

Guidelines and FAQs for Universal Mask Use and Universal PPE (Personal Protective Equipment) by All NYP Employees  
July 14, 2021 (Replaces May 27, 2021 FAQs)

**REGARDLESS OF COVID-19 VACCINATION STATUS OR TESTING RESULTS:**

- **UNIVERSAL MASKING REQUIREMENTS at NYP REMAIN UNCHANGED, including in BOTH clinical and non-clinical areas. See [question 1](#) for rationale.**
- **Universal masking continues to be required in all clinical areas at NYP, COLUMBIA, AND WEILL CORNELL. See [question 1](#) for rationale.**
- **UNIVERSAL EYE PROTECTION continues to be required for ALL direct patient care. See [question 17](#) for rationale.**
- **UNIVERSAL N95 RESPIRATORS continue to be required for ALL aerosol-generating procedures. See [question 25](#) for rationale.**

CDC public health recommendations for fully vaccinated people ONLY apply outside of the workplace and do NOT apply to health care settings. Health care personnel (HCP) are in close, frequent contact with immunocompromised and other vulnerable patients (or in contact with other HCP who are patient-facing) and therefore must maintain ongoing vigilance and adherence to all safety measures including universal masking and PPE in the health care setting.

These guidelines and frequently asked questions and answers describe the rationale for universal use of **well-fitting masks** by **ALL** NYP employees, not just those providing patient care or working in clinical settings, as well as Columbia and Weill Cornell employees in clinical areas. Additionally, this document explains the rationale for **universal PPE (surgical mask, eye protection, N95 respirators for AGPs)** for HCP. See [Table 1](#) near the end of this document summarizing mask and other PPE requirements for various clinical and non-clinical scenarios.

**GENERAL FAQs for FULLY VACCINATED People**

**1. I am fully vaccinated<sup>1</sup>. Why do I need to continue to mask and distance in the health care setting?**

While the FDA-authorized COVID-19 vaccines are very effective in preventing COVID-19 infection, no vaccine (including these COVID-19 vaccines) is 100% effective. Although the COVID-19 vaccines continue to be extremely effective in preventing severe illness and hospitalization due to all strains of COVID-19, including the variant strains, asymptomatic and mild to moderate infections can still occur among fully vaccinated people.

Given the rapid increases in more transmissible variants such as the **delta variant** and other variant strains of the SARS-CoV-2 virus in the U.S. and in New York City, fully vaccinated people should continue to take appropriate safety precautions to protect themselves and others, particularly in settings with vulnerable people such as health care settings. HCP are in close frequent contact with

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immunocompromised and other vulnerable patients (or in contact with other HCP who are patient-facing), and therefore ongoing vigilance and adherence to safety measures are needed.

Fully vaccinated<sup>1</sup> people should still monitor themselves for symptoms of COVID-19, especially following an exposure to someone with suspected or confirmed COVID-19. If symptoms develop, all people – regardless of vaccination status – should isolate and be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated. Any symptoms or exposures should be indicated as part of daily symptom screening on the NYP, Columbia or Weill Cornell COVID app/pass.

<sup>1</sup>Fully vaccinated against COVID-19 means you are:

- **2 or more weeks** after receiving the second dose of Pfizer or Moderna vaccine, OR
- **2 or more weeks** after receiving one dose of the Johnson & Johnson (Janssen) vaccine

## GENERAL FAQs ON MASKS

### 2. What types of masks are described in this document?

The document includes information about cloth face coverings and surgical masks.

- **Cloth face coverings:**
  - vary in quality
  - should ideally be made of at least two layers of tightly woven fabric
  - considered adequate for source control when well-fitting (i.e., **to protect others** from your exhaled respiratory droplets)
  - **NOT** considered adequate as personal protective equipment (PPE) to protect yourself from others' respiratory droplets during patient care
  - **may NOT be worn for patient care**
  - **may be worn in non-clinical areas** including offices, lobbies, hallways, and cafeterias

Note: Bandanas and gaiters are **not** acceptable face coverings.

- **Surgical masks:**
  - are provided by NYP
  - meet quality standards for clinical care
  - are considered PPE (i.e., **to protect yourself** from others' respiratory droplets)
  - are considered adequate for source control when well-fitting (i.e., **to protect others** from your exhaled respiratory droplets)
  - **must be used for ALL patient care**
  - **must be worn in ALL clinical areas** including (but not limited to) the Emergency Department, inpatient units, outpatient clinics, diagnostic and procedure areas, and patient registration.



