

Recommendations for Suction Canister use under critical shortage related to production and limited availability.

Facility Action/Assessment:

Review use of canisters for alternate uses within the facility. Eliminate all use not related to suction fluid containment.

Suggested Actions: Should be routed for approval with Infection Prevention, Risk Management, and Nursing leadership.

- **RE-USE IS NOT AN APPROPRIATE STRATEGY.** Do not clean or reuse canisters
- Solidifier should be added when the suction canister is installed.
- Once the canister lid is snapped into place it cannot be removed without rendering it unusable
- When communicating on solution, be sure and communicate exactly what SKU's are being affected so that the solution can be made as close as possible.
- Use a solidifier, do not change until at least 2/3 or ¾ full. (once it hits ¾ they will lose suction)
- Personal Protective Equipment (PPE) consisting of gloves, a mask and eye protection should be worn when:
 - Changing suction canisters
 - Securing ports for disposal in the biomedical waste containers.
- Suction catheters and tips will be changed after every use.
- Suction tubing is single patient use.
- Suction canisters with a collection of blood or body fluids, will be discarded into a biohazard container.
- In clinics and outpatient settings where little or no use is typically hazardous consider end of day change out vs routine.
- Consider bracket issues and hardware change when looking at solutions. Work with your designated primary supplier to assist with any tips or work arounds before committing to hardware changes.
- In areas of high volume such as OR, Procedural, IR, L&D consider current product for liquid waste management such as the Neptune

****Outlier:**

Canisters used with **external urinary devices** connected to suction can be emptied, same as emptying a urinal. No solidifier is required for this usage. Must utilize appropriate PPE when emptying urine. Single patient use canisters then discard.