

**From:** Doone Winnard (CMDHB) <Doone.Winnard@middlemore.co.nz>  
**Sent:** Wednesday, 8 February 2023 2:29 pm  
**To:** Carolyn Clissold <Carolyn.Clissold@health.govt.nz>; Jane Pryer <Jane.Pryer@health.govt.nz>; michelle.balm@ccdhb.org.nz  
**Cc:** Anthony Jordan (ADHB) <AnthonyJ@adhb.govt.nz>  
**Subject:** RE: NR request for review of COVID-19 national masking guidance and legislation

Thanks Carolyn,

CTAG members were asked to go back to their teams and get broad agreement, this includes IPC Nursing and ID/Micro leads. The ID group have been asked to ensure it has been consulted, and if any different feedback comes back we'll let you know.

Ngaa mihi, Doone

---

**From:** Carolyn Clissold [Carolyn.Clissold@health.govt.nz]  
**Sent:** Wednesday, 8 February 2023 8:37 a.m.  
**To:** Doone Winnard (CMDHB); Jane Pryer; [michelle.balm@ccdhb.org.nz](mailto:michelle.balm@ccdhb.org.nz)  
**Cc:** Anthony Jordan (ADHB)  
**Subject:** RE: NR request for review of COVID-19 national masking guidance and legislation

Kia ora Doone,

Thanks for sending in this detailed paper. Do you know if this recommendation is supported by the IPC leads (medical and nursing), in the NR?

I will put this on the agenda for the CCAG meeting.

Nga mihi,

**Carolyn Clissold**  
**Chief Clinical Advisor, Outbreak Response**  
**National Public Health Service**  
**īmēra:** [Carolyn.clissold@health.govt.nz](mailto:Carolyn.clissold@health.govt.nz)



**Te Whatu Ora**  
Health New Zealand

[TeWhatuOra.govt.nz](https://www.TeWhatuOra.govt.nz)

**From:** Doone Winnard (CMDHB) <[Doone.Winnard@middlemore.co.nz](mailto:Doone.Winnard@middlemore.co.nz)>  
**Sent:** Tuesday, 7 February 2023 6:30 pm  
**To:** Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>; [michelle.balm@ccdhb.org.nz](mailto:michelle.balm@ccdhb.org.nz)  
**Cc:** Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>; Anthony Jordan (ADHB) <[AnthonyJ@adhb.govt.nz](mailto:AnthonyJ@adhb.govt.nz)>  
**Subject:** NR request for review of COVID-19 national masking guidance and legislation

Kia ora Jane and Michelle,

Further to a conversation with Carolyn today, I understand the IPC subTAG is still currently functional, and hence I am sending you this request in parallel to it going to the Te Whatu Ora COVID-19 CAG. It is a formal request from NR ID Clinical Leads Group for review of COVID-19 national masking guidance and legislation. That group were asked to review the current NR advice by our NRHCC CTAG, which has had it's last meeting.

This request was circulated in draft to members yesterday and there might be further feedback tomorrow, but we have already heard from a number of the group today and they were happy that the request reflected the views of the group and the discussion last week, so I was keen to get it to you, as not sure when your next meeting is planned. I will let you know if we get any further / different FB tomorrow.

Could you let me know pls when your next meeting is and whether you have thoughts about how a question like this gets handled across between your group and the Te Whatu Ora CAG.

Given this has implications for the public health COVID-19 legislation (in relation to the requirement for visitors to healthcare facilities to wear masks), we understand the expectation this will go through the CAG process and then depending on that to Andrew and the PHA team re the legislation side of things. We will just give Andrew a heads up meantime that the question has been raised and the process being undertaken.

Also a heads up for yourselves that as part of the masking and PPE discussion, the question of whether eye protection is really necessary for COVID-19 PPE has also been raised again. The ID group up here will talk through this a bit more and see what consensus they can get and then formally escalate it to yourselves for the IPC subTAG.

I have copied Anthony as the NRHCC Clinical Directorate lead, and hence a key point of contact with the clinical colleagues up here on these matters.