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- **ANY mask or respirator with an exhalation valve or vent may NOT be worn unless covered by a surgical mask.**
- 3. Why is it important for ALL staff regardless of vaccination status (including those who do not provide patient care or work in a clinical setting) to wear a well-fitting mask while at work at NYP\*?**

SARS-CoV-2, the virus that causes COVID-19 disease, is primarily transmitted by infectious respiratory particles, which are produced when an infected person coughs, sneezes, or talks. These infectious particles can be inhaled by people nearby, which then leads to infection. We now know that people can produce these infectious particles before they show symptoms of COVID-19.

Wearing a surgical mask or cloth face covering whenever around other people helps keep others (co-workers, patients, and visitors) safe by reducing the number of respiratory droplets that you spread to nearby areas when you go about your day. A well-fitting mask prevents respiratory particles from leaking out around the edges of the mask.

Wearing a surgical mask or cloth face covering shows your co-workers, your patients, and their visitors that you care about their safety. It helps make patients and visitors feel safe, taken care of, and respected when they come to NYP.

Wearing a *well-fitting mask* helps keep you safe by protecting you from infectious respiratory particles. Cloth face coverings may not be as effective as surgical masks at protecting you from infectious particles.

*\*For masking guidelines for non-clinical areas at Columbia or Weill Cornell, please see specific Columbia and Weill Cornell guidance.*

**See [question 1](#) above regarding why fully vaccinated people should still wear a mask while in the workplace at NYP or in any clinical areas at NYP, Columbia or Weill Cornell.**

**4. When do I need to wear a mask? When is it OK *not* to wear a mask?**

You must wear a well-fitting face mask at all times while at work at NYP\*, **except:** 1) when you are alone in a room with the door closed and 2) when you are eating or drinking. ***\*Remember to practice social distancing while eating or drinking and only remove your mask when you are more than 6 feet away from others.***

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## 5. How do I determine if my face mask (cloth or surgical) is well-fitting?

Whenever you put on a face mask (cloth or surgical), you should check that it fits snugly over your nose, mouth and chin:

- Check for gaps by cupping your hands around the outside edges of the mask.
- Make sure no air is flowing from the area near your eyes or from the sides of the mask.
- If the mask has a good fit, you may be able to see the mask material move in and out with each breath.

See [questions 8](#) and [12](#) for more information about improving the fit of your mask.

## 6. How do I avoid contaminating my face when I put on or remove my surgical mask or cloth face covering?

Before putting on a cloth face covering or surgical mask, perform hand hygiene with soap and water or an alcohol-based cleanser. To remove your cloth face covering or surgical mask, untie the strings behind your head or stretch the ear loops. Handle the mask only by the ear loops or ties. Fold outside corners together. Be careful not to touch your eyes, nose, and mouth when removing the mask. Perform hand hygiene after removing the mask.

**FAQs for Masks in NON-CLINICAL AREAS at NYP\***  
(e.g., Offices, Cafeteria, Lobbies, Outdoor Areas, Hallways in Non-Clinical Spaces)

*\*For masking guidelines for non-clinical areas at Columbia or Weill Cornell, please see specific Columbia and Weill Cornell guidance.*

## 7. When is it OK to wear a cloth face covering instead of a surgical mask?

It is OK to wear a cloth face covering instead of a surgical mask in **non-clinical areas**. Non-clinical areas (where it is acceptable to wear a cloth face covering) include offices, the cafeteria, lobbies, outdoor areas, and hallways in non-clinical spaces.

## 8. How do I improve the fit of my cloth face covering?

See [question 5](#) for steps to determine if your face mask is well-fitting.

Options to improve the fit of your face mask include:



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- **IN NON-CLINICAL AREAS ONLY: wearing a cloth face covering OVER a surgical mask.** The cloth mask should push the edges of the surgical mask against your face.
- Wearing a **well-fitting surgical mask** (see [question 12 below for more details](#)).
- Many (approximately 60%) **KN95 masks** in the U.S. are counterfeit and do not meet CDC filtration requirements for health care settings. However, KN95 masks may provide a snug fit and thereby could be worn as a well-fitting face mask in **NON-CLINICAL AREAS only**.

## 9. How should I take care of my cloth face covering?

You can wash your face covering with your regular laundry. Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the mask. Use the highest heat setting and leave the mask in the dryer until it is completely dry.

If you are washing your face covering by hand, please see [CDC guidelines](#) for detailed instructions.

