Personal Protective Equipment and Eye Protection FAQs

-- Updated August 17, 2020 --

On Friday, July 17, 2020, Hackensack Meridian Health (HMH) expanded its COVID-19 Universal Pandemic Precautions Policy to include universal eye protection (in addition to universal masking) in accordance with recently released guidance from the Centers for Disease Control and Prevention (CDC). You can view the CDC’s guidance here.

A reminder, the potential for exposure to COVID-19 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. This policy was developed to help prevent transmission under all circumstances.

HMH understands there are specific scenarios that make it difficult to wear eye protection and has tailored this policy to protect the greatest number of team members in the least invasive way possible.

As of August 12, 2020, the following updates were made:

1. The requirement to wear eye protection was refined to include environments within patient care facilities where there’s a medium to high risk of exposure to COVID-19. In all other areas of patient care facilities, eye protection may be worn, however it is not required.

2. Several questions arose regarding when and where team members should wear eye protection. The updated policy indicates that eye protection should be worn when providing direct patient care or having close (within 6 feet) contact with a patient. It is not necessary to wear eye protection in hallways and other areas where direct patient care is not underway and you can maintain 6 feet of social distancing from patients or others.

3. To ensure the safety of our team members, physicians and patients, team members and physicians must use PPE issued by HMH only. Personal PPE is not permitted. The exceptions are prescription goggles, magnifying loops or other customized eyewear used during surgical and invasive procedures and personal elastomeric respirators (once validated by Occupational Health).

4. HMH’s policy for PPE extended use and re-use has been discontinued, EXCEPT in the emergency departments, labor and delivery units and for EMS.

Please click here to read the full, updated Universal Pandemic Precautions policy, and view the chart on page 2 of this document that outlines the required areas for eye protection as well as wearable options for those areas.
## What Type of Eye Protection Should I Use?

<table>
<thead>
<tr>
<th>Areas for Eye Protection</th>
<th>Required?</th>
<th>Types of Eye Protection to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Risk Areas:</strong> Patients who present are:</td>
<td>YES</td>
<td>HMH-Issued Face Shields</td>
</tr>
<tr>
<td>• COVID-19 positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• PUIs (person under investigation) and symptomatic</td>
<td></td>
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<tr>
<td>• COVID-19 status is unknown, but patient is undergoing an aerosol-generating procedure</td>
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</tr>
<tr>
<td><strong>Medium Risk Areas:</strong></td>
<td>YES</td>
<td>HMH-Issued Face Shields, Goggles or Safety Glasses</td>
</tr>
<tr>
<td>• COVID-19 status is unknown &amp; asymptomatic (not yet tested or test pending)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Patient presents to the Emergency Department, Labor &amp; Delivery or EMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Low Risk Areas:</strong></td>
<td>OPTIONAL</td>
<td>HMH-Issued Face Shields or Safety Glasses</td>
</tr>
<tr>
<td>• COVID-19 status is unknown or negative</td>
<td></td>
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<tr>
<td>• Patients present to an Urgent Care facility or Physician Practice</td>
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</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non-clinical settings (kitchens, administrative offices, hallways, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surgical and Invasive Procedural Areas</strong></td>
<td>Follow pre-COVID guidelines</td>
<td>If you have been using customized eye protection for surgery (such as magnifying loops or prescription goggles), you can continue to use your personal (non HMH-issued) eye protection.</td>
</tr>
</tbody>
</table>

**Important Note** – Team members and physicians should use HMH-issued eye protection only. If you work in a procedural, invasive or surgical area you should continue to use the approved eye protection specified for that area. The images above are examples only. There are several different models in HMH’s inventory that may be distributed.

Eye Protection Scenarios FAQs (08.17.20)
Daniel W. Varga, M.D.
-- EYE PROTECTION FAQs --

What eye protection should I wear when caring for COVID-19 or suspected COVID-19 patients?
Anyone who is caring for or coming in contact with COVID-19 positive or COVID-19 suspected patients (PUIs) must wear HMH-issued face shields. If you work in a procedural, invasive or surgical area, you should continue to use the approved eye protection specified for that area, including customized and personal magnifying loops or prescription goggles.

I work in a clinical area, but I do not work on a COVID-19 unit and do not come in contact with COVID-19 patients. Do I need to wear eye protection?
Other than working directly with COVID-19 patients, or PUIs, eye protection is required if the status of the patient is unknown within the emergency departments, labor and delivery units or EMS. For all other locations, eye protection is optional and will be supplied by HMH if a team member or physician chooses to wear eye protection.

I work in a “required” area for eye protection. Should I only wear eye protection if I’m taking care of a patient?
If you work in a required (high or medium risk) area you should wear eye protection while providing direct patient care or having close (within 6 feet) contact with a patient. If you can maintain 6 feet social distancing from others and are not directly caring for a patient, eye protection is not required. You should continue to wear a face mask at all times.

