



ADVOCATE FOR MASSAGE THERAPY AS A RECOGNIZED AND RESPECTED HEALTHCARE PROFESSION

The WSMTA's Interim Guidance on Sanitation

updated 9/17/20

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Overview

This document is prepared by the Washington State Massage Therapy Association (WSMTA) as an interim guide for massage therapists in making decisions for sanitation within their treatment rooms and supporting areas and 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), the Occupational Safety and Health Administration (OSHA), the University of Washington (UW), and the Washington State Department of Health (WA DOH).

Degree of Risk:

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. However, since at least 35% of people who have COVID-19 are asymptomatic, or have symptoms that mirror other symptoms associated with non-deadly issues like allergies, cleaning and disinfecting is very important to do after every patient/client that we see.

Strategy of This Document:

This document will help massage therapists and clinic owners to:

- Prepare their work environment by:
 - Determining what and how often things need to be cleaned and disinfected
 - Removing or replacing items that are regularly touched by patients/clients to reduce: a) the chance of transmission b.) the number of things that must be cleaned and disinfected and c) the time it takes to clean and disinfect
 - Reviewing how massage therapists perform their tasks within their environment to know when to make process changes to reduce: a) the chance of transmission b.) the number of things that must be cleaned and disinfected and c) the time it takes to clean and disinfect
- Know the difference between cleaning and disinfecting.
- Know what types of disinfectants there are, what they do, when to use them, and what PPE is required when using it.
- Create a cleaning and disinfecting plan.
- Learn how to extend the life of and reuse PPE.
- Learn how and when to disinfect, store, reuse, and discard PPE.
- Create a strategy for how to use the floor in your treatment room to minimize the contact risk of COVID-19.
- Learn how to don and doff PPE correctly.
- Learn how to improve the ventilation of the treatment room. **(updated 9/17/20)**
- Create a special hygiene plan for massaging the feet, hands, scalp, face and neck, as well as planning for intraoral work and what to do about the lotion bottle when massaging areas of the body that have different levels of risk of transferring COVID-19 germs with contact.
- Create a blanket strategy.

The American Dental Association (ADA), American Medical Association (AMA) and American Academy of Ophthalmology (AAO) are making 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 at a time thoroughly to avoid 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 return to their practices. The other two documents are, *The WSMTA's Interim Guidance on Personal Protective Equipment* 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.

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. The full article can be read at: <https://www.osha.gov/SLTC/covid-19/healthcare-workers.html>

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](#), 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.

COVID-19 Facts Relevant to Sanitation (updated 9/17/20)

How is COVID-19 Transmitted?

This is from the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

Note: as of the time of publication, the CDC has a notation on their webpage on transmission that they are in the process of updating the information on transmission. Please click on the above link to get the latest information when you read this section. At the time of publication, the website states the following:

- The virus is thought to spread mainly from person-to-person.
 - Between people who are in close contact with one another (within about 6 feet).
 - Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - COVID-19 may be spread by people who are not showing symptoms.
- **Spread from contact with contaminated surfaces or objects:** It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about this virus.
- **How easily the virus spreads:** How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping. **The virus that causes COVID-19 is spreading very easily and sustainably between people.** Information from the ongoing COVID-19 pandemic suggest that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious.

How Long Can COVID-19 Last on Surfaces?

These are articles on the length of time COVID-19 remains active on surfaces and on the capacity of spread by surface to surface contact.

- *New England Journal of Medicine*, "Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1" found at: https://www.nejm.org/doi/full/10.1056/NEJMc2004973?query=featured_home
- CDC, "Emerging Infection Diseases" found at: https://wwwnc.cdc.gov/eid/article/26/7/20-0885_article#suggestedcitation.
- *The Lancet Microbe*, "Stability of SARS-CoV-2 in Different Environmental Conditions" found at: <https://www.sciencedirect.com/science/article/pii/S2666524720300033?via%3Dihub>
- *The Journal of Hospital Infection*, "Persistence of Coronavirus on Inanimate Surfaces and Their Inactivation with Biocidal Agents" found at: [https://www.journalofhospitalinfection.com/article/S0195-6701\(20\)30046-3/fulltext](https://www.journalofhospitalinfection.com/article/S0195-6701(20)30046-3/fulltext)
- CDC, "Public Health Responses to COVID-19 Outbreaks on Cruise Ships — Worldwide, February–March 2020" found at: https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm?s_cid=mm6912e3_w

Note: these studies provided different results for similar items, but heat and other variables make a difference in the results. These studies did have the same correlation in that COVID-19 lasted longer on smooth surfaces like metal and glass and plastics and lasted less long on non-smooth and porous surfaces.