**FAQs for ALL CLINICAL AREAS (including, but not limited to, the Emergency Department, inpatient units, diagnostic and procedure areas, and patient registration)**

## 10. When is it required to wear a surgical mask instead of a cloth face covering?

A surgical mask must be worn instead of a cloth face covering in **ALL clinical areas at NYP, Columbia, and Weill Cornell**. Clinical areas include (but are not limited to) the Emergency Department, inpatient units, outpatient clinics, diagnostic and procedure areas, and patient registration.

## 11. Why is it required to wear a surgical mask in clinical areas?

NYP gets surgical masks from trusted sources and is confident regarding their quality and appropriateness as PPE. On the other hand, the quality and level of protection of different cloth face coverings may vary widely (for example, based on fabric, number of layers, or shape). Therefore, cloth face coverings (even if provided by NYP) are NOT considered PPE and must NOT be worn for the care of patients, in clinical areas, or in situations when the use of a N95 respirator or surgical mask is recommended. Similarly, many (approximately 60%) KN95 masks in the U.S. are counterfeit and do not meet CDC filtration requirements and thus, should not be worn in clinical areas.

Though all patients  $\geq 2$  years old are encouraged to wear masks, some patients may not wear masks reliably or correctly. Therefore, surgical masks, which have the best evidence to support protection from infectious droplets, should be worn by HCP in clinical areas. In non-clinical areas, individuals are



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wearing masks according to the universal mask mandate; therefore, cloth face coverings are acceptable.

## 12. How do I ensure that my surgical mask is well-fitting?

See [question 5](#) above for steps to determine if your surgical mask is well-fitting.

### Options to improve the fit of your surgical mask include:

- **Knotting the ear loops:** see [[YouTube video](#)] and graphic below ([Appendix A](#)) for instructions
- Wearing a **surgical mask with ties** instead of ear loops (primarily available in procedure areas) and tying the ties snugly around your head
- Depending on the configuration of your mask/face, other techniques may also improve the fit of your surgical mask, including flipping the ear loops upside down.

In clinical areas, if you have been fit-tested for an N95 respirator as part of your clinical duties, an N95 respirator can suffice as a well-fitting face mask.

## 13. When is it OK to wear a cloth face covering over a surgical mask?

In **non-clinical areas**, employees may choose to wear a cloth face covering over a surgical mask.

In **clinical areas**, HCP should NOT wear a cloth face covering over a surgical mask, because the cloth face covering may become contaminated during patient encounters.

## 14. Can I wear a surgical mask over my cloth face covering?

Yes, as long as the cloth face covering does not interfere with the fit of the surgical mask.

## 15. For patient care, in addition to a surgical mask, what other PPE is required?

In addition to a surgical mask, **universal eye protection** is required during the care of **ALL** patients.

**Universal N95 respirators** are required during **ALL** aerosol-generating procedures performed on **ALL** patients (see [Table 1](#) below for summary recommendations).

**SEE BELOW FOR ADDITIONAL FAQs ON UNIVERSAL PPE REQUIREMENTS.**





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FAQs FOR UNIVERSAL EYE PROTECTION

**15. Why should eye protection be worn by ALL HCP when caring for ALL patients, even those without symptoms of COVID-19?**

Eye protection ensures protection from potential transmission from asymptomatic (*symptoms never develop*) or pre-symptomatic (*prior to onset of symptoms*) patients with COVID-19.

The addition of eye protection to a surgical mask provides further protection for HCP from exposure to splashes and sprays containing SARS-CoV-2 as well as other respiratory viruses (e.g., influenza) that HCP may encounter during the respiratory viral season. This will further reduce the risk of acute respiratory illnesses from other viruses that would require home isolation and SARS-CoV-2 testing.

**16. Why should eye protection be worn by ALL HCP when caring for ALL patients, even patients with a negative test for SARS-CoV-2?**

**Even if a patient has negative PCR testing for SARS-CoV-2**, there is still a potential risk for transmission if the result is a *false negative*. Alternatively, a negative test can be a *true negative* result if a patient is in the early part of their incubation period and could become infectious later and transmit virus to others. We have encountered multiple scenarios in which a patient who tested negative for SARS-CoV-2 on admission subsequently tested positive during their hospitalization. Universal PPE that includes eye protection will protect HCPs from exposure in these scenarios.

