

Guidance for minimum mask use and additional PPE selection in healthcare settings: February – May 2023

This guidance has been developed according to current transmission rates of COVID-19 and other respiratory viruses in New Zealand.

Presently in New Zealand there is ongoing but low-level community transmission of COVID-19 and low-level of community transmission of other respiratory viruses. The use of masks within the patient care environment continues to be a national focus at this stage of the pandemic, in order to help protect some of our most vulnerable people and those who are at higher risk of severe illness from COVID-19.

Mask use by healthcare workers is one of a number of infection prevention and control measures that limit the spread of COVID-19 and other respiratory diseases in healthcare.

However, mask use should always be considered in conjunction with other interventions. Adhering to standard and transmission-based precautions for all patient/client and resident care, having clean indoor air through good ventilation, access to testing, having occupational health processes that promote staff vaccination and enable staff to stay home from work when unwell are all important measures that can reduce the spread of COVID-19 and other respiratory diseases in healthcare.

This guidance provides the minimum recommendations for mask use for all employees, volunteers and contractors of healthcare facilities, and patients/clients and visitors of healthcare settings.

This guidance also assists primary and community health and disability care workers in selecting the additional PPE required following a risk assessment for acute respiratory infections, including COVID-19.

This guidance will be reviewed and updated according to changes in the national situation, current epidemiology and other factors (e.g. facility-based outbreak, staff resourcing).

Guidance on mask-wearing for healthcare settings will be reviewed prior to winter 2023.

Definitions

Clinical zone/patient care zone

A clinical zone/patient care zone is defined as:

- An area where a healthcare worker is providing care, assessment, expertise or therapy to a patient/client e.g., assessment or treatment room, patient room, procedure room or during patient transport
- Patient/resident rooms where care is being delivered in a home-based or residential care setting

Mask recommendations glossary:

- **Required:** A mask must be worn in this situation. This is usually due to a public health order requiring the use of mask, or due to best practice evidence as part of transmission-based precautions.
- **Recommended:** A mask is strongly advised to be worn in these situations as the balance of evidence favours mask use to reduce transmission.
- **Encouraged:** Wearing a mask is at the choice of the staff member.

Note – any healthcare worker who chooses to wear a medical mask or P2/N95 particulate respirator for respiratory protection while anywhere on a healthcare facility for their own protection may do so. This may be due to their own health needs and this choice should be facilitated.

Key updates

1. In all healthcare settings

Patients/clients

- Patient/client has symptoms suggestive of an acute respiratory virus infection: Medical mask is recommended for patient to wear, provided this is tolerated by the patient/client.
- In all other situations: use of medical mask is encouraged when in waiting rooms or non-inpatient areas shared with others who may be unwell.

Visitors/support people

- Advice for visitors/ support people of patients at healthcare facilities is unchanged and is directed by public health order: Visitors/support people at all healthcare facilities are **required** to wear a mask. Those with mask exemptions should follow the local facility policy.

2. Pharmacies (except those in supermarkets)

The advice for pharmacies is unchanged and is directed by public health order:

- All staff are recommended to wear a medical mask when in a public facing area or when providing patient/client care

- All members of the public entering a pharmacy are required to wear a medical mask, whether they are a patient/client or consumer/visitor

3. Community-based healthcare settings which provide acute care

This advice applies to community-based healthcare settings which provide acute care to patients/clients who may present with acute respiratory infections:

- Primary and community care (e.g., general practice)
- Iwi and Pacific healthcare providers
- Oral health services
- Urgent care services (e.g., after-hours clinics, urgent care clinics, ambulance workers)

Clinical staff (nursing, medical, allied health staff)

- Providing care to patients with symptoms of acute respiratory virus infections (including suspected or confirmed COVID-19): mask use required. Follow transmission-based precautions (usually this will mean P2/N95 particulate respirator). Where practical to do so, streaming of patients according to risk of acute respiratory virus infection is recommended.
- Providing care to patients in other situations: medical mask recommended in other care situations.
 - Note – in very low risk situations where use of mask may impact negatively on care delivery, clinical judgment may be used to remove masks but is recommended only after a risk assessment is performed by the clinician and agreed to by patient.
- Staff only zones and transit areas: medical mask use is encouraged, especially in situations where ventilation is not optimal.

Non-clinical staff (administrative, clinical support, facilities)

- Reception areas/waiting rooms: medical mask use is encouraged in areas where staff will be in prolonged contact with public or in open waiting rooms
- Staff only zones and transit areas: mask use is encouraged, especially in situations where ventilation is not optimal

4. Other community-based healthcare settings

This advice applies other community-based healthcare settings including:

- Disability support services
- Residential care (aged and disability related)
- Diagnostic services (e.g., diagnostic laboratories, collection rooms, radiology services)
- Allied health services (e.g., Dietetics, Occupational therapy, Osteopathy, Physiotherapy, Podiatry, Acupuncture treatment, Audiology services, Chiropractic treatment)

Clinical staff (nursing, medical, allied health staff)

