




## Guidance for Eye Protection – Long-Term Care, Retirement Homes, and other Congregate Settings

1. Personal protective equipment (PPE) is considered a medical device. Review Health Canada's website to ensure the eye protection is approved for use:
  - List of authorized [medical](#) devices
  - [List of medical devices for exceptional importation and sale](#)
2. Always perform [a risk assessment](#) prior to your resident interaction to determine PPE requirements.
3. From an occupational health and safety perspective, regardless of immunization status, appropriate eye protection (e.g., goggles or face shield) is required for all staff and essential visitors when providing care to residents with suspect/confirmed COVID-19 and in the provision of direct care within 2 metres of residents in an outbreak area. In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres of a resident(s). Any additional sector-specific requirements for PPE use should also be followed.
4. Eye protection must be donned **before** interaction with residents.

| Options  | Consideration in Selections  |
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| <p><b>Face shields</b></p>  | <p><b>Face shields</b> are preferred as they cover the maximum area of the face to reduce exposure from splash, spray or droplets to both the eyes and face. A single-use face shield can be re-used by the SAME user until it becomes cracked or visibility is compromised. Label your face shield.</p>   |
| <p><b>Goggles</b></p>       | <p><b>Goggles</b> with a snug fit around the eyes or a face shield that covers the front and sides of the face provide the most reliable eye protection from splashes, sprays, and respiratory droplets. (The characteristics of the goggles that make them the <b>most reliable protection</b> for the wearer do result in concerns with comfort during extended periods of use.)</p> |

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| <p><b>Safety glasses</b></p>  | <p><b>Safety glasses</b> do not provide the same level of protection from splashes, sprays, and droplets as goggles or face shields, and generally should not be used for infection control purposes. They are not recommended for close clinical contact, especially if the resident is unmasked. If you use them, be aware that there will be gaps close to your eyes between the glasses and your face.</p> |
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❖ **If you wear prescription glasses**, use a face shield or goggles that fit snugly, with no gaps between the protective equipment and your face.

## Additional Guidance for the Use of Eye Protection

- Ensure eye protection and respirator or medical mask compatibility so that there is no interference with the proper positioning of the eye protection or with the fit or seal of the respirator or mask.
- Use of eye protection can be extended. Eye protection should be cleaned and disinfected, prior to changing medical mask or N95 respirator, after leaving a room on droplet contact precautions (unless working in a COVID positive cohort), when going to breaks or meals, and at the end of a shift.
- As needed, replace it when soiled or damaged. All eye protection must be **cleaned and disinfected** between uses – see below and refer to [Public Health Ontario's Cleaning and Disinfection of Reusable Eye Protection](#).

## Cleaning and Disinfecting Eye Protection

- Use hospital grade cleaner/disinfectant wipes. A drug identification number (DIN) or natural product number (NPN) on the product label indicates it has been approved for use by Health Canada
- Review the product label to determine whether wipes are a one step cleaner and disinfectant or whether two steps are needed (one wipe to clean and a new wipe to disinfect) and the required contact time (time the surface must remain wet)
- It is recommended to obtain a one step product with a practical contact time (less than 5 minutes)
- 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.

## Steps for Cleaning and Disinfecting

1. Perform hand hygiene prior to removing eye protection.
2. When removing eye protection, reach up behind the head or side of head; do not touch the front of the contaminated eye protection.
3. Place eye protection on a non-porous surface.
4. Perform hand hygiene and don gloves.
5. Using a hospital grade cleaner/disinfectant wipe in one hand and the other hand to pick up eye protection, carefully **wipe the inside** surface of eye protection, then **wipe the outside** surface of the eye protection. Discard wipe.
6. Still holding eye protection in the same hand, use the other hand and take a new hospital grade disinfectant wipe to clean/disinfect the surface where the contaminated eye wear was placed during cleaning. Discard wipe.
7. Place clean eye protection on clean surface and allow to sit for the required contact time or use a hook instead of setting down on the surface.
8. Remove gloves and perform hand hygiene.
9. If visibility is compromised by residual disinfectant, eye protection can be rinsed with tap water or wiped with 70-90% alcohol.
10. Allow eye protection to dry prior to next use. When dry, store in labelled paper or plastic bag.
11. Store in a designated clean area in a manner to prevent contamination.

### Sources:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Champlain Health Region Incident Command. (2020.10.30) Recommendations for PPE Use including universal mask and eye protection during the COVID-19 Pandemic.

***Adapted from Ottawa Public Health.***