

## Guidance on Eye Protection Use, Cleaning and Disinfection and Storage

### ***When to Wear Eye Protection***

Eye protection must be worn when a resident is in isolation and on droplet/contact precautions or as part of a point of care risk assessment (i.e., staff may be exposed to a splash, spray, cough or sneeze).

In addition, Wellington-Dufferin-Guelph Public Health strongly recommends that staff and people providing services in Long-Term Care, Retirement Homes and other congregate settings wear eye protection when in clinical and resident areas of the facility. Donning and doffing of eye protection should be minimized as much as possible (i.e., for breaks/meals or when it is required to be changed). This recommendation goes beyond requirements for eye protection outlined in Ontario Regulation 364/20 and Ontario Regulation 263/20. Eye protection should be worn in addition to universal masking requirements and other Personal Protective Equipment (PPE) indicated for providing direct care to residents. Long-Term Care and Retirement Homes are required to follow CMOH Directive #5 for PPE use.

Specific to Ministry of Children, Community and Social Services (MCCSS) funded congregate living settings, MCCSS now requires staff to wear masks and eye protection at all times while working within the facility for the duration of the shift and removed only when: eating and drinking, are outside and capable of physical distancing or when alone in an office. MCCSS-funded facilities should continue to refer to the guidance provided directly by MCCSS.

Masking and eye protection are supplementary and NOT A SUBSTITUTE for other important infection prevention and control practices, including active screening, hand hygiene, and physical distancing.

### ***Sourcing Eye Protection:***

Face shields and goggles provide the best level of eye protection. Both single use/disposable or reusable eye protection is acceptable. Eyeglasses are not considered eye protection or PPE.

PPE are considered to be medical devices and require approval as such from Health Canada. When sourcing eye protection, and other PPE, it is important to review the following:

- Health Canada provides information on [how to identify authorized COVID-19 medical devices](#). This includes reviewing the following listings:
  - [Medical Device Establishment License Listing](#) (for Class I medical devices)
  - [Medical Devices Active License Listing Database](#) (For Class II, II and IV medical devices)
  - [List of Medical Devices authorized under interim order for COVID-19](#)
  - [Medical Devices for exceptional importation and sale list](#)
- Masks, respirators, eye protection and gowns are considered to be Class I medical devices. Gloves are considered to be Class II medical devices.
- The Health Canada outcome based [specifications](#) for COVID-19 products should also be consulted to ensure a particular product meets the specified outcome based criteria.
- In general, products that do not have approval from Health Canada should not be used.

Facilities should follow applicable Ministry guidance for their sector regarding PPE reporting and procurement. Eye protection should be sourced from normal supply chain, however, emergency escalations for PPE (14 days or less of products on hand) can be requested through:

- <https://hmmscovid19.ca/ppe-order-forms> (For facilities in Wellington and Guelph)
- <https://ehealthontario.on.ca/en/health-care-professionals/ppe-intake> (For facilities in Dufferin)

Other considerations when sourcing eye protection:

- Eye protection should be dedicated to one staff (i.e., should not be shared between staff even after cleaning and disinfection).
  - If eye protection has foam and becomes visibly contaminated or soiled, it must not be reused by anyone and must be discarded.
- In some cases, there is a limit to the number of times eye protection can be reused or cleaned and disinfected (also known as reusable). Determine whether there is a limit to the number of times eye protection can be reused.
- Determine what cleaning and disinfection products are compatible with the eye protection you are considering purchasing. Not all products are compatible, and some may leave streaks or impair visibility.
- Goggles must cover eyes at sides, must not be vented, and must be cleanable.
- Face shields must provide adequate coverage (i.e., cover face, eyes, forehead, cheeks, nose, mouth, chin and sides of face) and fit snugly to prevent slippage.

## ***Cleaning and Disinfection of Reusable Eye Protection:***

- Wear PPE when cleaning and disinfecting eye protection as indicated on the disinfectant product label (i.e., gloves).
- When eye protection is visibly dirty, it must always be cleaned with soap and water first, then rinsed and disinfected following the disinfectant product label/instructions.
  - When cleaning visibly dirty eye protection, use a dedicated cleaning area and not a hand washing sink.
- Clean and disinfect eye protection when visibly dirty, when there is a risk of cross contamination (i.e., touched without performing hand hygiene first) and when leaving an isolation room. If staff are cohorted and caring for several residents in the same cohort (i.e., those on droplet/contact precautions), eye protection can be cleaned and disinfected when removed for break/lunch prior to storage and not after each resident interaction.

