



Distribution of eye protection through Primary Health Networks Addendum to Tranche 4. Eye protection for general practices, including Aboriginal Controlled Community Health Services, and for Allied Health in areas of COVID-19 community transmission in Victoria

Guidance on the supply of eye protection from the National Medical Stockpile (NMS) through Primary Health Networks (PHNs) for General Practice (including Aboriginal Community Controlled Health Services) and Allied Health practitioners in areas of COVID-19 community transmission in Victoria.

12 August 2020

This guidance ensures consistent and transparent management of the supply of eye protection from the National Medical Stockpile to general practices (including Aboriginal Community Controlled Health Services) and Allied Health professionals in Victoria facing critical supply constraints AND significant community transmission of COVID-19. Note, at this stage, the supply of eye protection is intended to be a single distribution rather than ongoing supply.

Intended use of eye protection

In areas of significant community transmission of COVID-19, the Victorian Department of Health and Human Services recommends eye protection for all patient care. Eye protection includes goggles and face shields.

Goggles and face shields can be worn for up to four hours. The eye protection needs to be replaced if it becomes contaminated or soiled, and after assisting with an aerosol generating procedure. For instructions on reuse see below.

For further guidance on the use of PPE by health care workers in areas with significant community transmission see: <https://www.health.gov.au/resources/publications/iceg-guidance-ppe-health-workers-community-transmission>

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

Cleaning and disinfection of goggles for reuse

Guidelines by the Infection Control Expert Group (ICEG) 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>.

Reusable goggles should be 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 they 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 distribute eye protection to practices with demonstrated need, including:

- 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 there is significant community transmission of COVID-19.

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:

- whether there is an alternative commercial supply available
- whether a 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, a diagnostic radiographer cannot easily change their mode of practice or environment. A dietitian or psychologist may be able to continue to provide services through telehealth
- whether there is significant community transmission 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

For the latest 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