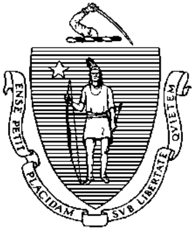

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Memorandum

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: April 5, 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]

Facemasks:
DPH is adopting 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 presumed benefits. The first benefit is to prevent pre-symptomatic spread of COVID-19 from

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

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.

DPH is supportive of The Joint Commission's public statement; it emphasizes that none of standards prohibit staff from bringing in their own PPE or wearing PPE throughout the day.[2]

Homemade and cloth facemasks are not considered PPE and their capability to protect HCP is has not been demonstrated to be effective in preventing transmission of illness[3].

PPE for COVID-19 Patient Care

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

DPH recommends that a facemask, eye protection, isolation gowns and gloves be used when caring for an individual who is presumed or confirmed to be infected with COVID-19.

Eye Protection:

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

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[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/

[3] MacIntyre CR, Seale H, Dung TC, et al. A cluster randomised trial of cloth masks compared with medical masks in healthcare workersBMJ Open 2015;5:e006577. doi: 10.1136/bmjopen-2014-006577

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.

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:

DPH recommends shifting gown use towards cloth isolation gowns.

- o 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.
- o 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 should not be re-used because the ties and fasteners typically break during doffing. Cloth isolation gowns could potentially be untied and retied and could be considered for re-use 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

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

Respirators:
For performing aerosol generating procedures, such as nebulizer treatments or intubation, HCP should don N95 respirators or alternate products.

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