Follow the manufacturer's instructions for use (MIFU) and PIDAC Best Practice when cleaning and disinfecting eye protection. If specific information is not provided by the manufacturer, use the following steps:

Step 1: Perform hand hygiene and remove eye protection by the strap and pull it away from your body, without touching the front

Step 2: Perform hand hygiene and put on a new pair of gloves

Step 3: Clean and disinfect eye protection moving from the interior to the exterior or from clean to dirty to minimize cross contamination

Step 4: Ensure all surfaces remain wet for the time specified on the disinfectant product label (otherwise known as contact time)

- A product with a contact time of 5 minutes or less and one that is a one-step cleaner and disinfectant is recommended.
- All products used for disinfection must have a Drug Identification Number (DIN).
  - A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.

Step 5: Allow eye protection to air dry before reuse or storage

- Once the contact time has been met for disinfection, it can be rinsed with water if there are concerns with residual that could cause sensitivities or impact visibility. To reduce clouding, once dry - wipe the inside following the outside with alcohol. Allow to dry.

Step 6: Remove gloves, discard and perform hand hygiene

## **Storage:**

- If eye protection is stored in a bag or container, ensure the staff member's name is placed on the bag/container as well as directly on the eye protection (i.e., sharpie marker) to prevent another staff member from mistakenly using someone else's eye protection.
- Ensure eye protection is always cleaned and disinfected prior to storing. Never store used or dirty eye protection.

## **Policies and Procedures:**

Ensure onsite policies and procedures include the step-by-step process to clean and disinfect reusable eye protection.

Have this process posted, as well as the products used, where staff will be cleaning and disinfecting eye protection.

## **Other Considerations:**

- Ensure eye protection is comfortable, fits securely and does not interfere with vision.
- If the eye protection is visibly damaged or suspected of damage or if visibility is compromised, the item must not be used and must be discarded.
- Do not wear eye protection while driving as this can impact visibility and can create a safety hazard.
- Do not cut or manipulate eye protection from its manufactured state (i.e., do not trim face shields)

## **Additional Resources:**

British Columbia Centre for Disease Control (BCCDC) - [Coronavirus COVID-19 Cleaning and Disinfection Instructions for Eye/Facial Protection](#)

Chief Medical Officer of Health – [COVID-19 Directive #5 for Hospitals within the meaning of the \*Public Hospitals Act\* and Long-Term Care Homes within the meaning of the \*Long-Term Care Homes Act, 2007\*](#) (October 8, 2020)

Health Canada - [Buy and Sell Specifications for COVID-19 Products](#) (October 28, 2020)

Health Canada – [Buy and Sell Specifications for eye protection](#) (April 10, 2020)

Health Canada – [Authorized medical devices for uses related to COVID-19: Overview](#) (December 9, 2020)

Healthcare Materials Management Services (HMMS) – [PPE Order Forms](#)

MCCSS – Memo re: Enhanced Source Protection Measures and Active Screening Reminder (sent to MCCSS-funded facilities on November 30, 2020)

MCCSS - Congregate Living Settings Operational Guidance for COVID-19 Universal Source Control Measures (sent to MCCSS-funded facilities on December 1, 2020)

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee - [Infection Prevention and Control for Clinical Office Practice](#). 1st Revision. (April, 2015)

Ontario Government - [Ontario Regulation 364/20: Rules for Areas in Stage 3](#) (November 27, 2020)

Ontario Government - [Ontario Regulation 263/20: Rules for Areas in Stage 2](#) (November 27, 2020)

Ontario Health – [Critical Personal Protective Equipment \(PPE\) Intake](#)

Public Health Ontario - [COVID-19: Personal Protective Equipment \(PPE\) and Non-Medical Masks in Congregate Living Settings](#) (July 7, 2020)

Public Health Ontario – [Performing a Risk Assessment Related to Routine Practices and Additional Precautions](#) (November 2012)

Wellington-Dufferin-Guelph Public Health – [COVID-19 Guidance: Checklist for Cleaning and Disinfection in Congregate Settings](#) (August 26, 2020)

CSA Z94.3 (2020), Eye and Face Protectors

CSA Z94.3.1 (2016), Guideline for Selection, Use, and Care of Eye and Face Protectors