underlying face mask or N95 respirator

from potential contamination. Safety goggles meeting the criteria outlined above may be worn for other interactions.

6. How should floating staff use this information? i.e., those not just going from unit to unit (e.g., respiratory therapy), but from location to location?

Floating staff should carry their eye protection with them in a bag so it is readily available to them.

7. Are face shields required while caring for infants in an isolette?

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.

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

Face shields continue to be REQUIRED for care of patients on Special Airborne/Contact isolation, Special Droplet, or Special 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.

9. Do I still need to wear eye protection if I am interacting with patients/visitors but DO NOT provide direct patient care?

Yes.

10. Are full face shields still required for Special Droplet only isolation?

Yes.

11. If I'm wearing a fluid-resistant N95, am I still required to wear eye protection?

Yes.

12. If my team needs more eye protection supplies, how can we request it?

DUH Supply Chain: 984-245-6394 during the day / 919-385-1600 for off hours 24/7 needs

DRH Supply Chain: 919-470-4153

DRaH Supply Chain: 919-954-3148

DPC Supply Chain: 919-530-9940