



COVID-19 Universal Eye Protection Risk Assessment for Long-term Care and Assisted Living-type Settings

06/25/2021

Introduction

This tool is intended to assist in the assessment of COVID-19 universal eye protection recommendations in long-term care facilities, such as nursing facilities, skilled nursing facilities, and assisted living-type facilities (including registered housing-with-services settings with an arranged home care provider). The level of community transmission of COVID-19 directs the personal protective equipment (PPE) recommendations for individual health care workers (HCWs). HCWs in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic residents with SARS-CoV-2 infection.

Core Principals of Infection Control MUST be in place to complete this facility risk assessment tool. Core Principals of Infection Control are:

- Universal and correct use of masks.
- Hand hygiene.
- Physical distancing.
- Environmental cleaning and disinfection protocols.
- Contact tracing in combination with isolation and quarantine.

Disclaimer/recommendations

- Health care workers (HCW) should continue to follow the appropriate PPE guidance related to isolation and quarantine, aerosol-generating procedures (AGP), Transmission-Based Precautions, and Standard Precautions.
- Facilities may choose to continue universal eye protection if their resident vaccination rates fluctuate significantly due to high resident turnover, especially if their staff vaccination rates are low. Higher vaccination rates of HCWs will decrease facility outbreaks.
- Facilities may choose to also assess community transmission rates for the county or counties where their workforce lives, if different than the facility's county (e.g., a large proportion of a facility's workforce resides in a neighboring county).

Instructions

Step 1: Determine **Level of Community Transmission** by accessing the County View tab in [CDC COVID Data Tracker \(https://covid.cdc.gov/covid-data-tracker/#county-view\)](https://covid.cdc.gov/covid-data-tracker/#county-view).

- Click on [CDC COVID Data Tracker \(https://covid.cdc.gov/covid-data-tracker/#county-view\)](https://covid.cdc.gov/covid-data-tracker/#county-view) (county view).
- Select State: Minnesota
- Select County
- Determine community transmission rate (low, moderate, substantial, high)

Step 2: Determine **Facility Risk Stratification** for PPE Recommendations with Eye Protection by assessing the defined indicators provided in the table below.

Step 3: Follow **Recommendations** under appropriate response from Step 2.

References

- [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)
- [CDC: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings - Recommendations of the HICPAC \(https://www.cdc.gov/hicpac/recommendations/core-practices.html\)](https://www.cdc.gov/hicpac/recommendations/core-practices.html)
- [CDC: COVID Data Tracker \(https://covid.cdc.gov/covid-data-tracker/#county-view\)](https://covid.cdc.gov/covid-data-tracker/#county-view)

Definition:

- Fully vaccinated staff: ≥ 14 days following receipt of the second dose in a two-dose series. OR ≥ 14 days following receipt of one dose of a single-dose vaccine.

COVID-19 Facility Universal Eye Protection Risk Assessment

Facility:

County:

Date:

Level of Community Transmission

Step 1: Determine **Level of Community Transmission** by accessing the County View tab in

[CDC COVID Data Tracker \(https://covid.cdc.gov/covid-data-tracker/#county-view\)](https://covid.cdc.gov/covid-data-tracker/#county-view).

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- Determine community transmission rate (low, moderate, substantial, high)

Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
<p>No to Minimal - Isolated cases throughout the community; no evidence of exposure in large communal setting.</p> <p><i>Control is achieved largely through individual prevention behaviors and the public health response to identify and isolate cases or clusters.</i></p>	<p>Minimal to Moderate - Sustained transmission with high likelihood or confirmed exposure.</p> <p><i>Adherence to individual and selected community level prevention strategies are needed.</i></p>	<p>Large scale community transmission including outbreaks.</p> <p><i>Everyday activities should be limited to reduce spread and protect the health care system.</i></p>	<p>Large scale community transmission including outbreaks.</p> <p><i>Significant measures are needed to limit contact between persons, with priority given to maintaining essential community activities and services.</i></p>

Facility Risk Stratification for Universal Eye Protection

Step 2: Identify transmission level and determine facility risk factors.

Indicator	Assessment
<p>LOW County Transmission Level This metric uses two indicators for categorization: (1) Total number of new cases per 100,000 persons within the last seven days and (2) Percentage of positive NAATs during the last seven days Rates should be assessed every seven days.</p>	<p>Is the facility located in a county with LOW transmission level?</p> <p>Yes No</p>
<p>Outbreak Status CMS required testing is being conducted due to a single new case of COVID-19 identified in any HCW or resident.</p>	<p>Has it been ≥ 14 days since a single new case of COVID-19 in a resident or HCW?</p> <p>Yes No</p>
<p>Fully Vaccinated Resident ≥ 14 days following receipt of the second dose in a two dose series. OR ≥ 14 days following receipt of one dose of a single-dose vaccine.</p>	<p>Are $\geq 70\%$ of your residents fully vaccinated?</p> <p>Yes No</p>

Universal Eye Protection use Recommendations by Level of Community Transmission

Step 3: Follow the recommendations based on responses in Step 2. The level of community transmission directs the PPE recommendations for individual HCWs.

One or more answers are “NO”

- Continue to utilize universal eye protection in the facility.

Rationale: HCW working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic residents with SARS-CoV-2 Infection. They should wear eye protection in addition to their facemask to ensure eyes, nose, and mouth are all protected from exposure to respiratory secretions.

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)

If All answers are “YES” in step 2, select Option A or B below based on facility staff vaccination rate.

Option A: Facility staff vaccination rate \geq 70%.

- All staff** may remove their eye protection.
 - Eye protection must still be worn when caring for residents in isolation or quarantine and, when specified as part of aerosol-generating procedures (AGP), isolation precautions (Transmission-Based Precautions) or when staff may encounter blood or bodily fluids (Standard Precautions).

OR

Option B: Facility staff vaccination rate < 70%.

- Fully vaccinated staff** may remove their eye protection.
 - Eye protection must still be worn when caring for residents in isolation or quarantine and, when specified as part of aerosol-generating procedures (AGP), isolation precautions (Transmission-Based Precautions) or when staff may encounter blood or bodily fluids (Standard Precautions).
- Unvaccinated staff** must continue to wear eye protection.



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Contact health.communications@state.mn.us to request an alternate format.