



Australian Government
Department of Health

BE COVIDSAFE

FACE SHIELDS: A quick guide



Introduction

- When worn together with a properly fitted surgical mask, face shields offer protection from contamination to others, as well as to the wearer.
- Where face masks are not available, face shields may be used as an alternative. 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)
- The wearer's face and facial expressions can be seen, which may be important when caring for some residents
- Some types of face shields may be cleaned, disinfected, and reused (depending on the manufacturer's instructions)
- Provide eye protection that a surgical mask cannot give.

Limitations:

- Gaps to the sides and underneath the shield which may allow virus -laden droplets to infect mucous membranes (e.g. mouth, nose, eyes).

Putting on a face shield (donning)

- Bend forward slightly, holding on to the straps of the face shield with both hands. Do not touch the front of the face shield.
- Expand the elastic with your thumbs and place the elastic behind your head, so that the foam rests on your forehead.
- Once the shield is on, check to make sure it covers the front and sides of your face and no areas are left uncovered. The forehead band should sit about 3cm above your eyebrows, with the bottom of the shield sitting below chin level.
- You must always have the shield down. The shield should never be pushed to the “up” position.
- If your visor does not stay in position, tighten by adjusting the elastic on the side of the face shield. Each type of shield is slightly different.
- Face shields can be kept on for as long as they keep their shape and remain intact; and when appropriate steps are taken to avoid cross contamination

Removing a face shield (doffing)

- At no time should the front of the face shield be touched
- Take off other PPE first and wash hands before taking off the shield
- Tilt your head forward slightly, grab the strap at the temple and pull forward and over your head
- Dispose of the face shield safely if it isn't reusable; or
- Place the used face shield into a bag or container to be transferred/collected to an area where cleaning or mass disinfection will occur
- Wash hands again

Cleaning and disinfecting

- Reusing single-use face shields is not recommended and they should be discarded immediately after use. Reusing should only be considered in the context of a critical supply issue.
 - If available, the manufacturer's instructions for use (IFU) should be followed.
 - In the absence of instructions, seek advice from an infection control consultant before reusing face shields.
- There are two options for cleaning and disinfecting reusable face shields.
- **Option 1** Each aged care worker cleans and cares for their own shield. This can lead to varying degrees of cleanliness and disinfection.
- **Option 2** Mass disinfection of multiple face shields. This is the preferred option.

Cleaning and disinfecting

- **Option 1 - Individual aged care worker cleaning and disinfection of face shield**

- Cleaning and disinfection

- Each aged care worker cleans and cares for their own shield. This can lead to varying degrees of cleanliness and disinfection.
 - Carefully wipe the inside followed by the outside of the face shield using a clean cloth saturated with neutral detergent solution, or a wipe.
 - Carefully wipe the outside of the face shield using a clean cloth saturated with a TGA registered hospital disinfectant solution or TGA registered disinfectant wipe.
 - Wipe the outside of the face shield with clean water to remove residue. To improve visibility, wipe the face shield with alcohol.
 - Fully dry (air dry on hooks allocated to individual staff which do not touch one another or use clean absorbent towels).
 - Place face shield in a 'breathable' storage receptacle.
 - Perform hand hygiene.

Cleaning and disinfecting

- **Option 2 - Mass disinfection of multiple face shields (preferred)**

- Mass cleaning and disinfection

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

Optimising use of face shields

- If there are limited supplies during a pandemic, aged care facilities must have local plans in place to conserve supplies of face shields
- Each aged care facility should understand their supply levels of face shields, and track how often they are used
- Measures to optimise the use of face shields include
 - Excluding staff not essential for resident care from entering the care area
 - Reducing face-to-face encounters with residents
 - Excluding visitors to residents with confirmed or suspected COVID-19
 - Cohorting residents (the practice of separating sick residents from other residents)
 - Maximizing use of telehealth
 - Any measures taken must be in the best interest of residents and provide the highest standard of clinical and pastoral care.

Optimising use of face shields

- If supplies of face shields are stretched, consider shifting supplies from disposable (otherwise known as “single use”) to re-usable face shields.
- Ensure appropriate cleaning and disinfection between use if face shields are reused (see above).
- Consider extended use of face shields without removal between residents:
 - Be careful not to touch the front of the face shield to avoid cross contamination between residents
- Prioritise face shields for selected activities such as:
 - care activities where splashes and sprays are anticipated e.g. residents who have a respiratory infection such as runny nose/cough
 - activities where prolonged face-to-face or close contact with a potentially infectious resident is unavoidable e.g. turning a resident on their bed