



Distribution of eye protection through Primary Health Networks Tranche 5. Eye protection for general practices, including Aboriginal Controlled Community Health Services, and for Allied Health in Queensland

Guidance on the supply of eye protection from the National Medical Stockpile (NMS) through Primary Health Networks (PHNs). This is for General Practice (including Aboriginal Community Controlled Health Services) and Allied Health practitioners in Queensland.

The Australian Government is currently supplying clinicians with personal protective equipment (PPE) from the NMS. This supply is strictly in accordance with clinical advice and prioritises distribution to high risk areas. PPE from the NMS should only be allocated to clinicians who have demonstrated an inability to source supplies through commercial channels.

This guidance ensures consistent and transparent management of the supply of eye protection from the NMS. The supply of eye protection is for general practices (including Aboriginal Community Controlled Health Services) and Allied Health professionals in Queensland facing critical supply constraints. Note, at this stage, the supply of eye protection is a single distribution rather than ongoing supply.

Intended use of eye protection

Eye protection includes goggles and face shields. The Infection Control Expert Group (ICEG) recommends eye protection for **all patient care** in geographic areas where there is **significant community transmission of COVID-19**.

ICEG recommends performing a **risk assessment** to determine personal protective equipment (PPE) use in areas where there is **not significant community transmission of COVID-19**. The risk assessment should be based on the patient's presenting condition. In this context, eye protection (along with gloves, masks and gowns) is recommended for clinical consultations, physical examinations and specimen collection for patients who:

- are under quarantine or investigation for COVID-19 OR
- are suspected or confirmed case of COVID-19 OR
- have respiratory symptoms

Determination of the level of community transmission and risk of health care worker exposure to COVID-19 should take into account local public health assessment and recommendations.

Eye protection distributed through PHNs **cannot be sold as commercial stock**.

Use and reuse of eye protection including cleaning and disinfection

Goggles and face shields can be worn for up to four hours. They need replacing if they become contaminated or soiled, and after assisting with an aerosol generating procedure.

ICEG recommends reusable goggles are processed according to the manufacturer's instructions for use. The guidance below applies to products denoted reusable (by the manufacturer's

instructions for use), or in the absence of this, assessed as reusable by an infection control consultant. Reprocessing single-use items is not recommended by ICEG, and should be discarded after use.

Cleaning and disinfecting goggles

1. Carefully wipe the inside followed by the outside of the goggles, using a clean cloth saturated with neutral detergent solution or a wipe.
2. Carefully wipe the outside of the goggles using a clean cloth or TGA registered disinfectant wipe. If using a clean cloth, saturate it with a TGA registered hospital disinfectant solution with virucidal claims.
3. Wipe the outside of the goggles with clean water to remove residue. To improve visibility, you may also wipe the goggles with alcohol.
4. Fully dry (air dry on hooks allocated to individual staff which do not touch one another or use clean absorbent towels).
5. Place goggles in a 'breathable' storage receptacle.
6. Perform hand hygiene.

Eligibility to access eye protection

GP Respiratory Clinics and general practices, including Aboriginal Community Controlled Health Services (ACCHS).

As supplies are limited, PHNs should distribute eye protection to practices with demonstrated need. The Department of Health asks PHNs to consider:

- local transmission patterns of COVID-19 and local public health recommendations for eye protection in clinical settings
- where there is no alternative commercial supply available and lack of eye protection is preventing practices from reviewing patients face to face when required
- where practices have an unusually high number of patients presenting with respiratory symptoms

Please note: PHNs are able to distribute stocks to:

- after-hours GP home visiting services
- Medical Deputising Services (MDS)
- Nurse practitioner owned or led primary care practices in their area.

Allied health

Given the diverse nature of the Allied Health sector and the limited supplies available, when allocating eye protection, the Department asks PHNs to consider:

- local transmission patterns of COVID-19 and local public health recommendations for eye protection in clinical settings
- where there is no alternative commercial supply available and lack of eye protection is preventing practices from reviewing patients face to face when required
- the extent to which the allied health professional can manipulate their environment or practice method to minimise the chance of transmission. For example, due to the nature of their work, it's not easy for a diagnostic radiographer to change their mode of practice or environment. A dietitian or psychologist may be able to continue to provide services through telehealth.

In areas where there is no evidence, or suspicion of community transmission, and local public health recommendations do not recommend eye protection in all clinical settings, PHNs should consider:

- the likelihood of the worker requiring direct or close contact with patients who are:
 - presenting with fever
 - presenting with respiratory symptoms

Coronavirus disease (COVID-19)

- o under investigation or quarantine for COVID-19
- o are suspected or confirmed cases of COVID-19

For example, a respiratory physiotherapist may need to work with patients with cough, sore throat and/or shortness of breath as part of their core business. Compared to an exercise physiologist who is more likely to be working with well individuals.

Unless they are required to as part of their core business, or the patient's care cannot be deferred, allied health professionals should not see patients who are at a higher risk of COVID-19. This includes those in quarantine or with respiratory symptoms, regardless of the local epidemiology of COVID-19.

Quantities

Primary Health Networks have the flexibility to determine allocation of eye protection per practice. The quantity provided should take into account practice size and need. This includes the number of patients the practice is likely to see face to face, rather than via telehealth, and the availability of other services. As eye protection PPE is intended for reuse, consider distribution of two items per worker (including health workers and receptionists).

More information

Guidance from the Infection Control Expert Group (ICEG):

- Guidelines on cleaning and disinfecting reusable face shields and other protective eyewear are available at: <https://www.health.gov.au/resources/publications/iceg-guidelines-on-the-use-of-face-shields-and-other-protective-eyewear-in-health-and-residential-care-facilities>
- Guidelines on precautions health care workers in areas with significant community transmission should take to protect themselves against COVID-19 are available at: <https://www.health.gov.au/resources/publications/iceg-guidance-ppe-health-workers-community-transmission>
- Guidelines on the use of PPE by health care workers in non-inpatient settings where there is no significant community transmission of COVID-19 are available at: <https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-guidance-on-use-of-personal-protective-equipment-ppe-in-non-inpatient-health-care-settings-during-the-covid-19-outbreak.pdf>

Information from Queensland Health on PPE including current recommendations for use is available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/personal-protective-equipment-ppe>

For other advice, information and resources, go to www.health.gov.au

Call the **National Coronavirus Helpline on 1800 020 080**. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The phone number of each state or territory public health agency is available at www.health.gov.au/state-territory-contacts