



MASSAGE THERAPY ASSOCIATION

ADVOCATE FOR MASSAGE THERAPY AS A RECOGNIZED AND RESPECTED HEALTHCARE PROFESSION

The WSM TA's Interim Guidance on Personal Protective Equipment (PPE)

updated 9/18/20

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Table of Contents

Overview (Updated 9/18/20)	3
OSHA -- Personal Protective Equipment (PPE) Overview	5
OSHA -- Healthcare Workers and Employers.....	6
OSHA -- Personal Protective Equipment (PPE) Considerations.....	9
Facemasks & Respirators (Updated 9/18/20)	10
Eye Protection (Updated 9/18/20)	16
Protective Wear (Caps and Clothing) (Updated 9/18/20)	19
Gloves.....	22
Obtaining Items From the WA State PPE Stockpile (Added 9/18/20)	23

Overview

This document is prepared by the Washington State Massage Therapy Association (WSMTA) as an interim guide for massage therapists in making selections on Personal Protective Equipment (PPE) to use while in the treatment room or in massage therapy continuing education classes while COVID-19 remains a danger. The presentation of information is drawn from many different sources, primarily the Center for Disease Control and Prevention (CDC), American Medical Association (AMA), American Dental Association (ADA), Occupational Safety and Health Administration (OSHA) and American Academy of Ophthalmology (AAO).

According to OSHA documentation, massage therapists are considered to be at medium risk while COVID-19 exists, as are the front desk staff in clinics. However, we would point out that we are at lower risk than healthcare workers in medical clinics and hospitals as our patients/clients are not coming to us because they are ill. At a minimum, WSMTA is recommending that all massage therapists wear a facemask, safety eyewear (preferably goggles) and an apron (or smock/labcoat) while doing massage to protect themselves.

Facemasks (Updated 9/18/20)

Washington State L&I requires massage therapists to wear a surgical facemask or N95 while doing massage during the COVID-19 pandemic. While there are shortages of N95s, KN95s may be worn instead of N95s. In the event that Washington state is ever to be declared to be in the Crisis Phase again for healthcare providers as we were in March through mid-May, then massage therapists could follow the CDC guidelines on wearing a homemade cloth facemask with face shield during the time of a PPE shortage. Homemade facemasks are not considered by the CDC to be PPE and can only be used in a time of extreme PPE shortage.

Protective Eyewear (Updated 9/18/20)

WSMTA is recommending protective eyewear since massage therapists are very exposed to the patient/client's breathing when doing head, neck, upper arm and upper torso massage, doing any range of motion testing prior to the patient/client getting on the table and other things an LMT might do which takes them within the recommended 6 foot distance from another person. Goggles are considered to be the safest form of eye protection as they provide protection to the wearer from all directions and form a seal between the eyewear and the face. Other options for the massage therapist include safety glasses. Face shields may be combined with either goggles or safety glasses but they are only splash protection, they do not protect against aerosol.

Apron (or Smock)

Almost all massage therapists come into contact with the massage table and linens while doing massage and sometimes the patient/client's limbs. We are also recommending that massage therapists wear an apron (or smock) in lieu of medical gowns. Aprons would protect the massage therapist's clothing from coming into contact with the massage table, linens or patient/client and would help to reduce the spread of germs from one patient/client to another. A smock would provide more coverage for the chest and upper arms. Any kind of covering would need to be removed after each patient/client. Aprons are easy to remove, fold small and can be washed, whereas protective gowns would have to be thrown away after every use.

Hair Covering

WSMTA is not making a recommendation on the use of protective hair coverings, but does recommend that massage therapists use their professional judgment given their own and each patient/client's underlying conditions and the given situation.

Gloves

WSMTA is not making a recommendation on the use of gloves (over and above the current professional guidelines), but does recommend that massage therapists use their professional judgment given their own and each patient/client's underlying conditions and the given situation in relation to skin and hygiene conditions.

Client PPE

WSMTA also recommends that each patient/client wear a facemask through the entire session and wear eye protection when they are seated or lying supine or sideline on the massage table.

Blankets

Although this is not PPE, WSMTA is recommending that massage therapists discontinue the use of blankets with massage, if at all possible. Consider options of increasing the heat in the office, using table warmers and/or using a flat flannel sheet in lieu of a blanket over the top flat sheet on the table. This eliminates the need to have a clean blanket for each patient/client, it will reduce the storage space needed for linens and it will reduce the amount of wash and dry cycles needed throughout the day to wash a blanket after every client usage, as required in [WAC 246-830-500](#)

Highest Level of PPE

The ADA, AMA and AAO have made recommendations to their members similar to: ".are urged to use the highest level of PPE available when treating patients to reduce the risk of exposure. If masks and either goggles or face shields are not available, there is a higher risk for infection; therefore, the use of professional judgment is key along with knowing the patient's risk factors." The WSMTA is following suit and making this same recommendation.

We also strongly recommend that each massage therapist and clinic owner read the following document, [Guidance for Preparing Workplaces for COVID-19](#) which is published by OSHA.

Format of This Document:

We cited original sources wherever possible, instead of writing summaries because the original source information is being updated often as new things are discovered about COVID-19. We also did this to keep the document considerably shorter. We provided commentary to highlight key pieces of information; when there was a lack of information from the original sources; or, when we provided recommendations or suggestions specific for massage therapists since the CDC and other agencies do not have massage therapy-specific information. Because the material is dense, we recommend that readers consider studying chunks of it thoroughly rather than skimming through it. Also, as new information becomes available, we will update this document which will reside on the WSMTA's website in the COVID-19 section.

