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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:** March 7, 2022

The Massachusetts Department of Public Health (DPH) continues to work with state, federal and local partners to address 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 (EMS) 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.<sup>1</sup> Healthcare settings are not limited to health care facilities but may include community settings where home health workers or EMS personnel are providing care to patients. This guidance updates the PPE standards as the number of COVID-19 cases continues to decrease and community transmission levels decline. Healthcare providers may implement policies to require HCP to use employer-issued PPE, and to preclude staff from using their own PPE absent appropriate safety and quality controls which may include but are not limited to fit-testing.

These changes may be implemented immediately.

**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 (which includes ambulances); HCP working in

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

community settings should don a facemask upon entry to the home or immediate area where they will be providing assessment and care. Facemasks are defined as surgical or procedure masks worn to protect the mouth/nose against infectious materials and have been shown to be highly effective at preventing transmission of COVID-19 when both individuals are masked. This policy will have two presumed benefits. The first benefit is to prevent pre-symptomatic spread of COVID-19 from HCP to patients, visitors 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, visitors and patients who 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 improvement in the health care supply chain of facemasks, DPH 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; when removed, facemasks 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.

HCP who are fully vaccinated may remove their masks when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen). If HCP who are not fully vaccinated against COVID-19 are present, everyone should wear facemasks.

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

As part of universal source control, if tolerated, patients/residents should wear a facemask issued by their provider 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 to COVID-19**

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 to COVID-19.

### **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.

Facilities should eliminate the practice of reuse 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. When used as source control, reusable N95 respirator alternatives may be worn between patients seen sequentially without cleaning and disinfection. If worn when seeing patients on transmission-based precautions, extended use may be performed if not contaminated.

### **Eye Protection:**

At this time, the risk of community transmission of COVID-19 in Massachusetts has declined, HCP do not need to wear eye protection for all patient care encounters.

Disposable eye protection should be removed and discarded when it is removed for any reason; it should not be reused. Reusable eye protection should be cleaned and disinfected when visibly soiled and after removal/doffing of eye protection. Eye protection may be used for multiple patient care 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, reusable eye protection should be stored in a designated location.

HCP should not touch their eye protection while being worn. 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:**

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 when Standard Precautions may be used:

- The patient has recovered from COVID-19 within the previous 90 days;
- The patient is asymptomatic, and a COVID-19 test obtained within the past three days is negative.

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

- Utilize the same N95 respirator or other acceptable alternate product between multiple patient encounters provided that the N95 respirator or acceptable alternative 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 the same 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 support from DPH as a bridge until health care organizations increase their ordering and receipt of gloves, eye protection, facemasks, gowns and N95 respirators. DPH will review requests and provide additional PPE on a monthly basis through at least 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 or exposures to 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](mailto: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 and guidance documents on COVID-19 for healthcare providers and organizations in Massachusetts:

<https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives#health-care-organizations->