Thanks,  
Ngaa mihi, Doone

**Doone Winnard** (she/her)

**Public Health Physician | Population Health Team  
Te Whatu Ora | Service Improvement and Innovation**

waea pūkoro: 9(2)(a) | ĩmēra: [doone.winnard@middlemore.co.nz](mailto:doone.winnard@middlemore.co.nz)  
Ground Floor, Esme Green Building, Middlemore Hospital, 100 Hospital Rd, Ōtāhuhu, Auckland 2025  
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<[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>; Anna Ramsey <[Anna.Ramsey@health.govt.nz](mailto:Anna.Ramsey@health.govt.nz)>

**Subject:** RE: Mask advice update. Patient rights

**External email - take care with links and attachments**

Thanks. Yes I am happy.

I found the changes and added one more “and agreed to by patient”.

We did it. Thanks Michelle. Excellent navigation of wording.

**From:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>

**Sent:** Friday, 3 March 2023 9:53 am

**To:** Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>; Anna Ramsey <[Anna.Ramsey@health.govt.nz](mailto:Anna.Ramsey@health.govt.nz)>

**Cc:** Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>

**Subject:** RE: Mask advice update. Patient rights

This is great – thank you for updating the document for Anna.

The note regarding removing masks in with patients in very low risk situations is present in 3. Community based healthcare settings that provide acute care and in 5. Hospitals and other secondary care settings. Jane had amended the first one but not the second, so that is the only change I have made.

Attached is the final version with this added.

Anna – when do you think you can get this out? Can you please send to District Directors and CMOs for each district?

We have already moved to this in our district and our DD was asking me when the others will receive the same messaging. I told him “soon”!

Thanks for all your work on this!

Michelle

**From:** Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>

**Sent:** Thursday, 2 March 2023 11:13 AM

**To:** Anna Ramsey <[Anna.Ramsey@health.govt.nz](mailto:Anna.Ramsey@health.govt.nz)>

**Cc:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>; Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>

**Subject:** FW: Mask advice update. Patient rights

**External email - take care with links and attachments**

Hi Anna,

Some late additional thoughts have come through regarding the masking guidance and I note that during the email trail, you had not been included so have attached conversation

below. Therefore I have attached the 02 March 2023 document with what I hope I have interpreted the changes correctly.

Call me as needed.

Cheers

Jane

Jane Pryer ([she/her](#))

Clinical Principal Advisor  
Infection Prevention & Control  
Office of the Chief Clinical Officers | Ministry of Health - Manatū Hauora  
Waea pūkoro: 9(2)(a) | Īmēra: [jane.pryer@health.govt.nz](mailto:jane.pryer@health.govt.nz)



**From:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>  
**Sent:** Thursday, 2 March 2023 11:05 am  
**To:** Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>; Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>  
**Subject:** Re: Mask advice update. Patient rights

Yes, sure. My thought as I wrote that was that there'd be a discussion or explanation by the clinician. But you're right, that is an assumption and might not always happen. Fine to include that.

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**From:** Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>  
**Sent:** Thursday, March 2, 2023 10:56:31 AM  
**To:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>; Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>  
**Subject:** RE: Mask advice update. Patient rights

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- 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) ???

I think we could be in a situation where the patients complain.

**From:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>  
**Sent:** Thursday, 2 March 2023 10:23 am  
**To:** Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>; Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>  
**Subject:** Re: Mask advice update. Patient rights

Staff have to wear masks when with a patient, so not sure a separate statement is needed. But happy to be out voted

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**From:** Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>  
**Sent:** Thursday, March 2, 2023 9:24:36 AM  
**To:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>; Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>  
**Subject:** RE: Mask advice update. Patient rights

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Had a thought about whether there needs to be a statement about patient requesting staff member to wear a mask. Apologise for late thought- maybe this is written and I missed it. C

**From:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>  
**Sent:** Wednesday, 1 March 2023 4:29 pm  
**To:** Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>  
**Subject:** Re: Mask advice update

Those recommendations are good with me!

