



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Dave A. Chokshi, MD, MSc
Commissioner

2021 Health Advisory #4

Updated Guidance for Use of Respirators by Health Care Personnel Caring for Patients With and Without COVID-19 in Healthcare Settings

- Health care personnel (HCP) caring for patients with suspected or confirmed COVID-19 in healthcare settings should use an N95 respirator (or equivalent or higher-level respirator) along with eye protection (face shield or goggles), gown and gloves.
- During periods of high COVID-19 incidence, such as now, HCP caring for patients NOT suspected of having COVID-19 in healthcare settings should:
 - Use N95 (or equivalent or higher-level) respirators and eye protection (face shield or goggles) when performing potentially aerosol generating procedures.
 - Consider using N95 respirators during patient encounters, in addition to eye protection and other recommended personal protective equipment. If an N95 or equivalent is not worn, use a well-fitting facemask.
- Ensure that HCP practice universal source control with well-fitting respirators or facemasks.
- This guidance should be practiced by HCP even after completing COVID-19 vaccination.

March 12, 2021

Dear Colleagues,

This Health Alert describes updates to the Centers for Disease Control and Prevention (CDC) [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) regarding respiratory protection and source control for health care personnel (HCP) caring for patients in a healthcare setting. It also includes information on choosing, obtaining and using an appropriate respirator or facemask, and how to obtain respirators and other personal protective equipment (PPE) in New York City.

The updated CDC infection, prevention and control recommendations reflect [current data](#) that suggest that, although most transmission of SARS-CoV-2 occurs through respiratory droplets within close range (<6 feet), airborne transmission can also occur under certain circumstances. N95 and equivalent or higher-level respirators, such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), and elastomeric respirators, protect against airborne particles and provide both barrier and respiratory protection because of their tight fit and filtration characteristics. In addition, the presence of emerging SARS-CoV-2 variants in [NYC](#), some of which have shown to be more easily transmissible and potentially more virulent (e.g., B.1.1.7) than other currently circulating strains, also support increased infection control precautions.

These infection control recommendations should be practiced by HCP even after completing COVID-19 vaccination. Research on whether vaccines effectively prevent transmission is still ongoing.



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Updated Recommendations for Respiratory Protection in a Healthcare Setting

Care of patients with suspected or confirmed COVID-19

CDC recommends that HCP caring for patients with suspected or confirmed COVID-19 should always use a National Institute of Occupational Safety and Health (NIOSH)-approved N95 respirator (or equivalent or higher-level respirator) as part of PPE, along with a gown, gloves, eye protection and [standard precautions](#). If a NIOSH-approved N95 respirator or equivalent is not available, consider use of a [respirator approved under standards used in other countries](#) that are similar to NIOSH-approved N95 filtering facepiece respirators. If respirators are not available, HCP must use a well-fitting facemask.

Care of patients NOT suspected of COVID-19 during periods of moderate to substantial community transmission

At this time, New York City has moderate community transmission of SARS-CoV-2, defined by [CDC](#) as sustained community transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases. Check the [NYC Health Department COVID-19 data page](#) regularly for data updates.

When caring for patients not suspected of COVID-19 during times of moderate to substantial community transmission, HCP should use eye protection and one of the following: an N95 respirator, a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators, or a well-fitting facemask.

Aerosol generating procedures (AGPs)

Use an N95 (or equivalent or higher-level) respirator when performing any potentially AGPs (see [CDC FAQ](#) for list of procedures considered AGPs in healthcare settings) or surgical procedures that might pose higher risk for transmission (e.g., those that generate potentially infectious aerosols or involve anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract) on patients with suspected or confirmed COVID-19, as well as patients not suspected of COVID-19 during periods of moderate to substantial community transmission.

Choosing, Obtaining and Using an Appropriate Respirator or Facemask

Respirators should be used in the context of a comprehensive [respiratory protection program](#), that includes written policies and procedures that meet [OSHA's Respiratory Protection standard](#). The program should include medical evaluations, training, and fit testing. During the COVID-19 public health emergency, fit testing supplies and capacity have been limited at times. When unable to fit test staff, [NIOSH recommends](#) choosing a respirator based on good face seal, as, even without fit testing, a respirator may provide better protection than a facemask. All staff should also be trained on [infection control](#) and [safe use of respiratory PPE](#) including how to [properly don and doff a respirator and perform a seal check](#). NIOSH has [guidance on emergency use of N95s](#). Information on respiratory protection standards and setting up a respiratory protection program can be found on the [OSHA respiratory protection page](#). In addition, a [video on how to perform a seal check](#) and an [infographic with detailed instructions](#) can be found online.

Medical facemasks provide barrier protection against droplet sprays but provide less protection from inhaling small particles than NIOSH-approved respirators due to the looser fit of medical facemasks. CDC has recommended several ways to [improve the fit and filtration](#) to achieve a well-fitting facemask



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including: selection of a facemask with a nose wire to help the facemask conform to the face; selection of a facemask with ties rather than ear loops; use of a mask fitter; tying the facemask's ear loops and tucking in the side pleats or fastening the facemask's ear loops behind the wearer's head (see [study](#) published in JAMA); and use of a cloth mask over a facemask to help it conform to the wearer's face. Layering masks requires special care in healthcare settings. For further details, visit the [CDC FAQ page](#) infection control section and refer to the topic titled, *Using two masks at the same time, including the use of a cloth mask over a medical facemask, to improve the fit of facemasks in healthcare settings.*

N95 Supply and Access

Access to N95s (and their equivalents) has improved dramatically since last year. You can purchase PPE through usual channels, or from this [list of medical supply chain companies](#). Parent health systems or trade associations can help facilitate acquisition of PPE. Small independent primary care practices and pharmacies can contact the [NYC REACH Program](#) to check eligibility for the program and learn about emergency PPE assistance from the NYC PPE Service Center. Other providers and agencies that provide direct care to COVID-19 patients or at-risk populations or work in congregate residences, can contact PPESupport@health.nyc.gov to inquire about eligibility in the NYC PPE Service Center program.

If N95 supplies become limited, CDC offers guidance to help healthcare facilities [optimize supplies of disposable N95 filtering facepiece respirators](#) as well as strategies for [optimizing PPE](#). Be aware of counterfeit N95 and KN95 respirators being marketed and sold as NIOSH-approved. NIOSH regularly [posts alerts of counterfeit products](#) and offers guidance on how to identify NIOSH-approved respirators and counterfeit respirators.

Continue to Practice Universal Source Control

Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. HCP should continue to practice source control, including in breakrooms or other spaces where they might encounter co-workers, even if they are not providing patient care, by wearing [well-fitting facemasks](#), or respirators covering the mouth and nose. Ensuring a proper fit is important to optimize both the source control and protection. Patients and visitors should wear a [well-fitted face covering or face mask](#) at all times while within the facility.

The NYC Health Department will continue to review the scientific literature and evaluate data to inform and update guidance. Thank you for your continued partnership in the COVID-19 response.

Sincerely,

A handwritten signature in black ink, appearing to read 'Celia Quinn'.

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