This document is one of three documents to help massage therapists either return to their practices or improve the safety of their practices. The other two documents are, *The WSMTA's Interim Guidance on Sanitation* and *The WSMTA's Interim Guidance on Practice Guidelines*. There is some repetition of information between documents when information could be used in multiple contexts, or when we needed to highlight very important information.

Note, there is some discussion of sanitation and extending PPE life in this document, but it mostly will be discussed in, *The WSMTA's Interim Guidance on Sanitation*.

OSHA -- Personal Protective Equipment (PPE) Overview

This section is from the OSHA website at: <https://www.osha.gov/SLTC/personalprotectiveequipment/index.html>

What is Personal Protective Equipment?

Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Personal protective equipment may include items such as gloves, safety glasses and shoes, earplugs or muffs, hard hats, respirators, or coveralls, vests and full body suits.

What Can be Done to Ensure Proper Use of Personal Protective Equipment?

All personal protective equipment should be safely designed and constructed and should be maintained in a clean and reliable fashion. It should fit comfortably, encouraging worker use. If the personal protective equipment does not fit properly, it can make the difference between being safely covered or dangerously exposed. When engineering, work practice, and administrative controls are not feasible or do not provide sufficient protection, employers must provide personal protective equipment to their workers and ensure its proper use. Employers are also required to train each worker required to use personal protective equipment to know:

- When it is necessary
- What kind is necessary
- How to properly put it on, adjust, wear and take it off
- The limitations of the equipment
- Proper care, maintenance, useful life, and disposal of the equipment

If PPE is to be used, a PPE program should be implemented. This program should address the hazards present; the selection, maintenance, and use of PPE; the training of employees; and monitoring of the program to ensure its ongoing effectiveness.

OSHA -- Healthcare Workers and Employers

This section is from the OSHA website. We have removed some of the content for clarity and brevity -- primarily information on airborne isolation infection rooms and information related to working with COVID-19 patients. There is some discussion of sanitation procedures that we left in when it was related to PPE. Sanitation will be discussed further in a separate document. The full article can be read at: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#healthcare>

Please note that massage therapists and front office staff with exposure to the comings and goings of patients/clients would be categorized at medium risk in the table below.

Please take note of the recommendation of working from clean areas to dirty areas of the body in the "Safe Work Practices" section below.

This section provides guidance for healthcare workers and employers. This guidance supplements the general interim guidance for workers and employers of workers at increased risk of occupational exposure to SARS-CoV-2.

Employers should assess the hazards to which their workers may be exposed; evaluate the risk of exposure; and select, implement, and ensure workers use controls to prevent exposure. The table below provides examples of healthcare work tasks associated with the exposure risk levels in OSHA's occupational exposure risk pyramid at: https://www.osha.gov/SLTC/covid-19/hazardrecognition.html#risk_classification which may serve as a guide to employers in this sector.

Examples of healthcare work tasks associated with exposure risk levels

Lower (caution)*	Medium	High	Very High
Performing administrative duties in non-public areas of healthcare facilities, away from other staff members.	Providing care to the general public who are not known or suspected COVID-19 patients.	Entering a known or suspected COVID-19 patient's room.	Performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
Note: For activities in the lower (caution) risk category, OSHA's Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure may be most appropriate.	Working at busy staff work areas within a healthcare facility.	Providing care for a known or suspected COVID-19 patient not involving aerosol-generating procedures.	Collecting or handling specimens from known or suspected COVID-19 patients.

Until more is known about how COVID-19 spreads, OSHA recommends using a combination of [standard precautions](#), [contact precautions](#), [airborne precautions](#), and eye protection (e.g., goggles, face shields) to protect healthcare workers with exposure to the virus.

Employers of healthcare workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens ([29 CFR 1910.1030](#)), Personal Protective Equipment ([29 CFR 1910.132](#)), and Respiratory Protection ([29 CFR 1910.134](#)) standards. See the [Standards](#) page for additional information on OSHA requirements.

Safe Work Practices

Work from clean to dirty (i.e., touching clean body sites or surfaces before touching dirty or heavily contaminated areas) and limit opportunities for touch contamination (e.g., adjusting glasses, rubbing the nose, or touching face with gloves that have been in contact with suspected or confirmed COVID-19 patients or contaminated/potentially contaminated surfaces). Also, prevent touch contamination by avoiding unnecessary touching of environmental surfaces (such as light switches and door handles) with contaminated gloves.

Ensure that there are systems in place to:

- Differentiate clean areas (e.g., where PPE is put on) from potentially contaminated areas (e.g., where PPE is removed);
- Handle waste and other potentially infectious materials; and
- Clean, disinfect, and maintain reusable equipment and PPE.

Workers should avoid touching their faces, including their eyes, noses, and mouths, particularly until after they have thoroughly washed their hands upon completing work and/or removing PPE.

Train and retrain workers on how to follow established protocols.

Personal Protective Equipment

Healthcare workers must use proper PPE when exposed to a patient with suspected or confirmed COVID-19 or other sources of SARS-CoV-2 (See OSHA's PPE standards at [29 CFR 1910 Subpart I](#)).