Anna - are you ok to incorporate these or would you like me to send an updated version to you?

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**From:** Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>  
**Sent:** Wednesday, March 1, 2023 3:27:29 PM  
**To:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>; Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>  
**Subject:** RE: Mask advice update

**External email - take care with links and attachments**

Hi guys,

I agree with the change, but was wondering if the qualifier for encouraged was around

**Encouraged:** Wearing a mask is at the choice of the staff member, unless the health care facility has recommended mask use due to local factors"

Also with the table at the end we could add some consistency about 'Masks for HCW as per district policy'. Change to "Mask is at the choice of the staff member" and the link to number 6 at the bottom of the table needs to be consistent. See my suggestion below.

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

6. Change to "Wearing a mask is at the choice of the staff member, unless the health care facility has recommended mask use due to local factors"

**From:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>

**Sent:** Wednesday, 1 March 2023 2:42 pm

**To:** Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>; Anna Ramsey <[Anna.Ramsey@health.govt.nz](mailto:Anna.Ramsey@health.govt.nz)>; Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>

**Subject:** RE: Mask advice update

Hi

If you agree to the below change, then ok to format and get moving on this 😊

Michelle

**From:** Michelle Balm [CCDHB]

**Sent:** Wednesday, 1 March 2023 2:38 PM

**To:** 'Jane Pryer' <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>; Anna Ramsey <[Anna.Ramsey@health.govt.nz](mailto:Anna.Ramsey@health.govt.nz)>; Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>

**I Subject:** RE: Mask advice update

How is this:

*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.

**From:** Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>

**Sent:** Wednesday, 1 March 2023 2:29 PM

**To:** Anna Ramsey <[Anna.Ramsey@health.govt.nz](mailto:Anna.Ramsey@health.govt.nz)>; Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>; Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>

**Subject:** RE: Mask advice update

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Thank you Anna 😊

Jane Pryer ([she/her](#))

Clinical Principal Advisor

Infection Prevention & Control

Office of the Chief Clinical Officers | Ministry of Health - Manatu Hauora

Waea pūkoro: 9(2)(a) | Īmēra: [jane.pryer@health.govt.nz](mailto:jane.pryer@health.govt.nz)





**From:** Anna Ramsey <[Anna.Ramsey@health.govt.nz](mailto:Anna.Ramsey@health.govt.nz)>  
**Sent:** Wednesday, 1 March 2023 2:14 pm  
**To:** Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>; [Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz); Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>  
**Subject:** RE: Mask advice update

No problem at all, I will ask the Web team to hold fire. Thanks Jane.

**Anna Ramsey**

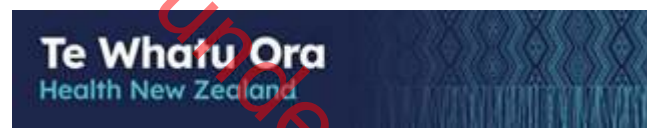
**Senior Communications and Engagement Advisor**

**COVID Communications**

waea pūkoro: 9(2)(a) | Īmēra: [anna.ramsey@health.govt.nz](mailto:anna.ramsey@health.govt.nz)

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**From:** Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>  
**Sent:** Wednesday, 1 March 2023 2:09 pm  
**To:** Anna Ramsey <[Anna.Ramsey@health.govt.nz](mailto:Anna.Ramsey@health.govt.nz)>; [Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz); Carolyn Clissold <[Carolyn.Clissold@health.govt.nz](mailto:Carolyn.Clissold@health.govt.nz)>  
**Subject:** Mask advice update  
**Importance:** High

Hi Anna,

Think we may need to hold back from up-loading the mask advice on the Te Whatu Ora site. The conversation at this afternoon CCAG meeting potentially has thrown up a few queries – will wait to hear more from Michelle following the conclusion of meeting.

