



# Frequently Asked Questions

## Universal Eye Protection in Long-Term Care Facilities (LTCFs) (Updated 8-3-2020)

### Q1: What is universal eye protection?

A1: Universal eye protection refers to the use of eye protection by staff upon entering their facility and throughout their shift. When paired with universal masking, it ensures the eyes, nose and mouth are all protected.

### Q2: Why is universal eye protection in LTCFs recommended by Oregon Health Authority (OHA)?

A2: The virus that causes COVID-19 can spread from individuals without symptoms. The recent increase in case numbers in Oregon increases the likelihood that COVID-19 will be unknowingly brought into long-term care facilities. Universal use of masks and eye protection reduces the release of respiratory secretions from talking, sneezing, and coughing. It also protects the eyes, nose and mouth from exposure from others. **Wearing masks and eye protection protects you from others and protects others from you.**

### Q3: Who should wear eye protection?

A3: It is recommended that all staff don eye protection (in addition to universal masking<sup>1</sup>) upon entering the facility. When not in resident care areas, staff who can ensure they stay at least 6 feet from others (e.g. those working in offices or direct care staff when on break) may remove eye protection temporarily. If being reused, eye protection should be disinfected (see below) upon removal per facility policy.

### Q4: Do staff need to remove eye protection after each resident contact?

A4: No. Extended use of eye protection (and masks) can be used. This means that the eye protection and mask can remain in place for repeated encounters with different residents, without removing between encounters. Staff should avoid touching their mask and eye protection, and should preform hand hygiene immediately if readjustment is needed. Eye protection should be removed and discarded (or appropriately disinfected) if visibly soiled, visibility is obstructed, or

---

<sup>1</sup> Note that this document references wearing of face masks associated with universal masking. Some situations or clinical care scenarios warrant a higher level of respiratory protection (i.e. N95 respirator). See additional information in [OHA Clinical and Infection Control Guidance](#).

after contact with a resident with suspect or known COVID-19 (unless providing cohorted care on a COVID-19 unit).

**Q5: Eye protection is challenging for kitchen staff. What options do they have?**

**A5:** If staff can ensure they stay at least 6 feet from others, they may remove their eye protection temporarily. Goggles may be less likely to fog than face shields and may be preferred. Ensuring that the mask fits snugly to the face can help reduce fogging. If eye protection is not tolerated, safety glasses with extensions to cover the side of eyes may be considered for kitchen staff as a last resort, though they may not provide as much protection. Ensure any personal protective equipment worn in the kitchen is not a fire hazard.

**Q6: Do staff need to wear a face mask and eye protection when on a break in the building?**

**A6:** Staff should take necessary breaks to rest, eat and hydrate. Facemasks and eye protection are recommended during breaks when social distancing cannot be maintained. If equipment needs to be removed for comfort, eating or drinking, staff should leave the resident care area and ensure they are at least 6 feet from others.

**Q7: Should staff performing housekeeping or environmental services work wear eye protection?**

**A7:** Yes. Eye protection and face masks should be worn when in the facility as these staff may contact many different residents, coworkers and environments throughout the shift.

**Q8: Is universal eye protection recommended for all types of LTCFs, including assisted living?**

**A8:** This recommendation applies to all types of LTCFs, including residential care, assisted living and nursing facilities.

**Q9: A staff member cannot wear eye protection due to a medical condition. What should we do?**

**A9:** If a staff member cannot tolerate wearing a recommended piece of personal protective equipment (PPE), ensure other PPE components (i.e. masks) are worn appropriately. Staff who cannot wear all recommended PPE should carefully observe facility social distancing policies. Consider altering work duties for these staff to prevent potential exposures to COVID-19, such as reassigning them to administrative duties or ensuring they do not provide care or services to residents at higher risk of infection (e.g. residents with suspect or known COVID-19, exposed residents, those under observation after new admission).

**Q10: Are face shields or goggles preferred for eye protection?**

**A10:** Goggles or face shields are acceptable. Face shields generally cover more of the face, including the front of the face mask so they are preferred for staff providing direct resident care. For staff that are not providing direct care, selection should be based on availability, function and comfort.

**Q11: How should they be cleaned and disinfected before they are re-used?**

**A11:** If eye protection is being reused, establish a dedicated area in the facility to clean, disinfect, and store eye protection between uses (preferably near facility entrance/exit). Disinfection should occur immediately after removing eye protection. Social distancing should be observed at and around the disinfection station. Personal protective equipment should not be shared between staff.

Adhere to the manufacturer’s instructions for cleaning and disinfection. If manufacturer instructions are not available, consider the following cleaning/disinfection steps:

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. Rinse if needed.
2. Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with [EPA-registered hospital disinfectant](#) solution. Ensure surface is wet for period of time as specific on disinfectant label.
3. Wipe the outside of face shield or goggles with clean water to remove residue.
4. Fully dry (air dry or use clean absorbent towels).
5. Remove gloves and perform hand hygiene.

Eye protection should be examined prior to each reuse to ensure integrity and clarity.

**Q12: Where should eye protection be stored between uses?**

**A12:** After cleaning/disinfection/drying, eye protection can be stored in a transparent plastic bag or container, and **labeled with the staff member name** to prevent accidental sharing between staff.

**Q13: Are DHS licensed facilities required to follow OHA guidance, even if the guidance describes certain practices as “recommended”?**

**A13:** Yes. DHS requires all licensed facilities to follow OHA guidance and recommendations. This requirement comes from DHS, not OHA.

**Q14: What if we have questions about how to implement universal eye protection in our facility?**

**A14:** OHA's Healthcare-Associated Infections Program provides infection control consultation, as requested, to long-term care facilities in our state. Requests may be prioritized based on urgency. [Click here to access the consultation request form.](#)

For questions related to universal eye protection policies in your facility, contact your SOQ Program:

[NFLicensing@dhsosha.state.or.us](mailto:NFLicensing@dhsosha.state.or.us)

[CBC.Team@dhsosha.state.or.us](mailto:CBC.Team@dhsosha.state.or.us)

**Document accessibility:** For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact Mavel Morales at 1-844-882-7889, 711 TTY or [OHA.ADAModifications@dhsosha.state.or.us](mailto:OHA.ADAModifications@dhsosha.state.or.us).