Is eye protection required in hallways?
Eye protection is only required in hallways of high or medium risk clinical areas where 6 feet of social distancing from patients cannot be maintained.

How do I clean and store my face shield, goggles or glasses?
Eye protection should be cleaned after exiting an isolation room, at the end of your shift, or if the eye protection becomes soiled. While wearing gloves, carefully wipe the outside of your eye protection using a wipe or clean cloth saturated with an EPA-registered hospital approved disinfectant solution. Wipe the inside with soapy water or alcohol to remove residue. Fully dry (air dry or use clean absorbent towels). Remove gloves and perform hand hygiene. Write your name on your eye protection with a marker and store it in a labelled paper bag between uses. Do not store your eye protection with other materials.

Are vendors required to wear eye protection?
Vendors should follow the same protocol as team members and physicians. Vendors who work in high and medium risk areas where they might come within 6 feet of a patient are required to wear eye protection. Vendors are to supply their own eye protection that meet or exceed HMH-issued eye protection.

Are students required to wear eye protection?
Students should follow the same protocol as team members and physicians. Students who work in high and medium risk areas where they care for patients or come within 6 feet of a patient are required to wear eye protection. HMH will supply students with the necessary eye protection.
-- EYE PROTECTION FAQS (continued) --

**Are there face shield reuse guidelines for procedural areas and sterile environments?**
Universal eye protection should **not** be reused in sterile environments. The eye protection used outside of procedural areas should be stored safely outside of the sterile environment and put back on when outside of the procedural area.

**What if a team member has concerns related to wearing a face shield or other eye protection for extended periods of time?**
The team member/leader should contact Occupational Health for a health assessment and possible accommodation as they normally would for other work-related concerns.

**I work in a “required” area where wearing eye protection or face shields may be impractical due to tasks or other issues. What do I do?**
If you work in a high risk area, face shields are required. Speak to your leader if you are unable to wear face shields. If you work in a medium risk area and it’s not practical to wear face shields during a patient encounter, goggles or safety glasses may be an option. Speak to your leader about these alternatives.

**How long can the face shields, goggles and safety glasses be used?**
In non-sterile areas, eye protection should continue to be used as long as they are not damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and cleaning does not restore visibility).

**Do HMH issued face shields contain latex material?**
No. All face shields that could pose a risk for those who have an allergy to latex have been removed from all HMH campuses. Please alert hospital leadership if you come in contact with eye protection materials at any of our sites that contain latex, specifically Timberlane brand face shields.

**Can I use donated or homemade face shields for eye protection?**
If you have been using face shields that are homemade or donated and were previously approved by your local command center under crisis standards of care, you should no longer be using these materials. HMH is not currently accepting homemade or donated PPE materials. All inquiries about donations should be forwarded to COVID19.NJ.gov/PPEDonations.

**Is eye protection necessary at ambulatory care centers (i.e. physician practices and urgent care facilities)?**
If you work at an ambulatory practice, such as a physician office or urgent care facility, you should follow standard infection prevention precautions to protect yourself against COVID-19. Standard precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. This includes hand hygiene, use of personal protective equipment if there’s expectation of possible exposure to infectious materials, proper patient placement and other safety practices that health care professionals are trained to uphold. View the CDC’s **standard precautions for patient care for more details.** Please see the chart on page 7 for guidance on what PPE should be worn, including eye protection, in various patient care locations.
What if my asymptotic patient is admitted and pending a COVID-19 screening test result, do I have to wear eye protection?
No, it is not required, although it is strongly encouraged, especially if the patient is unable to tolerate continuous masking.

-- GENERAL PPE FAQS --

Why can’t I bring my own PPE?
During the height of the pandemic, HMH temporarily authorized team members to use personal PPE. As we move from response to recovery and resume normal operations, we are reinforcing OSHA regulations which require HMH to provide the necessary PPE as part of our Respiratory Protection Program, which includes a robust selection process, medical clearance, fit testing and ongoing training for the selected medical grade PPE. As a result, all team members and physicians must now use HMH-issued PPE only. Please refer to page 1 for two exceptions to this rule.

What areas are currently operating under extended use guidelines?
Team members and/or providers working in medium risk environments (Emergency departments, labor and delivery units or EMS) should continuously wear N95 masks unless otherwise deemed impractical to do so. N95 masks can be stored in a paper bag during breaks or when not in use.