Cheers

Jane

Jane Pryer ([she/her](#))

Clinical Principal Advisor

Infection Prevention & Control

Office of the Chief Clinical Officers | Ministry of Health - Manatū Hauora

Waea pūkoro: 9(2)(a) | Īmēra: [jane.pryer@health.govt.nz](mailto:jane.pryer@health.govt.nz)



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**From:** Jane Pryer <Jane.Pryer@health.govt.nz>  
**Sent:** Friday, 7 October 2022 2:07 pm  
**To:** Michelle Balm [CCDHB] <Michelle.Balm@ccdhb.org.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>  
**Subject:** RE: Visitors / IPC Guidance

Thanks Michelle,

Echo your thoughts on maintaining good communication between agencies, and have not had any request from Dan Coward for IPC review or input which going forward again highlights a lack of interconnection or understanding of where advice can be sought which needs addressing.

Kind regards

Jane

Jane Pryer ([she/her](#))

Clinical Principal Advisor  
Infection Prevention & Control  
Office of the Chief Nursing Officer | Te Tari o te Tapuhi Rangatira | Ministry of Health - Manatu Hauora

**Waea pūkoro:** 9(2)(a) **Īmēra:** [jane.pryer@health.govt.nz](mailto:jane.pryer@health.govt.nz)



**From:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>  
**Sent:** Friday, 7 October 2022 1:17 pm  
**To:** Claire Whelen <[Claire.Whelen@health.govt.nz](mailto:Claire.Whelen@health.govt.nz)>; Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>  
**Subject:** RE: Visitors / IPC Guidance

Hi,

The visitors requirements are included in the national visitors guidance (ex TAS, now Te Whatu Ora). My understanding is that the latest version is still working on the principle that masks will be required. Within this, districts have discretion to add/modify based on risk assessment at facility level.

If the order was revoked, the major thing that changes is that this would be a recommendation not a requirement, and the onus would be on healthcare facilities to set their own recommendations (hopefully conforming to national guidance) but would have to police adherence themselves without a legal basis for conflict resolution.

At present, the lead agency on this is TWO, and the key person is Dan Coward.

IPC has at times had input into the visitor advice, but since this national group started, IPC haven't been lead. Ideally we should all be communicating well when updating guidance, as we are very much inter-connected in terms of consequences. Dan reached out to me this week and I am keen to facilitate keeping the communication going.

Cheers,  
Michelle

**From:** Claire Whelen <[Claire.Whelen@health.govt.nz](mailto:Claire.Whelen@health.govt.nz)>  
**Sent:** Friday, 7 October 2022 1:07 PM  
**To:** Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>  
**Cc:** Michelle Balm [CCDHB] <[Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)>  
**Subject:** RE: Visitors / IPC Guidance

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Thanks Jane – I'm not really sure. I'm just wanting to check that if the mask order was revoked and it was instead left to health services/facilities, if there is already material in the IPC Guidance relating to visitors?

**From:** Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>  
**Sent:** Friday, 7 October 2022 12:15 pm  
**To:** Claire Whelen <[Claire.Whelen@health.govt.nz](mailto:Claire.Whelen@health.govt.nz)>  
**Cc:** [Michelle.Balm@ccdhb.org.nz](mailto:Michelle.Balm@ccdhb.org.nz)  
**Subject:** RE: Visitors / IPC Guidance

Hi Claire,

Can you clarify what IPC guidance you are referring to? Within the hospital setting we have this guidance document <https://www.health.govt.nz/system/files/documents/pages/covid-19-infection-prevention-and-control-guidance-for-acute-care-hospitals-13092022.pdf> Which advises hospitals to have their own policies and process in place to manage visitors and looking at the various Te Whatu Ora pages, there is clear advice for hospital visitors.

The current mask advice on the web page was written in response to the change to the order.

If the mask policy was revoked for visitors, it would make sense for healthcare facilities to advise people what is required of them however think this worth a wider discussion in the first instance and one I would wish to have with my IPC colleagues and comms to ensure we provide the correct interpretation.

I have included Dr Michelle Balm (IPC sub-TAG chair) in this email as she will have some good insight and valid points that will be of help going forward.

Let me know when you free.

