

OHCA Request to ODH on Eye Protection
September 23, 2020

A few members have informed us that they have been told by surveyors that staff in SNFs in orange and above counties under the Public Health Advisory System must wear eye protection (goggles or face shields) in addition to facemasks when providing care to all patients, not just those with COVID-19.

I am not sure if any deficiencies have been cited for this, but at least there have been communications from surveyors.

We're told surveyors cited [CDC guidance](#) entitled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" as support for this proposition. This guidance clearly is directed at health care providers generally. It applies to SNFs as health care providers, but I'm concerned that it is being misconstrued to require eye protection for care to all patients.

My request is that you confirm the following interpretation of the CDC guidance is correct.

The language at issue reads:

- **HCP working in facilities located in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected **in a patient presenting for care** (based on symptom and exposure history), HCP should follow [Standard Precautions](#) (and [Transmission-Based Precautions](#) if required based on the suspected diagnosis).

They should also:

- Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.
- Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for:
 - Aerosol generating procedures (refer to [Which procedures are considered aerosol generating procedures in healthcare settings FAQ](#)) and
 - Surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract) (refer to [Surgical FAQ](#)).
- Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath would compromise the sterile field.

Given that these guidelines are not SNF-specific but apply to all health care providers, I believe the key to the applicability of this provision is the words I highlighted above, "in a patient presenting for care." All of the provisions quoted above, including the eye protection requirement, apply when a patient is presenting for care.

Typically patients present for care at places like emergency rooms, urgent care centers, doctor's offices, etc. Residents in SNFs, RCFs, ICFs, and other congregate settings don't "present" on a day-to-day basis because they live there. They could only be considered to "present" when they are admitted or readmitted.

The reference to a patient who presents fits perfectly with the reference to communities with high or moderate levels of COVID-19, because COVID prevalence is important when a provider is treating patients who present from the general community. It does not fit patients/residents who are not coming from the community but already live in the facility.

This interpretation is consistent with the SNF-specific [CDC guidance](#), "Preparing for COVID-19 in Nursing Homes," which implements the general language above for the SNF setting by interpreting "patient presenting" as being a new admission or readmission:

Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown.

Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), **eye protection (i.e., goggles or a face shield that covers the front and sides of the face)**, gloves, and gown **when caring for these residents**. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected.

The reference to COVID-19 prevalence in the community, the reference to eye protection, and the reference to "these residents" (that is, new admissions and readmissions) make it clear that this guidance ties back to the general guidance for all health care providers but is specific to SNFs. Of course, the SNF-specific guidelines also require eye protection when caring for a COVID-19 patient, but they only require a face mask when caring for other patients.

To sum up, I believe the correct reading of the above section of the "Healthcare Personnel" guidance is that the eye protection requirement applies to patients who present, which in the context of SNFs means new admissions and readmissions, and that this reading harmonizes the general "Healthcare Personnel" guidance with the more specific "Nursing Homes" guidance. I think we have to assume that CDC intended to be consistent across two pieces of their own guidance.