

Conservation and disposal of Personal Protective Equipment (PPE) for Long-Term Care and Retirement Homes during the COVID-19 pandemic:

June 17, 2020

When is PPE required?

The use of PPE should be considered based on a point-of-care risk assessment performed by every health care worker before every patient interaction.

As per [CMOH Directive #5](#), at a minimum, contact and droplet precautions must be used by workers for all interactions with suspected, presumed or confirmed COVID-19 patients. Contact and droplet precautions includes gloves, eye protection (face shield or goggles), isolation gown, and a surgical/procedure mask. When aerosol generating medical procedures (AGMPs) are performed on patients with suspected or confirmed COVID-19, droplet and contact precautions using a fit-tested N95 respirator (or an approved equivalent or better protection) must be used. Public Health Ontario has developed a [Technical Brief](#) outlining minimum expectations for PPE for care of individuals with suspected or confirmed COVID-19.

In addition, as per [CMOH Directive #3](#), all staff and essential visitors are required to wear a surgical/procedure mask at all times for source control. When staff are not in contact with residents or in resident areas during their breaks, staff may remove their surgical/procedure mask but must remain two metres away from other staff to prevent staff to staff transmission of COVID-19.

Current Government of Ontario [guidance documents for Long-Term Care and Retirement Homes](#) should be followed. In addition, Ontario Health has developed documents on the [use and conservation](#) of PPE and [optimizing the supply](#) of PPE.

Why is it critical that we conserve PPE?

With the current situation of the pandemic, we are already experiencing PPE shortages across Ontario. Following conservation strategies will extend the supply of PPE and help to ensure the long-term sustainability of PPE during the COVID-19 pandemic.

How can we conserve and reuse surgical/procedure masks?

Ideally masks should be changed and discarded after each use, but when supplies are limited, efforts can be made to conserve masks by extending the use of masks, and re-using masks when possible.

A surgical/procedure mask can be used over the course of many patients/clients without removing the mask between client encounters. Conserve your mask for as long as possible. The mask must be discarded if it becomes visibly soiled, wet, damaged, difficult to breathe through, made contact with a patient, or was used in a patient care area with a resident (or a cohort of residents) on contact/droplet precautions.

If the mask can be re-used, caution should be taken to ensure hand hygiene is performed and that it is removed (doffed) properly. Staff can store it in a clean paper bag, or in a cleanable container with a lid and label it with their name. Paper bags should be discarded after each use. Containers should be cleaned and disinfected after each use. When putting the mask back on (e.g., after a lunch break), hand hygiene and proper donning procedure should be followed.

This [Public Health Ontario resource](#) shares scenarios for when a mask can be re-used and when it should be changed.

How can we conserve and reuse gowns?

Switch to reusable isolation gown options wherever possible, including cloth isolation gowns and reusable waterproof gowns. WDGPH recommends that isolation gowns are purchased from an approved source. If approved reusable gowns are unavailable, WDGPH recommends using single-use disposable isolation gowns. Single-use gowns are not to be re-used.

Can we use homemade gowns?

Cloth isolation gowns and reusable waterproof gowns from an approved source are the most recommended, followed by single-use disposable isolation gowns.

Homemade gowns that are tear resistant, low lint generating, have long sleeves and cuffs that cover the wrists, cover the body from neck to knee and have a full overlap back with adequate closures are an option if the choices above are not available.

When supply chains improve consider switching to reusable gowns from an approved source.

How can we conserve and reuse eye protection?

Switch to reusable eye protection options including reusable goggles and reusable face shields wherever possible. 3D-printed face shields that meet the standards set out by Health Canada are an appropriate alternative to traditional face shields for eye protection.

How should PPE be cleaned/disinfected or discarded?

See [recommended steps](#) for taking off PPE.

Gloves

Care should be taken when removing gloves to prevent self-contamination.

Medical gloves should be changed between every patient encounter and disposed of. Gloves should be discarded into a plastic lined waste container with a lid before disposing with regular waste. Perform hand hygiene after discarding gloves.

Gowns

Care should be taken when removing isolation or surgical gowns to prevent self-contamination.

Disposable gowns should be discarded into a plastic lined waste container with a lid before disposing with regular waste. Perform hand hygiene after discarding gown. The reprocessing of disposable isolation gowns is not recommended. Single-use gowns are [not to be laundered](#).

Reusable gowns may be reused if they are laundered after each use. The Ministry of Health advises that, with respect to the control of COVID-19, items should be laundered at 60-90°C and dried thoroughly. Organizations should clearly date and label a receptacle with a plastic liner and lid to collect reusable gowns for laundering.

Eye protection

Care should be taken when removing eye protection to prevent self-contamination. Perform hand hygiene before removing eye protection. Handle the arms of goggles or sides or back of face shield as the front of eye protection is considered contaminated.

Disposable eye protection should be discarded into a plastic lined waste container with a lid before disposing with regular waste. Perform hand hygiene after discarding eye protection.

Reusable eye protection must be cleaned and disinfected using standard methods for hard plastic surfaces. Follow the manufacturer's instructions for use and cleaning of reusable face shields and consider assigning the face shield to a single user to reduce the risk of transmission between workers. Cleaning of face shields should focus on the area most likely to be contaminated, which is the outer surface of the shield.

Masks

Care should be taken when removing masks to prevent self-contamination. Perform hand hygiene before removing mask. Handle the mask only by the strings/ties.

Surgical/procedure masks should be discarded into a plastic lined waste container with a lid before disposing with regular waste. **It is no longer recommended that organizations collect and store surgical/procedure masks for future reprocessing.** Perform hand hygiene after discarding mask.

Organizations should collect and store N95 masks for potential reprocessing. Clearly date and label a lidded receptacle lined with a biohazard bag to collect N95 masks for potential reprocessing. Do not use the mask receptacle for any other types of PPE.

How should PPE waste be disposed of?

For all types of PPE:

- PPE waste shall be placed in appropriate containers at the point-of-care/use as described below for each item.
- Do not double-bag waste unless the first bag becomes stretched or damaged, or when waste has spilled on the exterior.
- Close waste bags when three-quarters full and tie in a manner that prevents contents from escaping.
- Remove waste to locked storage areas at frequent intervals with access limited to authorized staff.
- You should have a waste management program that is compliant with current legislation and national standards.

How should other contaminated waste be disposed of?

All used disposable contaminated items (e.g. mop heads, cloths, wipes) should be placed in a plastic lined waste container with a lid before disposing with regular waste. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C).

References

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