How Long Can COVID-19 Last in the Air?

- *New England Journal of Medicine*, "Aerosol and Surface Stability of SARS-CoV-2 as compared with SARS-CoV-1" found at: https://www.nejm.org/doi/full/10.1056/NEJMc2004973?query=featured_home
Note: this article found that COVID-19 could last for up to 3 hours in the air which has implications for PPE usage and how airflow affects the spread of aerosol.

Droplets vs Aerosol: (added 9/17/20)

Droplets are larger and heavier than aerosol and will drop to the floor sooner and faster. Sneezing will eject droplets and aerosol faster and farther than coughing and coughing will eject droplets faster and farther than talking. The NHK (Japan Broadcasting Corporation) did a documentary on an organization that studies aerosol in the air. They broadcasted this documentary on national TV and it was posted to YouTube at the beginning of April 2020. **Please watch this video, it has important information on actual droplet and aerosol spread from real people sneezing and talking.**

<https://video.search.yahoo.com/search/video?fr=yfp-t&p=NHK+Japan+aerosol+droplet+video#id=4&vid=f5df3f8b86882e90f1e735ab737a9a99&action=view>

In this video, you'll see how quickly aerosol can be removed from the air by simply opening up two windows or window/door and you'll see how a conversation between two people (without masks on) can create quite a bit of sustained droplet and aerosol between them.

A human hair is about 80 microns, aerosol is up to about 50 microns and the COVID-19 virus is about .1 microns.

Infectious Dosage vs. Viral Load: (added 9/17/20)

The infectious dosage is how many virus particles it takes to infect someone, and virus load is how much virus there is on or in something like a droplet or a person. A research project done in China in February and published in March 2020 studied the viral load of 76 patients who were admitted to hospital. With the initial nasopharyngeal swabs that were done upon admittance, it was discovered that those who were diagnosed with severe COVID-19 had a median viral load 60 times higher than those diagnosed with a mild form of the virus. This detail can be found in the Lancet at: [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30232-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30232-2/fulltext)

The information in the prior paragraph has been confirmed in numerous studies in China and in the US; as has the following information -- people who have more severe forms of the virus have more load than people with milder forms and shed more virus particles. An example of such a study is found at the CDC:

https://wwwnc.cdc.gov/eid/article/26/7/20-0885_article

A small study of 192 children published in the Journal of pediatrics at: [https://www.jpeds.com/article/S0022-3476\(20\)31023-4/fulltext](https://www.jpeds.com/article/S0022-3476(20)31023-4/fulltext) in August 2020 indicates that children, in the first two days from exposure, can have a higher viral load than adults with the severe for COVID-19 in ICU, and yet show no or mild symptoms. This study speculates that children have the potential to be super-spreaders. Articles published about the Journal of Pediatrics study mention that a spokesperson from John Hopkins indicated that the speculation that children are superspreaders runs counter to what is known about children spreading the virus.

<https://www.webmd.com/lung/news/20200820/high-viral-loads-make-kids-silent-spreaders-of-covid-19#1>

Countries across the world show that households (multiple people) have higher rates of infection than non-households (one person) which suggests that households should take precautions.

https://wwwnc.cdc.gov/eid/article/26/10/20-1315_article

Preparing the Work Environment

Review Items in Your Workspaces for Ease of Disinfection and Likelihood of Being Touched:

- Remove non-disinfectable items from primary locations: Whether in the treatment room, a pathway to and from areas, the bathroom, breakroom, front desk area, waiting room area, there are many items that cannot, or cannot easily, be disinfected that are likely to be touched by patients/clients, massage therapists and staff. The WSMTA recommends that these items be removed, replaced or covered with material that can be disinfected, at least temporarily. This could be anything from a fabric covered chair or the massage therapist's favorite fabric wall hanging in the treatment room to magazines in the waiting area.
- Remove commonly handled items not pertinent to providing care: If a massage therapist collects knick knacks that often get handled, regardless of where they are in the work environment, even though they might be disinfected, the WSMTA recommends that you remove them temporarily from the work environment. Between clients, there are many surfaces that need to be cleaned. The less that patients/clients touch, the less time it takes to clean. There is no guarantee that the massage therapist would know everything that was handled, especially when the patient/client is changing behind a closed door, which would mean that all knick knacks would have to be wiped down if they are stored within patient/client reach. If you don't want to remove them, then consider putting them out of anyone's reach.
- Identify high, medium and low contact items: This will be part of the massage therapist's plan to determine what needs to be cleaned and/or disinfected after every client versus what is cleaned and/or disinfected on a routine basis.
- Remove Coffee, Tea or Water Services: If you provide coffee or tea for either staff or patients/clients, consider temporarily suspending service. Water fountains may be more easy to manage if used only by staff if protocols are put in place to clean surfaces after every use and if hand hygiene (page 15) is used after touching the water dispenser. This might mean temporarily moving the water dispenser out of the patient/client eyesight.
- Review the process for removing and putting on PPE in your practice setting. What things are going to be touched in the process of removing PPE that will need to be disinfected? Where will the massage therapist remove and put on their PPE in relation to trash receptacles, wash stations and other things needed to put on and remove PPE items.
- Review how massage therapists and patients/clients interact with space to determine if changes need to be made. These are only a small sample of the questions each massage therapist needs to ask themselves:
 - It is obvious that the hook a massage therapist's patient/client hangs their clothes from should be wiped down after every client. But, what about the wall that those clothes touch? Would it be easier to have the client/therapist place their clothes onto a tray, shelf, chair that can be easily wiped down? Can you put something on the wall that can be easily wiped down?
 - How do clients get onto the massage table after undressing? They have bare feet or stocking feet that touch the floor.
 - Where do massage therapists put their pillows throughout the sessions? On the floor, onto another pillow that has not been used, is there a place for that used pillow that might be needed later?
 - Where do massage therapists place their tools and lotion bottles during massage and after?
 - Where do patients/clients place their bulk gear like backpacks or large bags? On the floor?

Disinfecting (updated 9/17/20)

Definitions:

The information provided in this section is from the CDC at:

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/introduction.html>

- **Cleaning:** Cleaning is the removal of foreign material (e.g., soil, and organic material) from objects and is normally accomplished using water with detergents or enzymatic products. Thorough cleaning is required before high-level disinfection and sterilization because inorganic and organic materials that remain on the surfaces of instruments interfere with the effectiveness of these processes. Also, if soiled materials dry or bake onto the instruments, the removal process becomes more difficult and the disinfection or sterilization process less effective or ineffective. Surgical instruments should be presoaked or rinsed to prevent drying of blood and to soften or remove blood from the instruments.
- **Disinfecting:** Is the thermal or chemical destruction of pathogenic and other types of microorganisms. Disinfection is less lethal than sterilization because it destroys most recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

Factors that affect the efficacy of both disinfection and sterilization include prior cleaning of the object; organic and inorganic load present; type and level of microbial contamination; concentration of and exposure time to the germicide; physical nature of the object (e.g., crevices, hinges, and lumens); presence of biofilms; temperature and pH of the disinfection process; and in some cases, relative humidity of the sterilization process (e.g., ethylene oxide).

Disinfectants:

The information provided in this section is from the CDC at:

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/disinfection-methods/index.html>

Many disinfectants are used alone or in combinations (e.g., hydrogen peroxide and peracetic acid) in the health-care setting. These include alcohols, chlorine and chlorine compounds, formaldehyde, glutaraldehyde, *ortho*-phthalaldehyde, hydrogen peroxide, iodophors, peracetic acid, phenolics, and quaternary ammonium compounds. Commercial formulations based on these chemicals are considered unique products and must be registered with EPA or cleared by FDA. In most instances, a given product is designed for a specific purpose and is to be used in a certain manner. Therefore, users should read labels carefully to ensure the correct product is selected for the intended use and applied efficiently.

Disinfectants are not interchangeable, and incorrect concentrations and inappropriate disinfectants can result in excessive costs. Because occupational diseases among cleaning personnel have been associated with use of several disinfectants (e.g., formaldehyde, glutaraldehyde, and chlorine), precautions (e.g., gloves and proper ventilation) should be used to minimize exposure^{318, 480, 481}. Asthma and reactive airway disease can occur in sensitized persons exposed to any airborne chemical, including germicides. Clinically important asthma can occur at levels below ceiling levels regulated by OSHA or recommended by NIOSH. The preferred method of control is elimination of the chemical (through engineering controls or substitution) or relocation of the worker.