I’m in a medium risk environment and will be wearing N95s for extended use. When should I discard my N95?
1. When potentially contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
2. When obviously damaged, wet or difficult to breathe through
3. When the team members shift ends and/or for a maximum of 12 hours
4. When the N95 respirator was not covered by a surgical mask during an intubation or aerosol generating procedure

I’m in a medium risk environment and will be wearing N95s for extended use. Can I take my N95 off if I’m not taking care of a patient (i.e. charting or at the nurses’ station)?
If you are working in a medium risk clinical area where extended use N95 masking is the policy, you should continue to wear your N95 mask in non-patient facing clinical areas, such as charting areas and nursing stations, as these areas remain within the moderate/high risk care setting. If you leave the setting where extended use masking is policy, such as leaving the ED, you may change from your N95 to a surgical mask. In all cases, universal masking in all areas remains the requirement.

Should N95s continue to be cleaned, reprocessed and re-used?
No. Processing and re-use of N95 respirators is only recommended by the CDC under absolute situations of shortage. HMH is not currently operating under crises standards of care and under absolute shortage of N95s, therefore reprocessing and re-use guidelines have been discontinued.

What if I don’t fit test into an N95?
If you don’t fit test into an N95, HMH issued protection that is equivalent or higher can be used.
Can I wear an elastomeric respirator?
To ensure the safety of our team members, physicians and patients, team members and physicians must use PPE issued by HMH only. Personal PPE is not permitted. The exceptions are prescription goggles, magnifying loops or other customized eyewear used during surgical and invasive procedures and elastomeric respirators (once validated by Occupational Health) for those who work in the emergency department, labor and delivery or EMS. If you are currently using a personal elastomeric respirator, please temporarily suspend use and follow these instructions to validate your respirator:

1. Download and complete the OSHA RESPIRATOR QUESTIONNAIRE AND Respirator Request forms.
2. Drop off or fax the forms to your local Occupational Health office. Locations & fax numbers can be found here.
3. Once the form is reviewed by the Occupational Health provider, a member of Occupational Health will reach out to you to make an appointment for a fit test and refer you for training on cleaning, storage and maintenance of your device OR notify you that your respirator does not meet HMH’s safety standards.
4. If your respirator does not meet HMH’s safety standards, you must discontinue use.

Where can personal elastomeric respirators be worn?
Use of personal elastomeric respirators can only be used in areas where team members are expected to wear N95 respirators for extended use. Those areas are emergency departments, labor and delivery units and EMS. Single use N95 respirators should be used in all other locations as needed and as outlined on this PPE chart. If you currently use a personal elastomeric respirator and work in the emergency department, labor and delivery unit or EMS, click here for instructions on how to validate your elastomeric respirator with occupational health.

What are elastomeric respirators?
Elastomeric respirators are half-face piece, tight-fitting respirators that are made of synthetic or rubber material permitting them to be repeatedly disinfected, cleaned, and reused. They are equipped with replaceable filter cartridges. Similar to N95 respirators, elastomeric respirators require annual fit testing. Elastomeric respirators should not be used in surgical settings due to concerns that air coming out of the exhalation valve may contaminate the sterile field. All elastomeric respirators must be on a NIOSH approved list.

I’m still unsure of what type of PPE I should use. What do I do?
Please refer to the chart on page 7 for guidance on what type of PPE should be used in various situations.

Reminder: The Universal Pandemic Precautions policy represents current personal protective equipment (PPE) recommendations to prevent transmission of COVID-19. It is subject to change as new information and guidance about COVID-19 transmission becomes available. The policy and PPE recommendations are also subject to change based on community prevalence and spread of COVID-19.
## What PPE is Right for Me?

<table>
<thead>
<tr>
<th>PATIENT’S COVID STATUS</th>
<th>FACE MASK</th>
<th>N95 OR GREATER</th>
<th>FACE SHIELD *</th>
<th>FACE SHIELD, GOGGLES OR SAFETY GLASSES</th>
<th>ISOLATION GOWNS/GLOVES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive</strong></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>PUI</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unknown and undergoing aerosol-generating procedures</strong></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Unknown with medium risk</strong> <strong>(ED, L &amp; D and EMS)</strong></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>**** Standard Precautions</td>
</tr>
<tr>
<td><strong>Unknown with low risk</strong> <strong>(i.e. Ambulatory Practices)</strong></td>
<td>X</td>
<td></td>
<td>**** Standard Precautions</td>
<td></td>
<td>**** Standard Precautions</td>
</tr>
<tr>
<td><strong>No Direct Patient Contact</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Optional</td>
</tr>
</tbody>
</table>

**Important Note** – Team members and physicians should use HMH-issued PPE only. If you work in a procedural, invasive or surgical area you should continue to use the approved eye protection specified for that area. The images above are examples only. There are several different types of PPE in HMH’s inventory that may be distributed.

*Face shields are preferred and strongly recommended. If the team member or physician is unable to wear a face shield, then an approved HMH-issued safety goggle can be worn with leadership approval.
**Includes Emergency Departments, Labor & Delivery and EMS.
*** Includes Ambulatory practices for asymptomatic patient presentation
**** Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered.

X = Required