



## PPE Recommendations for community practices as of 03/21/2020

- **Mask**
  - **COVID RISK PATIENTS**
    - **Patients with fever or any respiratory symptoms (until non-Covid diagnosis established) or becomes suspect for Covid**
    - **Suspect or known Covid-19+ patient until reaches clearance criteria (currently unknown)**
  - Principal mechanism of transmission: Respiratory Droplets, not true airborne—>Surgical Mask appropriate protection
    - Therefore, there is currently NO INDICATION FOR N95 use in the community setting; these vital items must be reserved for the high risk ICU environment where aerosol generating procedures are frequent and create true airborne risk
  - MASKS SHOULD NOT BE PUT ON TO SEE ANY OTHER PATIENTS unless there is a **specific** indication
  - No reuse of masks (outer surface may be contaminated, doffing and re-donning→ high risk of self-inoculation)
    - (If need to switch to fabric masks (See below), must be washed after each use)
  - Extended (Continuous) wear (without doffing and re-donning) is OK if Covid risk to provider is frequent or continuous: disposable or reusable surgical masks may be continuously worn for multiple patients **WITHOUT REMOVAL FROM FACE** until wet from either side, soiled or torn
  - Masking patients: Patients with Covid risk defined as above should be given a surgical mask to wear when passing through common spaces, or any time another person is within 6 feet
  - Surgical masks and eye protection should be worn by staff seeing Covid risk patients (as defined above) with close face to face contact while patient is unmasked (e.g. oropharyngeal exam, oral temperature if necessary, throat or nasal swab); not needed for e.g. check-in staff across a counter
  - Volunteer-made fabric face masks: These do not provide as high a level of viral protection as standard surgical masks; but they may be used for necessary care if standard masks are not available. Tufts Medical Center has selected a standard mask design and masks made in accordance with this design are preferable. ([Link to mask design](#)). Masks should be laundered with hot water and dried on a high heat after every use. Rules above re extended use and reuse apply equally to fabric masks.
- **Eye protection**
  - Face shield, safety glasses, goggles may be used; even standard eyeglasses provide some protection and are certainly substantially better than nothing. Some nominally single-use disposable products may be reusable to some extent—but with any of these options, the outer (patient-facing) surface should be disinfected after every use, as well as when they become noticeably wet or soiled.
- **Gown, lab coat or other outer covering**
  - Ideally should be changed after every Covid-risk patient but if supply is limited, providers should cohort Covid risk patients and may continue to wear the same outer covering for all those patients without doffing and re-donning (self-inoculation risk) unless outer covering is wet, soiled or torn, in which case it should be disposed, or set aside for laundering and replaced.
- **Gloves**
  - Any standard exam gloves may be worn and should be changed between patients; hand hygiene should be performed immediately after glove removal.

**For the most up-to-date COVID-19 information please visit:**

**[Centers for Disease Control](#) \* [Massachusetts Department of Public Health](#) \* [New England Quality Care Alliance](#)**