**17. Why should eye protection be worn by ALL HCP when caring for ALL patients, even if the HCP and/or patient is fully vaccinated against COVID-19?**

While the FDA-authorized COVID-19 vaccines are very effective in preventing COVID-19 infection, no vaccine (including these COVID-19 vaccines) is 100% effective. Although the COVID-19 vaccines continue to be extremely effective in preventing severe illness and hospitalization for all strains of COVID-19, including the variant strains, asymptomatic and mild to moderate infections can still occur among fully vaccinated people.

Given the rapid increases in more transmissible variants such as the **delta variant** and other variant strains of the SARS-CoV-2 virus in the U.S. and in New York City, fully vaccinated people should continue to take appropriate safety precautions to protect themselves and others, particularly in settings with vulnerable people such as health care settings. HCP are in close frequent contact with immunocompromised and other vulnerable patients (or in contact with other HCP who are patient-facing), and therefore ongoing vigilance and adherence to safety measures are needed.

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### 18. When should eye protection be worn?

**Eye protection should be worn by HCPs during the care of ALL patients** (*regardless of patient symptoms, SARS-CoV-2 test results, or vaccination status of the patient or HCP*) when: 1) in direct contact with patients and 2) entering a patient's room or approaching a patient's bedside. In addition, eye protection should be worn whenever close contact with infectious sprays or splashes is anticipated.

### 19. What types of eye protection can be used?

NYP provides many different types of eye protection for HCP. Goggles, safety glasses with solid side shields or one-piece lens that wraps around the temple, or a welder-style face shield that extends to the brow and cover the sides of the facial area surrounding the eyes are recommended types of eye protection.

If none of the available options are comfortable for an individual to use, it is acceptable for the HCP to provide and use their own eye protection, as long as it satisfies the criteria above. Prescription glasses are **NOT** considered sufficient eye protection and should be covered by one of the other types of eye protection described.

**Note:** For PPE other than eye protection (e.g., masks, gowns, N95 respirators), only hospital-provided PPE is permitted.

### 20. What if eye protection cannot be worn (e.g., a surgeon operating under a microscope or eye loupes)? Are surgical eye loupes considered eye protection?

An exception to the eye protection requirement is made in situations where the HCP's essential work cannot be done while wearing eye protection (e.g., a surgeon using an operating microscope or if eye protection interferes with visualization). **Specialty eyewear (e.g., loupes mounted on safety glasses) is ONLY considered to be protective if it extends to the brow and covers the sides of the eyes. Side shields** may be worn with specialty eyewear (or prescription eyeglasses, e.g., while performing surgery under a microscope) to provide additional coverage of the sides of the eyes **ONLY** when other forms of eye protection cannot be used. The use of side shields with prescription eyeglasses should **NOT** be used alone as eye protection in other situations. **NOTE:** Side shields are suboptimal as compared to other eye protection (e.g., face shields, eye shields, goggles) and should only be worn when other eye protection cannot be worn as described above.

### 21. Can eye protection be reused?

Yes, you can reuse eye protection by following these **extended use** and **reuse** practices:

- a. **Extended use** is the continued wearing of eye protection during multiple consecutive





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patient encounters without removing the eye protection between patients. During extended use, eye protection may need to be briefly removed to put on a new gown that goes on overhead. In this case, hand hygiene should be performed prior to removing and before re-donning eye protection.

- b. **Reuse** is using the same eye protection between patients after proper cleaning with a hospital-approved disinfectant. With reuse, the same HCP uses their own eye protection after proper cleaning and proper storage. **See [question 23](#) for more information.**
- c. Eye protection should be discarded if damaged, visibly soiled, or if visibility is obscured.

## **22. How should eye protection be safely removed without contaminating your face?**

To protect HCP eyes, potentially contaminated eye protection should be removed holding the part that secures the eye protection to the head (such as the straps) and avoiding touching the front and sides, which are more likely to be contaminated with splashes and sprays. Hand hygiene should be performed before and after removing eye protection.

## **23. How should I clean/disinfect and store my eye protection after use?**

1. Perform hand hygiene and put on clean gloves.
2. Carefully wipe the inside of the eye protection, followed by the outside using a **non-bleach** disinfectant wipe. Follow the contact time recommended by the manufacturer.
3. Fully dry (air dry or use clean absorbent towels).
4. Remove gloves and perform hand hygiene.
5. Store eye protection in a clean bag or pocket between uses.

## **24. In what situations is eye protection NOT required?**

Eye protection is NOT required in non-clinical areas that do not involve patient care and for HCP not involved in direct patient care. Examples of scenarios that do NOT require eye protection include nonclinical areas such as shared workstations, lounges, private work spaces, lobby areas, hallways, and the cafeteria, as well as some clinical scenarios such as patient registration.

