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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
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SUBJECT: Comprehensive Personal Protective Equipment (PPE) Guidance

DATE: July 6, 2020

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 the clinical care areas, particularly during this time when we are optimizing our supplies. HCP refers to all paid and unpaid persons serving in healthcare settings 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 Based upon changes made to CDC recommendations about eye protection, DPH is updating this guidance.

Facemasks:

DPH has adopted a universal facemask use policy for all HCP. All HCP should wear a facemask when they are in a clinical care area at all times. Facemasks are defined as surgical or procedure masks worn to protect the mouth/nose against infectious materials. This policy will have two

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

presumed benefits. The first benefit is to prevent pre-symptomatic spread of COVID-19 from HCP to un-infected patients and colleagues by reducing the transmission of droplets. The second benefit is to protect healthcare workers who are un-infected 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 close contact encounters with several different patients, without removing the facemask between patient encounters. Due to the need to conserve facemasks, DPH supports the extended use of facemasks under the following conditions:

- The facemask should be removed and discarded if soiled or damaged.
- 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.
 - Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded facemask can be stored between uses in a clean sealable paper bag or breathable container.

Homemade and cloth facemasks are not considered PPE. Their capability to protect HCP has not been demonstrated and they have not been shown to be effective in preventing transmission of illness.

DPH is supportive of the Joint Commission's public statement; it emphasizes that its standards do not prohibit staff from bringing in their own PPE or wearing PPE throughout the day.²

PPE for COVID-19 Patient Care

In addition to the universal facemask use policy, DPH has the following recommendations about PPE use.

Respirators:

DPH recommends that a N95 filtering facepiece respirator or higher, eye protection, isolation gown and gloves be used when caring for an individual who is presumed or confirmed to be infected with COVID-19. For performing aerosol generating procedures, such as nebulizer treatments or intubations, HCP should don N95 a filtering facepiece respirator or acceptable alternate product.

The Food and Drug Administration (FDA) issued an update to the Non-NIOSH Approved Respirator Emergency Use Authorization (EUA) concerning non-NIOSH-approved respirators

² <https://www.jointcommission.org/en/resources/news-and-multimedia/news/2020/03/statement-supporting-use-of-personal-face-masks-provided-from-home-amid-covid-19-pandemic/>

that have been approved in other countries. Consistent with the FDA's updated EUA, KN95 respirators may be considered for use as a substitute for N95 respirators only if:

- N95 respirators are not available, and
- The KN95 respirators have been tested for filtration effectiveness, and
- The use of KN95 respirators has been approved by your organization.

If a N95 respirator or equivalent is not available, a facemask should be used.

Limited re-use of a N95 respirator when caring for patients with COVID-19 may be necessary. Respirators grossly contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients must be discarded.

Eye Protection:

HCP should wear eye protection for the care of all patients except those who are COVID-19 recovered³. Even if COVID-19 is not suspected in a patient presenting for care, HCP may encounter asymptomatic patients with COVID-19.

Healthcare providers may implement extended use of eye protection.

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices.

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
- If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on.
- 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 goggles or reusable face shields are used each facility must ensure appropriate cleaning and disinfection between uses according to manufacturer's instructions.

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

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

³ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html#asymptomatic>

Prioritize eye protection for selected activities such as:

- During care activities where splashes and sprays are anticipated, including aerosol generating procedures.
- During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable.
- Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes.

Isolation Gowns:

Due to shortages of disposable isolation gowns, DPH recommends shifting gown use towards cloth isolation gowns.

- Reusable (i.e., washable) gowns made of polyester or polyester-cotton fabrics can be safely laundered according to routine procedures and reused. Reusable gowns should be replaced when thin or ripped.
- Reusable patient gowns and lab coats can be safely laundered according to routine procedures.

If needed, extend the use of isolation gowns (disposable or cloth) to allow the same gown to be worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients are housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as *Clostridioides difficile*) among patients. If the gown becomes visibly soiled, it must be removed and discarded.

Disposable gowns can be re-used as long as the ties and fasteners do not break during donning or doffing. Cloth isolation gowns can be untied and retied and be re-used without laundering in between. Any gown that becomes visibly soiled during patient care should be disposed of and cleaned.

Gowns should be prioritized for the following activities:

- During care activities where splashes and sprays are anticipated, including aerosol generating procedures
- During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as:
 - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care

In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a **last resort** for care of COVID-19 patients as single use. However, none of these options can be considered PPE, since their capability to protect HCP is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured.

- Disposable laboratory coats
- Reusable (washable) patient gowns

- Reusable (washable) laboratory coats
- Disposable aprons

Gloves:

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

Please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.