



ICEG guidelines on the use of face shields and other protective eyewear in health and residential care facilities

For additional guidance on infection prevention and control during the COVID-19 pandemic, see the [Department of Health website](#).

The advice for health care workers about using personal protective equipment (PPE) during patient encounters is being continually reviewed as situations change. Check with your state or territory health department for specific advice for your jurisdiction.

Advantages and disadvantages of face shields

Face shields offer some advantages and limitations.

Advantages:

- Droplet protection directly in front of the wearer (but not to the sides or underneath the shield).
- Provides eye protection that a surgical mask without a shield cannot provide.
- Certain types of face shields may be cleaned, disinfected, and reused (depending on manufacturer's instructions).
- The wearer's face and facial expressions can be seen which may be important when caring for some patients/residents.

Limitations:

- Gaps to the sides and underneath the shield which may allow virus-laden droplets to infect mucous membranes.

Use of face shields and goggles in residential care facilities

In residential care facilities, face shields or other protective eyewear (such as goggles) should be worn for the routine care of suspected, probable or confirmed cases of COVID-19. Guidance on the use of PPE in areas with significant community transmission is available on the [Department of Health website](#). The risk of COVID-19 from transmission via the eye is unknown. However, as the predominant mode of transmission is via droplets, eye (and conjunctival) protection should be worn until further evidence emerges.

In geographical areas with significant community transmission, face shields should be worn by all staff working in residential care facilities (in addition to other PPE, including a surgical mask or particulate filter respirator). This includes health care workers and all other staff (including support staff who do not have patient contact). This is due to

the high risk of transmission in residential care facilities and the vulnerability of residents to infection.

Cleaning and disinfection of reusable face shields and goggles

NOTE: Reprocessing of single-use items is not recommended and they should be discarded after use. If available, the manufacturer's instructions for use should be followed. These guidelines apply only to products denoted reusable or as assessed as reusable by an infection control consultant. This advice should be considered an interim measure in the context of a critical supply issue during the COVID-19 pandemic and may be subject to change.

ICEG proposes two options for the cleaning and disinfection of reusable face shields/goggles. Option 1 involves each health care worker cleaning and caring for their own shield. This process may permit variable quality in cleaning and disinfection. Option 2 may be more appropriate in the context of very limited numbers of available face shields or goggles.

OPTION 1: Individual health care worker cleaning and disinfection of face shields and goggles

Removal of used face shield/goggles

1. Remove PPE.
2. Perform hand hygiene.

Cleaning and disinfection

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

OPTION 2 – Mass disinfection of multiple face shields

Removal of used face shield/goggles

1. Remove PPE.
2. Perform hand hygiene.
3. Face shield/goggles should be initially cleaned by the wearer, after removal.
4. Place used face shield/goggles into a bag or container to be transferred/collected to an area where high-volume disinfection can occur.
5. Perform hand hygiene.

Mass cleaning and disinfection

6. PPE should be worn by the person undertaking the process.
7. Place all face shields/goggles in a container with a neutral detergent.
8. Carefully wipe the outside of each face shield/goggles using a wipe or clean cloth saturated with TGA registered hospital disinfectant solution with virucidal claims, or TGA registered disinfectant wipe.
9. Wipe the outside of face shield/goggles with clean water to remove residue.
10. Avoiding contamination from the previous step, dry each face shield/goggles. One example may use a different person who is wearing a gloves (hand hygiene prior and after glove use).
11. Store in a dry location for redistribution.

Additional considerations regarding face shields and goggles:

- Ideally, face shields/goggles should be worn in combination with a surgical mask.
- For optimal protection, face shields should extend below the chin anteriorly, to the ears laterally, and there should be no exposed gap between the forehead and the shield's headpiece.ⁱ
- Face shields/goggles should be discarded when difficult to see through or damaged.
- Staff should be provided with education on donning, doffing (removal) and cleaning, and cleaning compliance.
- Face shields/ goggles should be worn continuously while caring for patients (extended or sessional use may apply) but doffed in the appropriate sequence.
- Hand hygiene must be performed before workers take a break.
- Some face shield designs (e.g. those that include foam) may be difficult to clean adequately and this should be considered in determining the types of masks for mass distribution. Face shields with a foam band should not be shared between staff (so should only be used for Option 1, above).

ⁱ Source: <https://jamanetwork.com/journals/jama/fullarticle/2765525?resultClick=1>