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Memorandum

TO: Health Care Facility Chief Executive Officers and Administrators
Occupational Health Program Leaders
Emergency Medical Service Directors

FROM: Elizabeth Daake Kelley, MPH, MBA, Director
Bureau of Health Care Safety and Quality

SUBJECT: Comprehensive Personal Protective Equipment (PPE) Guidance

DATE: August 16, 2021

The Massachusetts Department of Public Health (DPH) continues to work with state, federal and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

DPH has developed this comprehensive guidance, based upon the Centers for Disease Control and Prevention (CDC) recommendations, to clarify the PPE that health care personnel (HCP) use in clinical care areas and in other non-clinical areas in health care facilities. HCP refers to all paid and unpaid persons serving in healthcare settings and emergency medical services who have the potential for direct or indirect exposure to patients or infectious materials including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.[1] DPH is updating this guidance to incorporate strategies for PPE use in settings where there are high numbers of individuals being quarantined or isolated due to COVID-19 and reflect the increasing community prevalence of SARS-CoV-2.

It is expected that these changes will be implemented no later than August 18, 2021.

Universal Use of Facemasks

DPH has adopted a universal facemask use policy for all HCP. All HCP should don a facemask upon entry to the healthcare facility premises or care area. Facemasks are defined as surgical or procedure masks worn to protect the mouth/nose against infectious materials. This policy will have two presumed benefits. The first benefit is to prevent pre-symptomatic spread of COVID-19 from HCP to uninfected patients and colleagues by reducing the transmission of droplets. The second benefit is to protect HCP

[1] https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

by reducing transmission from their surroundings, including from other staff and patients who are not yet diagnosed with COVID-19 that may be in a pre-symptomatic stage.

Extended use of facemasks is the practice of wearing the same facemask for repeated encounters with several different patients without removing the facemask between patient encounters. Due to the improvement in the health care supply chain of facemasks, DPH is modifying earlier guidance and supports face mask use as follows:

- As PPE to protect their nose and mouth from exposure to splashes, sprays, splatter, and respiratory secretions (e.g., for patients on Droplet Precautions). When used for this purpose, facemasks should be removed and discarded after each patient encounter.
- As source control to cover one's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. When used for this purpose, facemasks may be used for multiple patient encounters under the following conditions:

    - The facemask should be removed and discarded if soiled, damaged or hard to breathe through.
    - HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
    - HCP should leave the clinical care area if they need to remove the facemask. (i.e., outside of the patient room)
    - Facemasks should not be stored or put down on a surface; if they are then they should be discarded and HCP should don a new facemask.
    - If HCP remove their facemask to eat, drink or during a break they should perform hand hygiene with soap and water or an alcohol-based hand rub before and after touching their mask.

Homemade and cloth facemasks are not considered PPE and are not appropriate for use in the healthcare setting.

As part of universal source control, if tolerated, patients/residents should wear a facemask when they leave their room or when staff are providing care to them.

PPE for patients with suspected or confirmed COVID-19, or confirmed exposures

DPH recommends that a fit-tested N95 filtering facepiece respirator or alternative, eye protection, isolation gown and gloves be used when caring for patients with suspected or confirmed COVID-19 or confirmed exposure.

Respirators:

Proper use of respiratory protection by HCP requires a comprehensive program (including medical clearance, training, and fit testing) that complies with OSHA's Respiratory Protection Standard.

For performing aerosol generating procedures, such as nebulizer treatments or intubations, HCP should don a fit-tested N95 filtering facepiece respirator or acceptable alternate product except in the following circumstances:

- The patient is fully vaccinated, asymptomatic and the COVID-19 status is unknown or negative;
- The patient is asymptomatic, not fully vaccinated, but a COVID-19 test obtained within the past three days is negative.

Facilities should eliminate the practice of reuse and extended use of N95 respirators. N95 respirators should always be discarded after doffing, such as when leaving a patient room, during a break or when eating or drinking. Respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids must be discarded immediately.

If reusable N95 respirator alternatives such as elastomeric respirators are used each facility must ensure appropriate cleaning and disinfection between uses and filter exchange according to manufacturer's instructions.

Eye Protection:

HCP should wear eye protection when caring for all patients. Consistent with previous recommendations, eye protection is required when caring for patients with suspected or confirmed to be infected with COVID-19 or with a confirmed exposure. At this time, when the risk community transmission of COVID-19 in Massachusetts is increased, the use of eye protection for all patient encounters is also indicated.

Disposable eye protection should be removed and discarded after each use. Reusable eye protection should be cleaned and disinfected after each patient encounter. If eye protection is used as source control then it may be used for multiple patient encounters under the following conditions:

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
- Eye protection should be discarded if it becomes damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- If reusable goggles or face shields are used each facility must ensure appropriate cleaning and disinfection between uses according to manufacturer's instructions.
- After cleaning and disinfection, eye protection should be stored in a transparent plastic container and labelled with the HCP's name.

HCP should not touch their eye protection. If they touch or adjust their eye protection hand hygiene must be performed.

HCP should leave the clinical care area if they need to remove their eye protection using recommended protocols for removing, cleaning, and disinfecting, and reprocessing.

Isolation Gowns:

Nonsterile, disposable patient isolation gowns, which are used for routine patient care in healthcare settings, are appropriate for use by HCP when caring for patients with suspected or confirmed COVID-19 or confirmed exposure. HCP may also use reusable (i.e., washable) gowns made of polyester or polyester-cotton fabrics; they can be safely laundered according to routine procedures and reused. Reusable gowns should be replaced when thin or ripped, and per the manufacturer's instructions. Gowns should be disposed of or laundered after each patient encounter.

Any gown that becomes visibly soiled during patient care should be disposed of or laundered, as appropriate.

Gloves:
HCP should perform hand hygiene prior to donning and after doffing gloves.

Other Considerations:

Health care organizations and providers that are caring for high numbers of patients with suspected or confirmed COVID-19, or confirmed exposures during high rates of community transmission may choose to adopt either of the following principles when caring for patients in the same cohort (i.e. all confirmed COVID-19 cases):

- Utilize the same N95 respirator between multiple patient encounters provided that the N95 respirator is always discarded after doffing, during a break, when eating or drinking or when contaminated with blood, respiratory or nasal secretions, or other bodily fluids.
- Utilize reusable eye protection between multiple patient encounters provided that the eye protection is clean and disinfected after doffing, or when contaminated with blood, respiratory or nasal secretions, or other bodily fluids.

Resources:

Health care organizations and providers that require additional PPE in order to meet the use standards described in this guidance and are not able to obtain through their usual supply chain resources may request one-time support from DPH as a bridge until health care organizations increase their ordering and receipt of gowns and N95 respirators. DPH will provide up to eight additional N95 respirators and up to 15 gowns per licensed bed per month for the months of August, September, and October as a bridge supply for health care organizations and providers that have an immediate and insufficient supply for HCP caring for individuals with suspected or confirmed COVID-19. Every health care organization must immediately adjust their supply order to ensure that going forward they have sufficient supplies to meet this guidance. A health care organization or provider who has insufficient supply should fill out and download the PPE request form and submit it via email to Covid19.resource.request@mass.gov.

The form may be found on DPH's website: https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19. Please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: https://www.mass.gov/2019coronavirus