**FAQs FOR UNIVERSAL N95 RESPIRATORS FOR ALL  
AEROSOL-GENERATING PROCEDURES (AGPs)**

## **25. Why are N95 respirators recommended for ALL HCP (regardless of vaccination status) when performing an AGP for ALL patients, even those without symptoms of COVID-19 and those with negative tests for SARS-CoV-2?**

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The reason for universal N95 respirator use for ALL aerosol-generating procedures, even those performed on patients without COVID-19 symptoms or with negative COVID-19 tests, is that transmission of SARS-CoV-2 can occur from patients who are asymptomatic (*symptoms never develop*) or pre-symptomatic (*prior to onset of symptoms*) patients with COVID-19. **Even if a patient has negative PCR testing for SARS-CoV-2**, there is still a potential risk for transmission if the result is a *false negative*. Alternatively, a negative test can be a *true negative* result if a patient is in the early part of their incubation period and becomes infectious later.

***Note: N95 respirators are NOT required for the care of Neonatal ICU patients unless the neonate is a PUI or SARS-CoV-2 positive.***

## 26. Can N95 respirators be re-used?

N95 respirators may be reused for the duration of a shift but should be discarded if soiled, contaminated, or wet, or if the HCP cannot pass a fit check. If reused, N95 respirators should be kept clean between uses. A surgical mask or face shield can be worn over the N95 respirator to keep it clean.

## 27. How is an N95 respirator fit check performed?

There is a video available on the Infonet demonstrating how to do an N95 respirator fit check (<https://infonet.nyp.org/EPI/Pages/COVID19PPE.aspx>). A fit check should be performed each time an N95 respirator is donned. If the fit test fails, the N95 respirator should be discarded.

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**Table 1: Summary of PPE Recommendations based on Setting, Staff Role, and Clinical Scenario**

Setting	Staff Role	Clinical Scenario	Eye Protection	Respirator/Mask	Gown/Gloves
<b>NON-CLINICAL AREAS (NYP)*</b>			Not Required	<b>Required: well-fitting face mask<sup>1</sup></b>	
<b>CLINICAL AREAS (NYP, Columbia, and Weill Cornell)</b>	<b>No Direct Patient Care</b>		Not Required	<b>Required: well-fitting surgical mask<sup>2</sup></b>	Not required or recommended
	<b>Direct Patient Care (e.g., physical contact with patient, entering patient room)</b>	No aerosol-generating procedure (AGP) COVID-19 not suspected	<b>Required</b>	<b>Required: well-fitting surgical mask<sup>2</sup> (OR N95 respirator)</b>	If required for transmission-based precautions (e.g., contact precautions for MRSA)
		Confirmed/suspected COVID-19	<b>Required</b>	<b>Required: N95 respirator (recommended) OR well-fitting surgical mask (acceptable alternative)<sup>2</sup></b>	<b>Required</b>
		AGP: all patients	<b>Required</b>	<b>Required: N95 respirator</b>	If required for transmission-based precautions (e.g., contact precautions for MRSA)


*\*For masking guidelines for non-clinical areas at Columbia or Weill Cornell, please see specific Columbia and Weill Cornell guidance.*

<sup>1</sup>A "well-fitting face mask" includes: cloth face mask made of at least two tightly woven layers, **OR** surgical mask covered by a cloth face mask, **OR** "well-fitting" surgical mask (see footnote 2), **OR** a KN95 mask (non-clinical areas only).

<sup>2</sup>If there are gaps between your face and surgical mask that allow jets of air to escape around the mask, the fit of the **surgical mask** may be improved by: knotting the ear loops (see Appendix A below), **OR** using a mask with ties (available in procedure areas). In some cases, adjustment of the nose wire alone may be sufficient to establish a "well-fitting" surgical mask. In clinical areas, if you have been fit-tested for an N95 respirator as part of your clinical duties, an N95 respirator can suffice as a well-fitting face mask.

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**Appendix A: How to Knot Ear Loops of a Surgical Mask**

	<p><b>Knot and Tuck</b> ear loops of a 3-ply surgical mask</p> <ul style="list-style-type: none"> <li>• Knot the ear loops of a 3-ply face mask where they join the edge of the mask</li> <li>• Fold and tuck the unneeded material under the edges</li> <li>• For video instructions, see: <a href="https://youtu.be/UANi8Cc71A0external icon">https://youtu.be/UANi8Cc71A0external icon</a>.</li> </ul>
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<https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html>