

## Correspondence

### Simultaneous donning of goggles and face shield is an overkill and interferes with care of Covid-19 patients

The spread of severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) may occur through the conjunctiva, although this is not a common route of transmission.<sup>1-3</sup> The Centers for Disease Control and Prevention guidelines recommend using either goggles or a face shield as a component of personal protective equipment (PPE) for eye protection.<sup>4</sup> However, the exponential increase in cases of Covid-19 has led to the adoption of certain safety measures, such as concomitant use of goggles and face shield, despite lack of any evidence. I (AB) work in a hospital where concomitant use is practised. After some time, I found the goggles particularly uncomfortable, due to fogging and pain caused by pressure on the nasal bridge. I felt a constant urge to adjust the goggles to lessen the pressure on my nose. Soon, I noticed some abrasions and erythema over the bridge of my nose, which then turned into pustules, compelling me to discontinue wearing goggles. I continued wearing a face shield for eye protection, and realized that it was much more comfortable without the goggles. The pressure on my nose reduced, there was less fogging, better visibility and better peripheral vision. Most important, it allowed better ventilation, making it much less claustrophobic. This had a direct effect on patient management, and I felt more motivated to work. I communicated more with patients and co-workers.

Whereas previously I was eagerly waiting for my shift to end, I no longer minded a delay in handover. A detailed handover is extremely important, especially when there are four 6-hour shifts in a day, where the cumulative loss of information can be substantial at the end of the day. Three weeks past my posting, I was asymptomatic and tested negative for SARS-CoV-2 antibody.

Notably, the WHO guideline for PPE use in filovirus disease outbreak specifically advised against simultaneous use of goggles and face shield, as it has not been found to offer any additional protection and causes more discomfort and fogging.<sup>5</sup> Fogging results in compromise in patient care and safety of healthcare workers (HCWs). Face shields have been found to be less affected by fogging compared to goggles. Wearing goggles is even more cumbersome for HCWs who wear prescription glasses. There is no evidence of greater effectiveness of a combination of goggles and face shield than face shield alone. The addition of goggles to the PPE not only adds to the discomfort of HCWs but also to healthcare expenses for any government, in an already resource-constrained setting. The use of goggles in addition to face shield can be recommended for high-risk aerosol-generating procedures such as intubation or endoscopy, but routine use even in general wards with relatively stable patients does not seem justified.

In the present scenario of HCWs working under severe psychological and physical stress,<sup>6-8</sup> a simple step of omission of goggles (while continuing the use of face shield) can go a long way in improving patient care as well as well-being of HCWs.

*Conflicts of interest.* None declared

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