OSHA recommends that healthcare workers with exposure to suspected or confirmed COVID-19 patients wear:

- Gloves
- Gowns
- Eye/face protection (e.g., goggles, face shield)
- NIOSH-certified, disposable N95 filter facepiece respirators or better

Use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)) and includes medical exams, fit testing, and training. When removing potentially contaminated PPE such as an N95 respirator, do not touch the outside of the respirator without wearing gloves.

In addition to the PPE considerations for all workers and employers of workers at increased risk of occupational exposure, CDC has developed [strategies for optimizing the supply of PPE](#), including specifically for:

- [Gowns](#)
- [Eye protection](#)
- [Face masks](#)
- [N95 respirators](#)

Cleaning and Disinfection in Healthcare:

Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces before applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

Follow standard practices for disinfection and sterilization of medical devices contaminated with COVID-19, as described in the CDC [*Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*](#)

Note that workers who perform cleaning and disinfection in healthcare may require PPE and/or other controls to protect them simultaneously from chemical hazards posed by disinfectants and from human blood, body fluids, and other potentially infectious materials to which they have occupational exposure in the healthcare environment. Employers may need to adapt guidance from this Healthcare Workers and Employers section, the [*Environmental Services Workers and Employers section*](#), and the [*interim guidance for workers and employers of workers at increased risk of occupational exposure*](#), to fully protect workers performing cleaning and disinfection activities in healthcare workplaces.

Is OSHA Infection Prevention Guidance for Healthcare the Same as CDC Recommendations?

- With regard to healthcare worker infection prevention, CDC guidance may appear to differ from OSHA guidance.
- CDC information reflects infection control recommendations that are based in part on PPE supply chain considerations.
- OSHA's recommended infection prevention methods, including for PPE ensembles, help employers to remain in compliance with the agency's standards for respiratory protection ([*29 CFR 1910.134*](#)) and other PPE ([*29 CFR 1910 Subpart I*](#)).
- OSHA is addressing supply chain considerations, including respirator shortages, through enforcement flexibilities, as discussed in the Enforcement Memoranda section of the [*Standards*](#) page.

OSHA -- Personal Protective Equipment (PPE) Considerations

This section is from the OSHA website at: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#healthcare>

The interim guidance for specific worker groups and their employers includes recommended PPE ensembles for various types of activities that workers will perform. In general:

- PPE should be selected based on the results of an employer's hazard assessment and workers specific job duties.
- When disposable gloves are used, workers should typically use a single pair of nitrile exam gloves. Change gloves if they become torn or visibly contaminated with blood or body fluids.
- When eye protection is needed, use goggles or face shields. Personal eyeglasses are *not* considered adequate eye protection.
- If workers need respirators, they must be used in the context of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)) and includes medical exams, fit testing, and training.
- Surgical masks are not respirators and do not provide the same level of protection to workers as properly fitted respirators.
- If there are shortages of PPE items, such as respirators or gowns, they should be prioritized for high-hazard activities.
- Workers need respiratory protection when performing or while present for aerosol-generating procedures, including cardiopulmonary resuscitation (CPR) and intubation.
- Workers must be protected against exposure to human blood, body fluids, other potentially infectious materials, and hazardous chemicals, and contaminated environmental surfaces.
- CDC provides [strategies for optimizing the supply of PPE](#), including guidance on [extended use and limited reuse](#) of N95 filtering facepiece respirators (FFRs) and methods for [decontaminating and reusing](#) disposable filtering facepiece respirators during crises.
- These guidelines are intended for use in healthcare but may help employers in other sectors optimize their PPE supplies, as well.
- After removing PPE, always wash hands with soap and water for at least 20 seconds, if available. Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rub) are readily available at the point of use (e.g., at or adjacent to the PPE removal area).
- Employers should establish, and ensure workers follow, standard operating procedures for cleaning (including laundering) PPE and items such as uniforms or laboratory coats intended to function as PPE, as well as for maintaining, storing, and disposing of PPE. When PPE is contaminated with human blood, body fluids, or other potentially infectious materials, employers must follow applicable requirements of the Bloodborne Pathogens standard ([29 CFR 1910.1030](#)) with respect to laundering. OSHA's Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens ([CPL 02-02-069](#)) provide additional information.

Employers in all sectors may experience shortages of PPE, including gowns, face shields, facemasks, and respirators, as a result of the COVID-19 pandemic. These shortages critically impact the ability of the U.S. healthcare system to provide care for the most seriously ill COVID-19 patients. However, employers outside of healthcare also may experience the effects of shortages as PPE supplies are diverted to healthcare facilities where they are most needed.

Although employers are always responsible for complying with OSHA's PPE standards ([29 CFR 1910 Subpart I](#)), including the Respiratory Protection standard ([29 CFR 1910.134](#)), whenever they apply, OSHA is providing temporary enforcement flexibility for certain requirements under these and other health standards.