Methods of Disinfection:

The information provided in this section is from the CDC at:

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/disinfection-methods/index.html>

The following overview of the performance characteristics of each provides users with sufficient information to select an appropriate disinfectant for any item and use it in the most efficient way.

- **Chemical Disinfectants**
 - Alcohol
 - Chlorine and chlorine compounds
 - Formaldehyde
 - Glutaraldehyde
 - Hydrogen peroxide
 - Iodophors
 - Ortho-phthalaldehyde (OPA)
 - Peracetic acid
 - Peracetic acid and hydrogen peroxide
 - Phenolics
 - Quaternary ammonium compounds
- **Miscellaneous Inactivating Agents**
 - Other germicides
 - Metals as microbicides
 - Ultraviolet radiation
 - Pasteurization
 - Flushing- and washer-disinfectors

How to Know Which Disinfectants to Use and How to Obtain It:

The WSMTA recommends that massage therapists use disinfectants listed on the EPA's N list that meet the criteria for eliminating COVID-19. The list is at:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Many of the disinfectants most likely to be known and available to massage therapists on the EPA N list will be regular household cleaning products like "Lysol", "Clorox" and other similarly branded products. Generally, these products have harsh chemical smells. The WSMTA recommends that massage therapists contact a local nursing home, their personal dentist, their family doctor or a nearby naturopathic physician who might be able to recommend a brand(s) for wipes and sprays which have no or low odor. Many of the brands used in the nursing, medical or dental end of healthcare are not available at this time or not available except by purchasing through a distributor. If a massage therapist is not able to directly purchase the recommended products online, a massage therapist might want to consider asking their contact if they might be able to add a small purchase with the next order their contact makes or buy a starting batch directly from their contact.

What PPE is Required Per Type of Disinfectant?

The University of Washington has created an easy to read and understand table indicating the type of disinfectant, several brand names for each type, as well as potential hazards and the required PPE and clothing required to use for each type of disinfectant. The table is at: <https://www.ehs.washington.edu/system/files/resources/chemical-disinfectant-safety.pdf> If you are thinking of purchasing a brand that is not on this document, look on the internet to find out what category the disinfectant falls into (alcohol or chlorine based for example) to determine the appropriate PPE and clothing needed. However, all users of disinfectants should always follow the guidelines provided by each product with regard to use and other requirements.

How to Clean and Disinfect the Office Area: (updated 5/6/20)

Always remember that prior to disinfecting, surfaces must be cleaned first if necessary to remove any soil with soap and water.

The following is a document indicating a process for cleaning and disinfecting that WSMTA is recommending:

- University of Washington, "COVID-19 Prevention: Enhanced Cleaning and Disinfection Protocols." This document can be found at: <https://www.ehs.washington.edu/system/files/resources/cleaning-disinfection-protocols-covid-19.pdf>

- Be mindful of using sprays and diluted bleach water around electrical machinery and outlets, use disinfecting wipes in more sensitive areas. When needed, cover high-touch surfaces, such as keyboards, printer controls and credit card processing devices with plastic, vinyl or other materials to create a barrier of touch to the outside casing and buttons to protect them from damage while cleaning.
- When carpeting is located in high traffic areas such as treatment rooms, vacuum and steam clean the carpets more often.
- Please note that if your office or clinic does have a patient/client that has informed you they have COVID-19 symptoms, the WSMTA recommends that you contact a professional cleaning company to clean the area the patient/client was in or seek advice from a professional cleaning company if some time has past since the infected patient/client was in there if you received notification from the patient/client of their infection after the fact. The CDC does have guidelines for cleaning and disinfecting rooms for patients with COVID-19, but this would normally be done by trained personnel in a hospital or medical environment. Massage Therapists can find such services by searching for "disinfecting services for COVID-19" or "cleaning services for COVID-19" in your area. If you live in an area and these services are not available to you, then read the following information on the CDC website at:
 - What personal protective equipment (PPE) should be worn by environmental services (EVS) personnel who clean and disinfect rooms of hospital patients with COVID-19? CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>
 - How long does an examination room need to remain vacant after being occupied by a patient with confirmed or suspect COVID-19? CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>
 - University of Washington, "COVID-19 Prevention: Enhanced Cleaning and Disinfection Protocols." and following Section 2. This document can be found at: <https://www.ehs.washington.edu/system/files/resources/cleaning-disinfection-protocols-covid-19.pdf>