- Providing care to patients with symptoms of acute respiratory virus infections (including suspected or confirmed COVID-19): follow transmission-based precautions (usually this will mean P2/N95 particulate respirator)
- Providing care to patients in other care situations: medical mask encouraged
 - Note – in very low risk situations where use of mask may impact negatively on care delivery, clinical judgment may be used to remove masks but is recommended only after a risk assessment is performed by the clinician and agreed to by patient.
- Staff only zones and transit areas: medical mask use is encouraged, especially in situations where ventilation is not optimal

Non-clinical staff (administrative, clinical support, facilities)

- Reception areas/waiting rooms/shared resident or client areas: Mask use is encouraged in areas where staff will be in prolonged contact with public or in open waiting rooms
- Staff only zones and transit areas: mask use is encouraged, especially in situations where ventilation is not optimal or where staff will be in prolonged contact with public

5. Hospitals and other secondary care settings

This advice applies to hospitals and other secondary care settings (e.g., hospice). It is intended to provide guidance on safe minimum practice and local requirements may be added by healthcare facilities based on local situations (epidemiology, facility-based outbreak, staff resourcing).

Clinical staff (nursing, medical, allied health staff)

- Providing care to patients with confirmed COVID-19 or patients with symptoms of acute respiratory virus infections (including suspected COVID-19): mask use required. Follow transmission-based precautions (usually this will mean P2/N95 particulate respirator).
- Providing care to patients in other situations: medical mask recommended in other care situations.
 - Note 1: – in units where there is higher/more frequent risk of exposure, including acute assessment units/emergency departments, specialist units involving procedures on upper respiratory tract (bronchoscopy, upper GI endoscopy, ENT airway procedures), or other higher risk scenarios, units may recommend N95/P2 particulate respirator use based on local situation or as per of normal clinical practice.
 - Note 2: – in very low risk situations where use of mask may impact negatively on care delivery, clinical judgment may be used to remove masks but is recommended only after a risk assessment is performed by the clinician and agreed to by patient.

- Staff only zones and transit areas: medical mask use is encouraged, especially in situations where ventilation is not optimal.

Non-clinical staff (administrative, clinical support, facilities)

- Reception areas/waiting rooms: Mask use is encouraged in areas where staff will be in prolonged contact with public or in open waiting rooms
- Staff only zones and transit areas: mask use is encouraged, especially in situations where ventilation is not optimal or where staff will be in prolonged contact with public
- Staff providing patient transport services (e.g., orderlies, drivers, aeromedical transfer staff, ambulance transport staff): mask use is recommended if working within patient care zone or as part of transmission-based precautions

Fit testing/ fit checking a P2/N95 particulate respirator

Fit testing is a procedure through either a qualitative or quantitative test to 'match' the right P2/N95 particulate respirator with the wearers face shape to ensure maximum protection.

Fit testing is strongly recommended for all healthcare workers who wear a P2/N95 at least once, and then repeated if any major changes to face shape occur or if available products change. Health and Safety recommendations regarding frequency of fit testing requirements are subject to review.

Fit checking /user seal check is a 'quick check' method used by the wearer to ensure the respirator is properly positioned on their face and there is a tight seal between the respirator and face. A fit check/user seal check must be done every time a P2/N95 particulate respirator is put on.

In situations where fit testing has not yet been carried out and a P2/N95 particulate respirator is recommended for use, [refer to our](#) interim guidance.

Recommendations for minimum PPE requirements based on risk assessment

Patient COVID-19 risk factors		Precautions required						
		Hand hygiene	Medical mask ^{5, 6}	P2/N95 respirator ^{5,4}	Eye protection	Fluid resistant gown/apron	Gloves	
No acute respiratory infection (ARI) symptoms AND no recognised COVID-19 epidemiological risk ¹	STANDARD PRECAUTIONS FOR ALL ³	STANDARD	✓	Masks for HCW as per district policy ⁶	✗	As per standard precautions	As per standard precautions	As per standard precautions
ARI without COVID-19 epidemiological risk ¹ (test for other respiratory viruses as appropriate) ²		STANDARD + DROPLET	✓	✓	✗	✓	As per standard precautions	As per standard precautions
Patients with suspected ¹ or confirmed COVID-19 OR as identified as household contact		STANDARD + DROPLET + AIRBORNE ⁴	✓	✗	✓	✓	As per standard precautions	As per standard precautions

Adapted from NSW Clinical Excellence Commission – COVID-19 IPC manual

Notes:

- COVID-19 contact history includes household contact or other close contact (including symptom-watch patient) within incubation period.
- Risk assess ARI for use of respiratory protection (P2/N95 for AGPs or other similar procedure).
- Standard precautions always include a risk assessment for the need for PPE.
- HCW wearing P2/N95 respirators should be trained in correct use including seal checking, donning and safe removal.
- For extended use, masks or respirators may be worn as per sessional use recommendations. Eye protection can also remain on between patients. Masks/respirators and eye protection should be changed if they are moist or contaminated with body fluids or after removal.
- Wearing a mask is at the choice of the staff member, unless the health care facility has recommended mask use due to local factors.