



2020 Health Advisory #20

Updated Guidance for Health Care Personnel on Personal Protective Equipment for COVID-19 and Work Restrictions Following Exposure

- In addition to a face mask or higher level of respiratory protection, eye protection (goggles or face shield) is now advised during all clinical encounters.
- Supply chain shortages of N95 respirators persist. Providers and facilities are encouraged to continue conservation measures.
- Fourteen-day exclusion from work is recommended for asymptomatic health care personnel who were exposed to individuals with confirmed COVID-19 in healthcare settings.

June 25, 2020

Dear Colleagues,

The Centers for Disease Control and Prevention (CDC) [recently updated](#) its health care personnel (HCP) guidance regarding personal protective equipment (PPE). The CDC also issued new recommendations for identifying workplace COVID-19 exposures and applying work restrictions in areas with declining community transmission. Given sustained declines in COVID-19 cases, hospitalizations, and deaths in New York City in recent weeks, and the availability of contact tracing resources, this guidance should now be adopted in NYC. Revised guidelines may be needed if NYC re-enters a period of substantial community transmission.

Because most infections occur when SARS-CoV-2 enters unprotected mouths, noses, or eyes, and pre-symptomatic and asymptomatic transmission of SARS-CoV-2 have been demonstrated repeatedly,¹ the CDC recommends that all persons entering health care facilities (patients, companions, and visitors) wear a face covering or face mask, and that facilities provide face coverings or masks upon entry to the facility, if needed. HCP are also expected to **always** wear a face mask (or higher level of respiratory protection) while at work.

The CDC now recommends that all HCP use eye protection (goggles or a face shield), in addition to a face mask, for all patient encounters, whether or not COVID-19 is suspected. Additionally, an N95 respirator or higher should be worn for any procedure that can generate aerosols or might otherwise pose higher risk for transmission (e.g., surgical procedures involving anatomic regions where viral loads may be higher, such as the nose, throat, or lower respiratory tract).

Due to persistent shortages of N95 respirators, facilities should continue to take measures to conserve supplies including [extended use and reuse of N95 respirators](#) as appropriate. Prioritize N95 respirators for aerosol-generating procedures or settings where such procedures are conducted frequently (e.g., intensive care units).

For evaluation of patients with COVID-like illness (CLI), clinicians are still advised to use gloves, gown, face mask (or N95 respirator), and eye protection.

¹Furukawa NW, Brooks JT, Sobel J. Evidence supporting transmission of severe acute respiratory syndrome coronavirus 2 while presymptomatic or asymptomatic. *Emerg Infect Dis.* 2020 Jul [*date cited*]. <https://doi.org/10.3201/eid2607.201595>

The CDC recommends that asymptomatic HCP who were exposed to a patient, visitor, or other HCP with confirmed COVID-19 while at work should be excluded from work for 14 days. Exposure is defined as any of the following:

- HCP was not wearing a face mask or respirator and spent 15 or more minutes within 6 feet of a person with confirmed COVID-19.
- HCP was not wearing eye protection and spent 15 or more minutes within 6 feet of a person with confirmed COVID-19 who was not wearing a cloth face covering or face mask.
- HCP did not wear all recommended PPE (gloves, gown, N95 respirator, and either goggles or face shield) when a procedure was performed that can generate aerosols (e.g., intubation, suctioning, high-flow oxygen, nebulizer).

A 14-day exclusion from work is also appropriate for HCP with a COVID-19 exposure in the community (i.e., outside of the health care facility in which they work). If an NYC Test & Trace Corps contact tracer informs an HCP that they were exposed to COVID-19, the HCP will be advised to self-quarantine for 14 days unless directed otherwise by their employer. The HCP should notify their employer of their exposure, who in turn should notify the facility's occupational health or infection prevention and control program, if they have one.

Note that a [New York State Department of Health \(NYSDOH\) Health Advisory](#) issued on March 31, 2020 allows asymptomatic HCP who have been exposed to a suspected or confirmed case of COVID-19 to continue to work without exclusion if a number of conditions are met, including that excluding such HCP would result in staff shortages that would adversely impact facility operations. As both the CDC and NYSDOH advisories reflect, exclusion decisions should consider the phase of the pandemic in which we are in. Exclusions become more feasible as staffing shortages become less severe with improvements in COVID-19 incidence and hospitalizations.

When excluded from work, asymptomatic HCP must self-quarantine and minimize contact with others for 14 days. HCP should self-monitor for CLI including by taking their temperature twice daily. If they have a fever or other [symptoms of COVID-19](#), HCP should contact a health care provider to arrange for COVID-19 evaluation and testing and notify their health care facility employer. HCP with suspected or confirmed COVID-19 should consult their facility's policies or occupational health program requirements (and State requirements, including NYSDOH [requirements](#) for Article 28 Long Term Care Facilities) before returning to work.

If HCP need to self-quarantine or isolate and their home is unsuitable (e.g., separate bathroom not available, household member at high risk for COVID-19 complications), they may be eligible for a free hotel room through NYC's [COVID-19 Hotel Program](#).

The NYC Health Department will continue to update its guidance as the COVID-19 pandemic evolves. Please visit our [COVID-19 provider webpage](#) and a new webpage with [COVID-19 Resources for Health Care Facilities](#) for updated information.

Sincerely,



Demetre C. Daskalakis, MD, MPH
Deputy Commissioner
Division of Disease Control

The NYC Health Department may change recommendations as the situation evolves.