Facemasks & Respirators (Updated 9/18/20)

What Type of Masks Does Washington State L&I Require Massage Therapists to Wear? (Added 9/18/20)

Washington State L&I has a document titled, “Which Mask for Which Task” which tries to describe which type of mask to wear for given situations. This document can be found at: <https://www.lni.wa.gov/forms-publications/F414-168-000.pdf>. It does not do a good job in describing what is required for massage therapists. In June 2020, WSMTA was told by a Division of Health and Safety (DOSH) technical lead from L&I that because massage therapists are healthcare providers, they must either wear a surgical mask or N95 while doing massage during the current COVID-19 pandemic. Since then, WSMTA has been providing the following recommendations:

- Consider your risk and upgrade your facemask choice to fit your needs. At a minimum wear a surgical mask; or, if the risk is higher, wear a N95 (or KN95 if an N95 is not available).
- If you have an underlying health condition, use an N95 (or KN95 if an N95 is not available). If you cannot breathe comfortably with this type of respirator, have the fit tested again. If this does not help, consider taking a longer period of time to return to work when it is safer for you to be in a surgical mask.
- If you do not have underlying health conditions but you work in a larger clinic setting, consider wearing a KN95 or N95 because of your exposure to a greater number of people throughout the day.
- If you have a patient/client with the need for greater length of time on the neck, chest and upper arms while supine (15 minutes or longer), consider wearing a N95 or KN95 for the duration of the massage. A face shield is also recommended while working on the neck, chest and upper arms while supine for longer than 15 minutes.
- If an urgent need situation arises for doing intraoral work or to massage the face of your patient/client and the patient/client’s facemask must be temporarily removed, wear an N95 (or KN95 if an N95 is not available). A face shield is also highly recommended as well.

WSMTA cannot possibly describe all situations. We recommend that all massage therapists use their clinical reasoning to assess the risk involved in their own situation. If a massage therapist is still unclear about what to do, we recommend that the massage therapist contact L&I for advice.

Note: by wearing a cloth mask over your surgical mask or KN95, you can hold it closer to your face for a tighter fit.

What are Surgical Facemasks?

The information provided in this section is from the FDA at: <https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks>

A surgical mask is a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Surgical masks are regulated under 21 CFR 878.4040. Surgical masks are not to be shared and may be labeled as surgical, isolation, dental, or medical procedure masks. They may come with or without a face shield. These are often referred to as face masks, although not all face masks are regulated as surgical masks.

Surgical masks are made in different thicknesses and with different ability to protect you from contact with liquids. These properties may also affect how easily you can breathe through the face mask and how well the surgical mask protects you.

If worn properly, a surgical mask is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical masks may also help reduce exposure of your saliva and respiratory secretions to others.

While a surgical mask may be effective in blocking splashes and large-particle droplets, a face mask, by design, does not filter or block very small particles in the air that may be transmitted by coughs, sneezes, or certain medical

procedures. Surgical masks also do not provide complete protection from germs and other contaminants because of the loose fit between the surface of the face mask and your face.

Surgical masks are not intended to be used more than once. If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one. To safely discard your mask, place it in a plastic bag and put it in the trash. Wash your hands after handling the used mask.

What are N95 Respirators?

The information provided in this section is from the FDA at: <https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks>

An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. Note that the edges of the respirator are designed to form a seal around the nose and mouth. Surgical N95 Respirators are commonly used in healthcare settings and are a subset of N95 Filtering Facepiece Respirators (FFRs), often referred to as N95s.

People with chronic respiratory, cardiac, or other medical conditions that make breathing difficult should check with their health care provider before using an N95 respirator because the N95 respirator can make it more difficult for the wearer to breathe. Some models have exhalation valves that can make breathing out easier and help reduce heat build-up. Note that N95 respirators with exhalation valves should not be used when sterile conditions are needed.

All FDA-cleared N95 respirators are labeled as "single-use," disposable devices. If your respirator is damaged or soiled, or if breathing becomes difficult, you should remove the respirator, discard it properly, and replace it with a new one. To safely discard your N95 respirator, place it in a plastic bag and put it in the trash. Wash your hands after handling the used respirator.

N95 respirators are not designed for children or people with facial hair. Because a proper fit cannot be achieved on children and people with facial hair, the N95 respirator may not provide full protection.

Types of N95 Respirators: Added 9/18/20

There are surgical N95s and non-surgical N95s. Surgical N95s are designed to resist the pressure of blood spray from a punctured blood vessel or the splash and splatter of other bodily fluids.

Facemasks and N95 Respirators--Additional Information:

These one-page documents show important characteristics about facemasks and N95 respirators:

- From the American Dental Association, "Understanding Face Masks" at: https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID19_UnderstandingMasks.pdf?utm_source=cpsorg&utm_medium=cpsalertbar&utm_content=cv-safety-maskchart&utm_campaign=covid-19
- From the CDC, "Understanding the Difference Between a Surgical Mask and N95" at : <https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf>
- From the American Dental Association, "Interim Mask and Face Shield Guidelines" at: https://success.ada.org/~media/CPS/Files/COVID/ADA_Interim_Mask_and_Face_Shield_Guidelines.pdf?utm_source=cpsorg&utm_medium=cpsalertbar&utm_content=cv-safety-interim-maskfaceshield&utm_campaign=covid-19
- From PriMed Medical Products, "Mask Protection Standards & Medical Face Mask Information For Use" at: <https://www.primed.ca/clinical-resources/astm-mask-protection-standards/> Click on the 4th drop down menu called, "Are there different levels of protection with ASTM-rated medical masks?" to obtain useful information on ASTM Level 1, 2 and 3 masks.
- From Cardinal Health, "Choose the Right Mask" at: <https://www.cardinalhealth.com/content/dam/corp/web/documents/whitepaper/Face%20Mask%20Selection%20Guide.pdf>

- <https://www.cardinalhealth.com/content/dam/corp/web/documents/whitepaper/Face%20Mask%20Selection%20Guide.pdf>
- Face Masks UK, "Understanding the Varying Levels of Protection" at: <https://facemasks-uk.com/2020/04/10/face-masks-standards-filtration-effectiveness-ratings/> This chart shows the difference between facemask and respirators from China, USA and Europe.

