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Memorandum

TO: Health Care 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 5, 2023

The Massachusetts Department of Public Health (DPH) has updated this comprehensive guidance, based upon the Centers for Disease Control and Prevention (CDC) recommendations, in order to clarify the personal protective equipment (PPE) that health care personnel (HCP) should use in clinical care areas of 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 exposure to patients or infectious materials including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.¹ 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. Healthcare providers may implement policies that require HCP to use employer-issued PPE, and to preclude or otherwise limit staff or visitors from using their own PPE absent appropriate safety and quality controls, which may include but are not limited to fit-testing.

This updated guidance is effective May 11, 2023.

Facemasks

As the state Public Health Emergency ends on May 11, 2023 and COVID-19 prevalence across Massachusetts is no longer high, DPH's Public Health Emergency Order directing universal facemask use for all HCP in healthcare settings will also terminate. All HCP should return to using PPE, including facemasks if indicated as part of transmission-based precautions, in

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

accordance with DPH return to work guidance² and as outlined in their health care provider's policies and procedures, including evidence-based infection prevention and control policies and procedures. 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 respiratory illnesses, including COVID-19. Homemade and cloth facemasks are not considered PPE and are not appropriate for use in the healthcare setting or by HCP.

Healthcare providers should make facemasks available to any HCP who chooses to don a facemask while in the healthcare facility or patient care area. Additionally, healthcare providers should provide facemasks to any patients or visitors who indicate a preference to wear them. Healthcare providers should make facemask stations and hand sanitizer stations available at facility entrances and any other accessible locations.

Health care providers are expected to develop and update their infection prevention and control policies to incorporate actions they will take during periods of higher levels of community respiratory virus transmission³. This should include but is not limited to implementing masking for HCP, increasing ventilation within the facility, and offering respiratory vaccination clinics. This can include universal masking, which means having everyone wear a mask upon entry. Such an approach could be implemented facility-wide or could be targeted toward higher risk areas (e.g., emergency departments, urgent care, units experiencing an outbreak, units providing care to severely immunocompromised individuals) based on a facility risk assessment.

This policy will have two presumed benefits. The first benefit is to prevent asymptomatic and pre-symptomatic spread of respiratory illness 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.

In certain circumstances, health care providers infection prevention and control policies may indicate the need for universal source control. When doing so, extended use of facemasks may be appropriate; this is the practice of wearing the same facemask for repeated encounters with several different patients without removing the facemask between patient encounters. DPH supports face mask use as follows:

- As PPE to protect the 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 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.

² <https://www.mass.gov/guidance/guidance-for-health-care-personnel-with-sars-cov2-infection-or-exposure>

³ Examples of potential metrics include, but are not limited to, increase in outbreaks of healthcare-onset respiratory infections, increase in emergency department or outpatient visits related to respiratory infections and increase in wastewater SARS-COV2 levels,

- HCP must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene.
- 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.

If patients/residents exhibit any signs or symptoms of respiratory viral illness and can tolerate it, they 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

DPH recommends that a fit-tested N95 filtering facepiece respirator or alternative and eye protection be used when caring for patients with suspected or confirmed COVID-19. If there is any contact with potentially infectious material, an isolation gown and gloves should also be used.

Respirators:

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

N95 respirators should always be discarded after doffing, such as when leaving a patient room, during a break or before eating or drinking. Respirators contaminated with blood, respiratory 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 of N95 respirators or alternatives may be employed if not contaminated.

Eye Protection:

Disposable eye protection should be 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. 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.

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 when there is any contact with potentially infectious material. 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.

Gloves:

Gloves should be worn when there is any contact with potentially infectious material. HCP should perform hand hygiene prior to donning and after doffing gloves.

Other Considerations:

When healthcare organizations and providers determine there are higher levels of COVID-19 in the community, HCP should don a fit-tested N95 filtering facepiece respirator or acceptable alternate product when performing aerosol generating procedures, such as open suctioning of airways or intubations except in the following circumstances when Standard Precautions may be used:

- The patient has recovered from COVID-19 within the previous 30 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, 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 who are not able to obtain PPE 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 for HCP caring for individuals with suspected or confirmed respiratory viruses. A health care organization or provider who has insufficient supply should fill out a request at <https://bit.ly/covidtestrequestMA>

If there are questions about requesting supplies then email dph.resource.request@mass.gov

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->