Extended Use and Reuse of PPE -- Disinfecting, Storage and Disposal: (updated 9/17/20)

The Washington State Department of Health had a concise document had a very concise document that WSMTA referred massage therapists to which indicated the best ways to extend the life of each PPE item. However, the Washington State Department of Health has removed this document from their website. Massage therapists can still access the information, but it is now on the CDC across multiple pages. Here is the main page: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html> At the time of publication for this document, the current section is "contingency capacity". To the extend the life of N95s, here is the reference as it is buried in the details: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html> and information on facemasks can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#contingency-capacity>

If the massage therapist is wearing a surgical mask or N95 respirator, the WSMTA recommends that if the massage therapist has clients scheduled back-to-back, to not remove the facemask and protective eyewear while turning over the treatment room or clinic area for the next client, to reduce the possibility of contamination to the PPE. We recommend removing the facemask and protective eyewear only on breaks or for larger gaps in your schedule (if appropriate for your situation), appropriately storing them, and then using appropriate hand hygiene (page 15).

- Protective Clothing: Handmade facemasks and all washable PPE clothing items (and linens) need to be washed with the hottest water possible and dry on the hottest drying setting possible. The CDC recommends using "a temperature of at least 160°F (71°C) for a minimum of 25 minutes is commonly recommended for hot-water washing" and using bleach when possible. Use proper hand hygiene (page 15) when done handling dirty laundry and disinfect around the openings of the washer and dryer before using. A thorough explanation of laundry needs is available on the CDC's website at: <https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html>
- Protective Eyewear: When manufacturer instructions for cleaning and disinfection are unavailable, consider the following from the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

- 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 the 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 (page 15).
- **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.

Disinfecting N95 Respirators

Currently at this time, there is not a CDC recognized method for disinfecting N95 respirators by individual healthcare providers. There has been an ongoing effort by entities around the world to determine how to do this with large quantities of N95s for hospitals and other frontline healthcare providers. For more details, read the following information:

- CDC, "Decontamination and Reuse of Filtering Facepiece Respirators". This document can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>
- N95DECON: this is a scientific consortium that has been working on how to decontaminate and reuse N95 respirators. N95DECON still recommends that individual healthcare providers not try to decontaminate their individual N95s. Their website address is <https://www.n95decon.org/>

What is Hand Hygiene?

The information provided in this section is from the CDC at:

<https://www.cdc.gov/handhygiene/providers/index.html>

Hand Hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel), or surgical hand antiseptics.

- Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers.
- Alcohol-based hand sanitizers are the preferred method for cleaning your hands in most clinical situations.
- Wash your hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.

- When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers.
- Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet.
- Avoid using hot water, to prevent drying of skin.

The information provided in this section is from the CDC at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene-faq.html>

The CDC continues to *recommend* the use of alcohol-based hand rub (ABHR) as the primary method for hand hygiene in most clinical situations. ABHR effectively reduces the number of pathogens that may be present on the hands of healthcare personnel after brief interactions with patients or the care environment. In addition, frequent use of ABHR formulated with emollients is less damaging to the skin than frequent hand washing. This factor, along with ease of use and greater access, leads to greater overall compliance with use of ABHR than hand washing with soap and water. Hands should be washed for at least 20 seconds with soap and water when visibly soiled.

The information provided in this section is from the CDC at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

CDC recommends the use of alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol as the preferred form of hand hygiene.

Massage therapists should perform hand hygiene every time their hands come into contact with their own or their client's PPE (especially facemask and eye protection), every time they remove their PPE or just prior to gathering up PPE to put on.

Treatment Floor Strategy:

Currently, there is no definite answer as to how risky it is for people to develop COVID-19 from contact with germs on the floor. As experts point out, a person has to touch their shoes (or socks or bare feet) in the exact spot where the germs are residing and then touch their mouth, nose or eyes, to possibly develop COVID-19.

We would point out that generally in doctor and dental treatment rooms that the floor is linoleum, tile or some other material that is easily to clean and disinfect. However, dentists and doctors are exposed to pathogens in a manner that massage therapists traditionally have not been. In the event that COVID-19 a long-lasting problem, then the WSMTA recommends to massage therapists that they consider replacing the carpeting in their treatment rooms with a material that can be easily cleaned and disinfected. However, for the short-term, the WSMTA can recommend some alternative options to maintain safety if there is carpeting in treatment rooms.

