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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: May 13, 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, 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 DPH is updating this guidance to reflect a greater availability of PPE and return to conventional uses of PPE, including N95 respirators², in alignment with CDC guidance. Healthcare providers should expect to return to conventional facemask and respirator use, meaning discarding as mask after each patient encounter, no later than July 1, 2021.

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

² <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

Facemasks:

DPH has adopted a universal facemask use policy for all HCP. All HCP should always wear a facemask when they are in a clinical 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 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 improvement in the health care supply chain of facemasks, DPH is again modifying earlier guidance and supports the extended use of facemasks for no more than one shift or one day 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.
- Facemasks should not be stored. If HCP remove their facemask to eat, drink or during a break then they must don a new facemask.

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, all patients/residents should wear a face mask when they leave their room or when staff are within six feet.

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 fit-tested 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 a fit-tested N95 filtering facepiece respirator or acceptable alternate product. 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.

Extended use of a N95 respirator when caring for patients with COVID-19 may be necessary but should be limited to one shift or one day. N95 respirators should be discarded after doffing, such as during a break or when eating or drinking. Respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients must be discarded.

Eye Protection:

HCP must wear eye protection in the clinical care areas and 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.

Disposable eye protection should be removed and discarded. Reusable eye protection should be cleaned and disinfected after each patient encounter.

- 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 goggles or reusable face shields are used each facility must ensure appropriate cleaning and disinfection between uses according to manufacturer's instructions.
- After reprocessing, 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 immediately.

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

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

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

Gloves:

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

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 additional N95 respirators, up to eight N95 respirators, and gowns, up to 15 gowns, per licensed bed per month for the months of May and June 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>.