Putting Together a Respiratory Protection Program: **Added 9/18/20**

This document is sponsored by OSHA, CDC, NIOSH, US DEPT of Health and Human Services and US Dept of Labor and contains information that hospitals need to know in implementing a respirator program. There is quite a bit of information about facemasks and respirators in this document. Note, the document is dated 2015 so it will not have information about the Coronavirus in it. You can find this document at:

<https://www.osha.gov/Publications/OSHA3767.pdf>

3M also has a section on its website about creating respiratory programs, which you can find at:

https://www.3m.com/3M/en_US/safety-centers-of-expertise-us/respiratory-protection/

How Often Should Facemasks Normally Be Changed?

From the American Dental Association at: https://success.ada.org/en/practice-management/patients/coronavirus-frequently-asked-questions?utm_source=cpsorg&utm_medium=covid-nav&utm_content=nav-faq&utm_campaign=covid-19#staffofficeprotection Note: this information is in the question and answer section of the webpage under the question, "Should Masks be Single Use".

- The CDC's guidance for single-use disposable facemasks *has not changed*. These masks are tested, and [regulated by FDA to be single use](#). CDC's position is that a new facemask should be worn for each patient. CDC's specific guidance for facemasks is on page 41 of the Guidelines:
 - Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids;
 - Change masks between patients, or during patient treatment if the mask becomes wet.

What Are the CDC's Recommendations on Extended Use of Facemasks During the Pandemic?

The section is from the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html> Note, this CDC article is primarily about what strategies to consider about facemask usage in a facemask shortage. However, there is useful information in it.

- **Implement extended use of facemasks:** 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.
 - 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 patient 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 mask can be stored between uses in a clean sealable paper bag or breathable container.
- **HCP use of homemade masks:** In settings where facemasks are not available, HCP might use homemade masks for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

How to Extend the Use of Facemasks and Respirators?

The section is from the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html#contingency>

- **Facemasks:** At this time, the CDC recommends individual healthcare providers not to disinfect their facemasks (surgical masks and respirators) as it will degrade them and potentially allow germs to the inside of the mask. For more information, read the next section on N95 respirators. Instead, individual healthcare providers should try to extend the life of their facemasks.
 - **N95 Respirators:** One strategy to mitigate the contact transfer of pathogens from the filtering facepiece respirator (FFR) to the wearer during reuse is to issue five respirators to each healthcare worker who may care for patients with suspected or confirmed COVID-19. The healthcare worker will wear one respirator each day and store it in a breathable paper bag at the end of each shift. The order of FFR use should be repeated with a minimum of five days between each FFR use. This will result in each worker requiring a minimum of five FFRs, providing that they put on, take off, care for them, and store them properly each day. Healthcare workers should treat the FFRs as though they are still contaminated and follow the precautions outlined in our reuse recommendations.
 - **Method 1:** Fold the removed facemask so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Store the facemask in a clean sealable paper bag or breathable container labeled with the user's name.
 - **Method 2:** While holding by one ear loop, place the mask in a clean paper bag or breathable container labeled with the user's name. Using a paper clip or clothes pin, attach the mask to the top inside edge of the bag by the ear loop.
 - **Surgical Facemasks:** The recommended usage for surgical facemasks is up to one shift or replace when soiled or damaged. When not using it, hang it by its earloop so that the mask itself touches no other surface in a place only the massage therapist will be in, or place the mask in a clean paper bag or breathable container labeled with the user's name.

Remember: should your hands touch your PPE or face; you should always use proper hand hygiene (page 15) and to always replace PPE when it is damaged.

How Do You Put On and Take Off Facemasks?

- The order in which all PPE is donned and doffed -- placard: From the CDC at: https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf
- How to Safely Take Off PPE and How to Safely Put On PPE -- Video: From the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html> The video is at the end of the webpage, use the side arrow keys to get to the next video.
- It is important for Health Care Providers (HCP) to perform hand hygiene before and after removing PPE. Hand hygiene should be performed by using alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer. From the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

How To Wear Your Facemask Safely:

This is from the World Health Organization: <https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/protect-yourself/infographics/masks-infographic---final.tmb-1920v.png>

How Can You Make Your Surgical Mask or Cloth Facemask Fit Tighter to Your Head?

Surgical masks are designed to act as a barrier to airborne germs traveling at your face, but they do not prevent the wearer from breathing in any germs in the air (or exhaling back out into the air) as the sides of the mask do not create a seal to the face. If the massage therapist is wearing a surgical mask and wants to either further inhibit the amount of air coming in through sides, or slightly filter the air that comes in from around the mask, the massage therapist can wear a cloth mask over the surgical mask. Cloth masks tend to have a tighter fit around the sides of the face. If the cloth mask does not allow enough air to come in through your mask, you can take a piece of pantyhose cut a 4-8 inch wide section out from one of the legs and put the 4-8 inch wide section of pantyhose over your head, on top of the surgical mask. This will hold your surgical mask tighter to your face. You can use the panty hose to do the same thing with your cloth mask.

How Do You Make Your Own Facemask?

The CDC provides recommendations and patterns at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

N95 Respirator Fit and Seal Tests: (Updated 9/18/20)

N95 respirators form a seal to the face around the nose and mouth. Therefore, the fit has to be correct and each time a massage therapist puts a respirator on, they should do a seal test.