Cheers

Jane

Jane Pryer ([she/her](#))

Clinical Principal Advisor

Infection Prevention & Control

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Waea pūkoro: 9(2)(a) | Īmēra: [jane.pryer@health.govt.nz](mailto:jane.pryer@health.govt.nz)



**From:** Claire Whelen <[Claire.Whelen@health.govt.nz](mailto:Claire.Whelen@health.govt.nz)>

**Sent:** Friday, 7 October 2022 10:30 am

**To:** Jane Pryer <[Jane.Pryer@health.govt.nz](mailto:Jane.Pryer@health.govt.nz)>

**Subject:** Visitors / IPC Guidance

Hi Jane,

I wanted to check whether existing IPC Guidance covers visitors, or would it need to be amended to include them?

Ie, if the mask order was revoked, would it be possible for us to say that visitors should also come under IPC Guidance?

And if they are covered by IPC Guidance already, what are the possible outcomes – could a health service decide that it was appropriate that visitors were unmasked?

Thanks,  
Claire

**Claire Whelen (she/her)**  
Senior Policy Analyst  
COVID-19 Policy – Strategy, Policy and Legislation

9(2)(a)

[claire.whelen@health.govt.nz](mailto:claire.whelen@health.govt.nz)

Manatū Hauora, 133 Molesworth Street  
Thorndon, Wellington 6011



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## Agenda: IPC Sub-group of TAG COVID-19

<b>Date:</b>	Tuesday 29 November 2022
<b>Time:</b>	1:00pm – 3.00pm
<b>Location:</b>	Meeting URL: 9(2)(a) Meeting ID: 9(2)(a)      Meeting password: 9(2)(a)
<b>Chair:</b>	9(2)(a)
<b>Members:</b>	Carolyn Clissold (CC), 9(2)(a)
<b>Ministry of Health attendees:</b>	9(2)(a)
<b>Te Whatu Ora attendees:</b>	Anna Ramsay (AR), Karyn Cardno (KC), Janelle Whittleston (JW) , Sally Walker (SW)
<b>Guests</b>	
<b>Apologies:</b>	

#	AGENDA ITEM	DURATION	PURPOSE	OWNER	PAPER
1.0	Welcome, apologies Review previous minutes:	5 mins	Governance	Michelle	Draft IPC SubTAG Minutes 29 Nov
2.0	Update on open actions	10 mins	Governance	Michelle	See updated actions below
3.0	Central supply	10 mins	Update	Janelle/ Sally	
4.0	Comms	15 Mins	Updates	Anna	
5.0	Te Aka Whai Ora & Te Whatu Ora Covid-19 Clinical Advice Group	15 mins	Information	Michelle/ Jane	
6.0	Te Aka Whai Ora & Te Whatu Ora guidance on masking in healthcare settings.	15	Discussion	Michelle/ Jane	Mask Guidance JK
7.0	Ebola <ul style="list-style-type: none"> <li>Health professional advice</li> <li>Transport providers</li> </ul>	30		Jane / Michelle	Out of scope [Redacted]
8.0	Mpox	5 mins	Update	Jane	
9.0	WHO: Annual Self Reporting Assessment Tool	10 Mins	Discuss	Jane	Out of scope
10.0	ARC	5	Update	Jane	ARC Operational Leadership Group - 7

11.0	<b>Any Other Business: Items for next meeting.</b>	10 mins	Update for noting	All	
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Reference documents/web page links



Out of scope

**Guidance for critical health services during an Omicron outbreak**

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/guidance-critical-health-services-during-omicron-outbreak>

**Unite against COVID-19**

<https://covid19.govt.nz/assets/COVID-19-Protection-Framework/COVID-19-Protection-Framework.pdf>

**Link to COVID-19 Public Health Response (Alert Level Requirements) Order (No 11) 2021**

[https://www.legislation.govt.nz/regulation/public/2021/0237/latest/LMS545066.html?search=ts\\_act%40bill%40regulation%40deemedreg\\_covid+order\\_resel\\_25\\_a&p=1](https://www.legislation.govt.nz/regulation/public/2021/0237/latest/LMS545066.html?search=ts_act%40bill%40regulation%40deemedreg_covid+order_resel_25_a&p=1)