Regarding the Patient/Client:

It is common for a patient/client to either completely undress, or to undress down to their underwear. Many take their socks off, while others leave them on for numerous reasons. Regardless, they all have to walk to the massage table on the carpet to get onto the massage table and then eventually they get off the treatment table and step on the carpet to get redressed. For some massage therapists, the patient/client will get off and on the table several times in the course of treatment while either some form of assessment is done or treatment is done while standing or seated.

Here are some options to reduce the patient/client's exposure to COVID-19 while standing on the floor in socks or barefoot:

- Have patients/clients use hand sanitizer on their feet (and afterwards hands) after contact with the floor when barefoot.
- Have patients/clients bring in an extra pair of socks. The patient/client would get on the table with the pair they wore in. After the session is over and they get redressed, while sitting on the massage table the patient/client would replace their socks with the clean pair without allowing their feet to come into contact again with the floor until their shoes are on. Like removing gloves, patients/clients would remove their socks in the same manner.
- Place a towel on the floor where the patient/client can step on either in bare feet only or with socks. Since more than likely the towel will be in the way of the massage therapist, the massage therapist could either slide it out of the way against the wall until it is used for the patient/client to get off of the table, or the massage therapist could use a second towel. At the end of the session, the towel or towels would go into the laundry basket.
- Place a strip of "carpet mask" on the floor along the pathway from the massage table to where the patient/client's clothing is stored. Carpet mask is a tape that can be laid on top of carpeting. It has adhesive on the back that will firmly keep it in place without damaging the carpet, is very durable and the surface is non-slippery. It is used often in the construction industry. The carpet mask would be disinfected at the end of each session as part of the room clean up. However, if the massage therapist stepped on the carpet mask before the end of the session, the massage therapist would need to disinfect prior to leaving the room so the patient/client has a clean place to step when getting off of the massage table. This will be the "safe place" for the patient to be on the floor. If the patient/client has to stand up for any reason during the session, this is where the patient/client will have their feet during the assessment or treatment for when they are off the massage table.

Regarding the Massage Therapist:

There are some massage therapists who must kneel, sit or lay on the floor as a part of their treatment especially if they work with infants and children. Just a reminder, that infants and younger children can be droolers, so make sure that you disinfect as needed after soaking up the drool. When there is carpeting in the treatment room, each massage therapist needs to assess how they do their work to reduce as much outside contamination from coming into the room as possible. Here are some suggestions:

- Everyone removes their shoes prior to entering the treatment room. The patients/clients only wear socks while the massage therapist could wear "treatment room only shoes" or socks. The massage therapist would then change socks between each client if the massage therapist did not wear "treatment room only shoes".
- A clean sheet could be put down on the floor where the treatment is to occur and placed in the laundry basket afterwards.
- Carpet mask (discussed in the prior subsection) is placed on the section of carpet used for treatment and disinfected after each use.

Wearing and Storing PPE

How to Don and Doff PPE Gear

This information about how to don and doff (put on and take off) PPE is from the CDC website at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

- **How to Put On (Don) PPE Gear**

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
 2. **Perform hand hygiene using hand sanitizer.**
 3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
 4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
 5. **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 6. **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
 7. **Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
 8. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
 9. **Healthcare personnel may now enter patient room.**
- **How to Take Off (Doff) PPE Gear**

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *
3. **Healthcare personnel may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).** Do not touch the front of the respirator or facemask.*
7. **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
8. **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.

9. **Perform hand hygiene after removing the respirator/face mask and before putting it on again if your workplace is practicing reuse.***

** Facilities (or massage therapists) implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

This is a video on "How to Safely Take Off PPE and How to Safely Put On PPE" 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.

As indicated in the "WSMTA Interim Guideline On PPE" document, WSMTA is recommending an apron (or a smock) instead of a surgical or isolation gown at this time and in some instances, scrubs when an apron (or smock) will not work and lotion is not used, like with Thai Massage. Please read the section on "Protective Clothing" for further details. In the instance here, the apron (or smock) would be substituted for any mention of "gown" unless the massage therapist had a need for a gown.