- Fit Test: this flyer from the CDC describes a fit test. It is the responsibility of the employer to provide a fit test annually: <https://www.cdc.gov/niosh/docs/2018-129/pdfs/2018-129.pdf?id=10.26616/NIOSH PUB2018129>
- Seal Test: This video from OSHA shows how to do a seal test on your respirator: <https://www.youtube.com/watch?v=pGXiUyAoEd8>

WA State L&I requires an annual fit test for everyone who wears an N95. A medical exam is required for everyone who does their first fit test. Currently, L&I is waiving the renewal on annual fit tests, but not on first-time fit testing. The only organization that WSMETA was able to find that is currently doing fit testing is NW Response <https://northwestresponse.com/fit-testing-n95-respirators-in-washington-state-during-covid-19-corona-virus-june/> They are mobile based and come to your worksite and have a minimum fee that must be met. This minimum fee covers up to 15 people who can be fit tested. This is not practical for individuals who need a fit test, therefore we encourage LMTs to group together to arrange for fit testing. If a medical exam is required, NW Response recommends using the 3M Online Respirator Medical Exam at: <https://www.respexam.com/default.asp?RLT=610>

What is a KN95 Respirator?

KN95s are the N95 equivalent from China. Generally, KN95s have earloops (but not always) which creates a looser seal than N95s which have headstraps which go all the way around the head and have differing filtration standards. Due to the lack of N95s in the USA on March 28, the FDA allowed non NIOSH approved respirators to be imported to the USA from Australia, Brazil, Europe, Japan, Korea and Mexico which have similar standards as those put forth by NIOSH. <https://www.fda.gov/media/136403/download> On April 3, faced with a continued shortage, the Food and Drug Administration (FDA) permitted KN95s to be imported into the USA from China for emergency use for the duration of the respirator shortage. For more details, read the following at: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov>

What is significant about this is that KN95s are not NIOSH approved, nor do they have similar standards. The National Institute of Occupational Safety and Health (NIOSH) is part of the CDC. In the USA, N95s must be approved by NIOSH. Each N95 manufactured must display specific markings directly on the respirator. KN95s will have different markings.

Counterfeit KN95s and N95s:

Since about May, there has been an explosion of counterfeit KN95s and N95s in the United States, primarily, but not exclusively from China.

The following is a list of approved KN95 suppliers authorized by the FDA to provide KN95s to the USA during this time of PPE shortage: <https://www.fda.gov/media/136663/download> The CDC has a webpage of information about what to look out for when purchasing N95s. The bottom of the page shows what the markings on an N95 should look like. While the location and order of the markings might be different from mask to masks, the types of information provided should not. You can confirm if the NIOSH numbers on an N95 are valid at: <https://www.cdc.gov/niosh/nppt/topics/respirators/cel/default.html> Note: on this list, N95s are also referred to as "filtering facepieces" and N95s.

The CDC does not have a similar page regarding counterfeit KN95s. For details about KN95 counterfeit products go to: <https://medium.com/@jayparkmd/how-to-spot-a-fake-kn95-mask-from-china-d5219e7f0ab2>

Eye Protection (Updated 9/18/20)

Coronavirus Eye Information from the American Academy of Ophthalmology:

- "Eye Care During the Coronavirus Pandemic" by Reena Mukamal, 3/10/20 at: <https://www.aaopt.org/eye-health/tips-prevention/coronavirus-covid19-eye-infection-pinkeye>

Although this article has much more useful information, there is one section from this article we wanted to highlight for contact wearers at least while they are doing or receiving massage. This is also useful advice to pass on to clients when coming in for massage:

If you wear contact lenses, consider switching to glasses for a while.

There's no evidence that wearing contact lenses increases your risk of coronavirus infection. But contact lens wearers touch their eyes more than the average person, Dr. Tuli points out. "Consider wearing glasses more often, especially if you tend to touch your eyes a lot when your contacts are in. Substituting glasses for lenses can decrease irritation and force you to pause before touching your eye," she advises. If you continue wearing contact lenses, follow [these hygiene tips](#).

- "Is it COVID-19 or Allergies?" by Kierstan Boyd, 4/12/20 at: <https://www.aaopt.org/eye-health/tips-prevention/coronavirus-versus-allergies-pink-eye>

What is Eye Protection?

There isn't any standard information that we could present on various different types of eyewear as there is no discourse from the CDC, AMA, ADA, OSHA, etc. about eye protection other than to indicate it should be worn, how to disinfect it or how to conserve usage of it in the face of the PPE shortage. Therefore, we have completed this section with information gained from our own investigations:

- Goggles -- Goggles are the safest form of eye protection as it provides protection to the wearer from all directions and forms a seal between the eyewear and the face. If you wear eyeglasses, you can either wear some types of goggles over your glasses or obtain prescription goggles. Take note of the material of the strap, as many goggles have elastic straps with a fabric covering which means that disinfecting will be difficult and the whole goggle may need to be washed with linens and could cause the elastic strap to degrade with use and time. There are many types of goggle styles, here are some examples:



- Safety glasses -- These do not form a seal around the eyes. Some styles are more protective than others. At a minimum, safety glasses should wrap around the sides of the face and touch cheeks of your face or the facemask (depending on the size of your face, glasses and form of mask). Some forms of safety glasses also have a barrier at the top of the glasses to the forehead, many do not. Some safety glasses can fit over prescription glasses others cannot. It is possible to purchase prescription safety glasses. Some safety glasses have temples (the sides of the glasses that extend to rest on your ear) that can lengthen and shorten to fit the size of the massage therapist's head, others are just one size. Because safety glasses generally are not fitted to the wearer like prescription glasses, safety glasses can often slide down your nose when you lean forward. If a massage therapist obtains a pair that does slide, consider getting a non-fabric strap to keep the safety glasses in place so you can avoid touching them throughout the day.