**COVID-19: Infection prevention and control recommendations for health and disability care workers includes:**

<https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-central-supply/covid-19-infection-prevention-and-control-recommendations-health-and-disability-care-workers>

**Link to WHOCountry & Technical Guidance - Coronavirus disease (COVID-19)**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications?publicationtypes=d198f134-5eed-400d-922e-1ac06462e676>

**Link to CDC**

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>

**COVID-19 Use of face masks in the community**

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-use-face-masks-community>

**Kotahitanga Uniting Aotearoa against infectious disease and antimicrobial resistance (Dec 2021)**

<https://cpb-ap-se2.wpmucdn.com/blogs.auckland.ac.nz/dist/f/688/files/2020/01/Short-report-web-v4.pdf>

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Minutes: IPC Subgroup of TAG COVID-19

<b>Date:</b>	Tuesday 29 November 2022
<b>Time:</b>	1:00pm – 3.00 pm
<b>Location:</b>	Meeting URL: 9(2)(a) Meeting ID: 9(2)(a) Meeting password: 9(2)(a)
<b>Chair:</b>	9(2)(a)
<b>Members:</b>	9(2)(a) Carolyn Clissold (CC)
<b>Ministry of Health Attendees:</b>	9(2)(a)
<b>Te Whatu Ora attendees:</b>	Anna Ramsay (AR), Karyn Cardno (KC)
<b>Guests:</b>	
<b>Apologies</b>	9(2)(a)

ITEM	NOTES
1.0	<p><b>Welcome and Previous Minutes</b></p> <ul style="list-style-type: none"> <li>○ <b>Out of scope</b></li> </ul> <p>[Redacted content]</p>

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	<ul style="list-style-type: none"><li>○ Out of scope</li></ul>
2.0	<p>Out of scope</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>
	<b>STANDARD AGENDA ITEMS</b>
3.0	<p>Out of scope</p> <p>[Redacted]</p> <ul style="list-style-type: none"><li>○ Out of scope</li></ul>
4.0	<p>Out of scope</p> <p>[Redacted]</p>
5.0	<p>Out of scope</p> <p>[Redacted]</p>
6.0	<p><b>Mask wearing – public information update</b></p> <p>It was noted through Comms that there has been an increase on social media postings querying whether P2/N95 particulate respirators are superior masks and whether the UAC web site should promote these over other types of masks. JP had discussed with AR on how improvement of information and choice could be communicated to the public on mask wearing and created a draft visual table (attached in agenda) to help provide information in a different format for the public on the different types of masks, who should wear what and</p>

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	<p>when best to use them. It was also noted that any mask is better than no mask and equity and availability should still be a consideration when advising people what to wear.</p> <p>The Director-General’s notice of March 2022 when referring to face masks did not have P2/N95 particulate respirators in it so this notice may have to be reviewed. AR to make some changes to current document and some things will need to be reviewed once next Cabinet meeting 12/12 has finalised any changes.</p> <p><b>Action:</b> AR to make some changes to draft table/ document and send to IPC subTAG for feedback by 9 Dec 2022.</p>
7.0	<p>Out of scope</p> <p>[Redacted]</p>
8.0	<p>Out of scope</p> <p>[Redacted]</p>
9.0	<p>Out of scope</p> <p>[Redacted]</p>
10.0	<p>Out of scope</p> <p>[Redacted]</p>
11.0	<p>Out of scope</p> <p>[Redacted]</p>

Out of scope

Meeting closed 3.10pm. Next meeting 13 December 2022.