Where to Don and Doff PPE:

- According to the CDC information above, donning should occur prior to entering the patient/client room. However, if you have a home practice or work in a single person office with no internal waiting area that patients/clients can let themselves into, you should don PPE prior to greeting the patient at your door, if you have to individually let them into your home or office.
- If you choose not to wear gloves except when doing specific tasks when in the treatment room, you can put them on or take them off in the treatment room as long as you do hand hygiene (page 15) before putting them on and do hand hygiene (page 15) after taking them off if you do so in the room.
- According to the CDC information above, doffing of gloves and gowns (or in our case aprons or smocks) should occur in the patient room. Generally, most home practices have laundry baskets and trash receptacles in the room, so this works. If your laundry basket does not fit into the treatment room, remove your gloves, exit the room and take extra care in taking off your gown (or in our case aprons or smocks) outside of the treatment so as not to touch any surrounding furnishings.

Air Quality ~~(added 5/6/20)~~ (updated 9/17/20)

Air flow is set up in homes and commercial buildings to be two way. Air blows into a room and it is pulled out of the room and filtered before it is recycled back into the building. In newer buildings, fresh air from outside will be intermixed with recycled air. In many buildings where rooms are added after the fact, air flow into the room, if it exists, is often weak. Often air is not pulled out of such a room through an air outflow vent, it flows into the room and either relies on it flowing out of an open doorway or around the small openings around a closed door. If the air inflow is weak, it can lead to less clean air while the door is closed, as the air remains mostly in the room and is not recycled back into the HVAC system. If the massage therapist has such a room, and it's smaller, the massage therapist may notice the air might become more humid and it might be a bit more odorous or "stuffy" which will be more obvious when the massage therapist opens the door and steps out of the room. In a situation like this, the massage therapist will want to consider how to improve the exchange of air in their room.

Another point to consider is if the massage therapist practices in a small room and the room air inflow is at one end of the room and the head of the table is at the other end of the room. If the massage therapist can feel the flow of air on their body while at the head of the table, consider switching the ends of the table or diffusing the stream of air inflow. Strong air flow will blow any particulates that might make it around and through a facemask of the client directly onto the body and face of the massage therapist.

To find out more information about air quality and ventilation, WSMTA contacted the American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE). We were provided with the following advice:

- Each massage therapist should get to know the HVAC system in the place they do massage. Find out how much air is recycled versus brought in fresh from outside, what filters are being used and how often per hour the air is exchanged.
- ASHRAE recommends that if the HVAC unit can handle them, to have MERV-13 filters installed. MERV-13 would be what they recommend for spaces with poor ventilation in a medical setting. This is a thick filter. The thicker the filter, the more energy the HVAC unit will use to put air through the filter. Not all HVAC systems can handle this thick of a filter, so use the highest filter up to MERV-13 that you can. For information on MERV ratings click on: <http://radontestingdallas.com/wp-content/uploads/2015/11/MERV-MPR-FPR-Ratings-Compared.jpg>
- Make sure filters are replaced on schedule. If the massage therapist is not in control of this, communicate with the building owner/maintenance personal and find out what the schedule is and check in to make sure it is being followed.
- According to ASHRAE, HEPA filters are efficient at capturing airborne viral particles and recommends the use of HEPA filter air purifiers in rooms that are small and poorly ventilated. They also recommended using a HEPA air purifier rated for twice the square footage of the room being used.
- Fans are acceptable to move air around, just make sure that the fans do not directly blow air on people or around traffic areas. Besides cooling down the air, fans help to disperse aerosol particles. However, if positioned poorly, the fans can concentrate aerosol and blow it directly at people or where people would typically stand or walk, so use care when setting up fans in a small room.
- If possible, have 2 open windows or an open window and door to draw aerosol out of the room and to mix in fresh air – having two openings creates a vacuum and air flow. If it is not possible to do this for the whole session, then consider doing so when changing the room over. If it is only possible to open a window or a door during a session, even just to crack it open a little, this will also help to diffuse aerosol.
- Use of UVC light. WSMTA does not feel that we have the expertise to make comment on this. We refer readers to ASHRAE's FAQs page at: <https://www.ashrae.org/technical-resources/filtration-and-disinfection-faq> and suggest the reader click on "Q6. Is ultraviolet energy (UV-C, ultraviolet germicidal irradiation, germicidal ultraviolet) effective against the SARS-CoV-2 virus?" to read about UVC.