Because safety glasses fit each person differently, we would recommend that you buy one or several different models first to try on and buy multiples of the style(s) you liked after you find out what fits you comfortably. Depending on your underlying risk factors, if you wear safety glasses you may also want to wear a face shield, especially if you are wearing homemade masks. Here are some examples of safety glasses:



- **Eye shields:** These would only be for patient use only while supine on the table and who will not be at some point sideline. Wearing this form of protection is not recommended during range of motion testing or if there is motion of the neck and head during treatment. These shields rest on top of the patient/client's face. Here is an example:



- **Face Shields:** **(Updated 9/18/20)** The Medical Dictionary defines a face shield as, "A mask, typically made of clear plastic, that protects the mucous membranes of the eyes, nose, and mouth during patient-care procedures and activities that carry the risk of generating splashes of blood, body fluids, excretions, or secretions." There are several lengths of face shields where the shield either covers 1/2 the face, to or just past the chin, and up to several inches below the chin. Face shields should be held far enough from the face to allow for protective eyewear and have the space between the shield and the forehead capped or closed. Generally, there is a foam pad (closed cell) that is adhered to the band around the forehead to provide the distance between the shield and the face. Straps on face shields are sometimes elastic bands and sometimes plastic straps or bands -- the ease of disinfecting should be considered when deciding which style to obtain. Some face shields are single use only and must be thrown away as a unit while other face shields have removable shields that can be replaced by refills.



Please note these photos are examples of the different styles of face shields. In massage setting, the face shield should be worn with a mask and eye protection.

Medical face shields are different from shield masks used in the construction or manufacturing industries which often include all or part of a hard hat, use stronger shield material and are much heavier. For use in the massage room, the length of the face shield should go at least just past the chin. Please note that while a face shield that straps to the forehead prevents aerosol from sneezing, coughing and breathing from

traveling into the face, it doesn't protect a massage therapist or the patient/client while the patient/client is supine while you are massaging the neck/head. The face shields that rest on the chest provide better protection for massaging the neck and upper torso as it covers most, but not all the open space between the chest and face.

What Are the CDC's Recommendations on Extended Use of Eye Protection During the Pandemic?

The information provided in this section is from the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html> Note this article primarily is about what strategies to consider about eye protection usage in an eye protection shortage. However, there is useful information in it. Abbreviation: HCP = Healthcare Provider

- Ensure appropriate cleaning and disinfection between users if goggles or reusable face shields are used.
- 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 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. See protocol for removing and reprocessing eye protection below.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- HCP should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
- Prioritize eye protection for selected activities such as:
 - During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable.
 - When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:
 - While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
 - Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
 - Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
 - Fully dry (air dry or use clean absorbent towels).
 - Remove gloves and perform hand hygiene.

Protective Wear (Caps and Clothing) (Updated 9/18/20)

The Washington State Massage Therapy Association does not have a recommendation about the need for medical grade Caps and Gowns in the massage therapy environment. We know that massage therapists almost always come into contact with the massage table and linens. We also know that many but not all massage therapists use lotions and oils and may come into contact with the body of the patient/client other than with their own hands, forearms and elbows. Therefore, WSMTA is recommending that massage therapists wear some form of barrier over their clothes that they change between clients to reduce the spread of germs from one client to another.

The minimum type of barrier that WSMTA is recommending to wear is an apron, or smock. A smock would provide more coverage for the chest and upper arms; however, they are often shorter and may need to be combined with a waist apron to cover the upper legs. Aprons (or smocks/labcoats) are extremely easy to put on and take off without rubbing the outer surface of it on your clothing, body or other surfaces as you do so. They are also easy to store and easy to wash with the rest of your linens. As a side note, if a labcoat or smock has sleeves that are too long, you can get them hemmed to your preferred length by a dry cleaner's "alternations" seamstress.

The type of material of the apron would be dependent on what type of massage is done. If the massage therapist has minimal contact with a massage table, linens and patient/client, then using a heavy cloth apron with both patient/client and massage therapist wearing facemasks and eye protection may work. If the massage therapist is on the other end of the spectrum and uses quite a bit of oil and lotions and moving limbs around and typically gets lotion or oil on their clothing in the course of a treatment day, then using a different material for the apron such as vinyl or some other impermeable material might be more appropriate. If a massage therapist uses their body in the execution of a massage style, such as with Thai massage, where an apron will not work and oil or lotion is not used, then the massage therapist should consider wearing medical scrubs and changing clothes after every client that they use this type of technique on. As a side note, basic medical scrubs do not protect the wearer any more or less than regular clothing -- there is no magic to the fabric that inhibits the transmission of germs. Scrubs are a simply designed set of clothing which makes them easy to wash and generally cheaper to replace than regular clothing.



At this time, the WSMTA recommends that massage therapists use their best judgment on whether they need to cover their hair and heads or wear more protective clothing based on their own underlying conditions as well as their family's, and the population of their patient/client base.

Although we are not recommending it at this time, if you feel you need to wear it, the following two subsections contain information from the CDC on medical grade protective clothing.

What Testing and Standards Should I Consider When Looking For CDC Recommended Protective Clothing?

The information provided is from the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

- CDC's guidance for [Considerations for Selecting Protective Clothing used in Healthcare for Protection against Microorganisms in Blood and Body Fluids](#) outlines the scientific evidence and information on national and international standards, test methods, and specifications for fluid-resistant and impermeable gowns and coveralls used in healthcare.
- Many organizations have published guidelines for the use of personal protective equipment (PPE) in medical settings. The American National Standards Institute (ANSI) and the Association of the Advancement of Medical Instrumentation (AAMI): [ANSI/AAMI PB70:2012pdf iconexternal icon](#) describes the liquid barrier performance and a classification of surgical and isolation gowns for use in health care facilities.
- As with any type of PPE, the key to proper selection and use of protective clothing is to understand the hazards and the risk of exposure. Some of the factors important to assessing the risk of exposure in health facilities include source, modes of transmission, pressures and types of contact, and duration and type of tasks to be performed by the user of the PPE. ([Technical Information Report \(TIR\) 11pdf iconexternal icon\[AAMI 2005\]](#)).
- For gowns, it is important to have sufficient overlap of the fabric so that it wraps around the body to cover the back (ensuring that if the wearer squats or sits down, the gown still protects the back area of the body).

What Types of Gowns are Available for Health Care Personnel to Protect from COVID-19

The information provided is from the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

- While the transmissibility of COVID-19 is not fully understood, gowns are available that protect against microorganisms. The choice of gown should be made based on the level of risk of contamination. Certain areas of surgical and isolation gowns are defined as "critical zones" where direct contact with blood, body fluids, and/or other potentially infectious materials is most likely to occur. ([ANSI/AAMI PB70pdf iconexternal icon](#)).
- If there is a medium to high risk of contamination and need for a large critical zone, **isolation gowns** that claim moderate to high barrier protection ([ANSI/AAMI PB70 Level 3 or 4pdf iconexternal icon](#)) can be used.
- For healthcare activities with low, medium, or high risk of contamination, **surgical gowns** ([ANSI/AAMI PB70 Levels 1-4pdf iconexternal icon](#)), can be used. These gowns are intended to be worn by healthcare personnel during surgical procedures.
- If the risk of bodily fluid exposure is low or minimal, gowns that claim minimal or low levels of barrier protection ([ANSI/AAMI PB70 Level 1 or 2pdf iconexternal icon](#)) can be used. These gowns should not be worn during surgical or invasive procedures, or for medium to high risk contamination patient care activities.

How do You Put On and Take Off Medical Gowns?

- How to Safely Take Off PPE and How to Safely Put On PPE -- Video: From the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html> -- The video is at the end of the webpage, use the arrow keys to get to the next video.

Availability of Medical Grade Caps and Clothing: (Updated 9/18/20)

- Caps -- If a massage therapist goes online and types in "medical cap" or "surgical cap" there are a ton of suppliers providing fabric hats which are available. If you type in "disposable medical or surgical cap" for medical grade materials, a massage therapist will have to search, but they are now available if you're resourceful. A temporary substitution could be reusable and washable shower caps or the disposable plastic caps that are used in hair salons but can also be found at Walmart and other discount stores.
- Gowns -- Surgical and isolation gowns are now available if you search for them online.

Gloves

Other than following regular pre-COVID-19 norms for glove wearing, the Washington State Massage Therapy Association recommendation about the need for gloves is that each massage therapists use their own best judgment on whether they need to wear gloves based on their own underlying conditions as well as that of their family and the population of their patient/client base.

How do You Put On and Take Off Gloves?

- How to Safely Take Off PPE and How to Safely Put On PPE -- Video. From the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html> -- The video is at the end of the webpage, use the arrow keys to get to the next video.
- It is important for health care provider to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer. From the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

Obtaining Items from the WA State PPE Stockpile (Added 9/18/20)

Massage Therapists can access the state stockpile of PPE through their counties, this material is free. Many of the Western Washington Counties, have ordering information on this website: <https://nwahrn.org/covid19-resource-request-process/>, just follow the directions for your county. If you do not find your county listed, contact your local health jurisdiction (LHJ) by going to this link:

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

The directions for how to obtain the PPE may be obviously displayed on the LHJ website. For other counties, the massage therapist may have to call the main LHJ phone number and ask how to obtain access to the state's PPE supply.

WSMTA tested the ordering process for several counties and found it relatively easy to find out how to obtain access to the state stockpile of PPE for the tested counties and to actually obtain materials. However, know that supplies are being allocated (especially N95s) based on the "allocation tier" the requester is in. The allocation system is at: <https://nwahrn.org/wp-content/uploads/2020/05/WA-State-DOH-PPEPrioritizationofAllocation-4.29.20-Interim.pdf>. Based on available supplies, a massage therapist might not get everything asked for.

For Thurston county, the contact is: Thurston Co. Emergency Coordination Center (a division of Thurston Co. Emergency Management), email tcphss.ess8@co.thurston.wa.us or phone 360.867.2844

Some counties have additional access to supply via donation or other local suppliers. For example, there is a PPE donation organization for Thurston county at: <https://www.thurstonstrong.org/ppe-resources-available/>. If you are aware of other sites like this, please let us know so we can publish them.