Here is a resource for HVAC systems, filters, airflow and COVID-19:

- American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE): <https://www.ashrae.org/technical-resources/resources>

Treatment Strategy for the Massage Therapist

Massaging the Feet, Hands, Hair, Face and Neck -- and Intraoral -- and Oil/Lotion Container and Tools:

The hands, neck, face and hair/scalp represent high risk areas for possible contact with COVID-19. The feet can be at risk depending on if the person is a sock wearer or not and on what precautions the massage therapist takes in their treatment room to protect the patient/client from coming into contact with the floor.

OSHA's website at: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#healthcare> has the following recommendation:

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.

Please note that hand sanitizer cannot be used on oil or lotion covered hands. The surface area has to be cleaned of any "soil" first prior to disinfecting. Hands have to either be washed or disinfecting wipes would have to be used to remove the lotion and oil. Once it is removed, then another wipe or sanitizer can be used on the hands.

The WSMTA is making the following recommendations:

- Use hand sanitizer or disinfecting wipes just at the beginning of the massage. Despite having washed hands, the massage therapist will have touched many different things prior to the patient/client getting on the table.
- **(Updated 9/14/20)** Think strategically about organizing the massage so "clean" areas of the body can be massaged at the same times and then the "dirty" or riskier areas of the body can be massaged afterwards. Sometimes the treatment strategy will not allow for this, which means that extra hand hygiene will be required if you move from a "dirty" area to "clean".
- Use hand sanitizer (if you do not use lotion or oil) and disinfecting wipes or wash your hands (if you use lotion or oil) anytime you go from a "dirty" area of the body (neck, head, hands and potentially feet) to a clean area of the body.
- **Feet:** If the massage therapist knows they will be massaging the feet before the start of the session, depending on the situation, the massage therapist could ask the patient/client to use hand sanitizer or a sanitizing/disinfecting wipe on their feet as they get onto the massage table.
- **Hands and forearms:**
 - Have all patients/clients use the restroom to wash their hands up to their elbows (or as far to the elbow as clothing will allow) just prior to the session starting. Depending on what you observe in the session, you could also ask them to use hand sanitizer just prior to massaging their hands if they have been touching their face a lot.
 - Or, if they have been wearing long sleeves all day, you could have them bypass the hand and forearm washing and just provide hand sanitizer just prior to massaging their hands.
- **Hair:** The scalp can be massaged without coming into contact with the patient/client's lips, nostrils and eyes. Depending on how long the hair is and the style, it most likely will come into contact with the massage therapist's forearms, so keep this in mind when washing your hands and forearms after the massage.
- **Face:** Only massage the patient/client's face in an urgent care situation. To massage the face, the client will need to remove facemask and eye protection which creates risk of contaminating the patient/client's PPE and creates a more unsafe environment for both parties with the patient/client breathing into the shared air

space of the treatment room. There is too much risk that the massage therapist's hands could create contact with the patient/client's lips, nostrils and eyes during the face massage.

- **Neck:** The neck presents an issue such that the massage therapist's hands and forearms come into contact with the neck, ears, hair and often the face. Often the thumbs and possibly the thenar eminences will wrap up and touch the cheeks. This means that the massage therapist's hands will quite likely come into contact with the patient/client's facemask. Especially when doing range of motion testing or any other kind of movement of the head.
 - Because of this, we recommend that neck massage be the very last thing that is done in the session to minimize the spread of germs from the patient/client's facemask to the rest of their body.
 - We also recommend that massage therapists suggest to the patient/client prior to the massage that they bring an extra facemask with them in case they need to change it after the massage.
- **Intraoral:** Only do intraoral massage with patient/clients with urgent need. To work intraorally, the client will need to remove their facemask which creates risk of contaminating the patient/client's PPE and creates a more unsafe environment for both parties with the patient/client breathing into the shared air space of the treatment room. There is too much risk that the massage therapist's hands could create contact with the patient's face and transfer that into the patient/client's mouth. If intraoral was performed in an urgent situation, we recommend that the client use a disinfecting wipe to wipe around the mouth. However, there are YouTube videos showing how to do intraoral massage that patient/clients can be given for selfcare that the massage therapist can review with the patient/client as an interim substitute for when it is again safe to practice intraoral.
- **Oil/lotion container and tools:** If the massage therapist moves from massaging "dirty" or higher risk areas of the body to "clean" areas, the lotion container or tool is either washed (same protocol as the 20 second hand hygiene wash as it is soiled) or wiped of any lotion or oil with a disinfecting wipe(s) to clean it and then wiped with a second wipe to disinfect it.

How to Reduce the Use of Blankets in the Massage Treatment Room:

The 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](#)