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Actions Items	Action Owner	Updates	Status
<p>Out of scope</p>	<p>[Redacted]</p>	<p>[Redacted]</p>	<p>[Redacted]</p>
<p>20/9/2022 COVID-19 infection prevention and control guidance for acute care hospitals</p>	<p>JP/ MB</p>	<p>2/11/22 – Completed document uploaded on MoH website            27/10/22 Document update and formatted            10/10/22 Review of document complete. Draft sent to group for feedback            4/10/22 MB/JP revise document</p>	<p>Closed</p>
<p>Out of scope</p>	<p>[Redacted]</p>	<p>[Redacted]</p>	<p>[Redacted]</p>
<p>[Redacted]</p>	<p>[Redacted]</p>	<p>[Redacted]</p>	<p>[Redacted]</p>

## Minutes - ARC Operational Leadership Group

**Date:** Wednesday, 7 December 2022

**Time:** 2.30 pm – 3.30 pm

*Name Role and organisation*

**Chair:**

9(2)(a) Programme Manager, Northern Region Health of Older People, Te Whatu Ora

**Attending:**

9(2)(a) National Clinical Advisor, NZ Aged Care Association; NZ Aged Care Association Nursing Leadership Group member

9(2)(a) CEO, CHT Healthcare Trust  
CEO and Clinical Lead, Ryman NZ; NZ Aged Care Association Nursing Leadership Group member

9(2)(a) Principal Policy Analyst, NZ Aged Care Association

Tanya Bish Clinical Nursing Director, Metlifecare; NZ Aged Care Association

Acting Director of Public Health, Public Health Agency

Chief Clinical Advisor (Geriatrician) Office of the Chief Clinical Officers, Ministry of Health

9(2)(a) Clinical Principal Advisor, Infection Prevention & Control, Ministry of Health

Acting Group Manager, Quality Assurance and Safety, Ministry of Health

Principal Advisor, Healthy Ageing, Te Whatu Ora (minutes)

Mardi Postil Programme Manager, Southern Region Health of Older People Te Whatu Ora

Karla Powell Programme Manager, Northern Region Health of Older People, Te Whatu Ora

Sandra Williams General Manager Planning & Performance, Wairarapa, Te Whatu Ora

Caroline Skegg Nursing Director, Older People Population Health, Canterbury Region Health of Older People, Te Whatu Ora

9(2)(a) Care Association New Zealand Executive, Quality Advisor and Educator

Principal Advisor, Quality Assurance and Safety, Ministry of Health

Ashwin Parag Relationship Service Coordinator, COVID-19 Health System Response, Te Whatu Ora

Vanessa Coull Principal Advisor, COVID-19 Testing Operations, Te Whatu Ora

**Guests:**

9(2)(a) Programme Manager, Health of Older People and Mental Health and Addictions, TAS

**Apologies:**

9(2)(a) Chair, NZ Aged Car Association Nursing Leadership Group; Group General Manager, Clinical and Care Services/Clinical Director Oceania Healthcare

9(2)(a) Principal Policy Analyst, NZ Aged Care Association

CEO and Clinical Lead, Ryman NZ; NZ Aged Care Association Nursing Leadership Group member

	Topic
1	<p><b>Introductions and minutes</b></p> <p>The Chair 9(2)(a) introduced herself and welcomed the group.</p> <p><i>Minutes</i></p> <p>The Chair confirmed the previous minutes and actions from the 7 November 2022 meeting.</p> <p>The Secretariat confirmed the ongoing actions and which had been completed.</p>

2	<p><b>Out of scope</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
3	<p><b>COVID-19 update</b></p> <p><b>9(2)(a)</b> apologised for missing last few meetings and noted they are aiming to have testing plan published next week. She will then be able to take questions from the sector.</p> <p>The Group noted they were provided the draft testing plan for review in November. Since then they have split into individual documents rather than one 60 page document. <b>9(2)(a)</b> confirmed there is a specific section on ARC and closed facilities. Next meeting, once the plan is published, we will be able to talk in detail about the specifics of the plan.</p> <p><b>9(2)(a)</b> asked if there is any significant change? <b>9(2)(a)</b> noted we had gone from mandatory testing to non-mandatory – not there has not been significant change for ARC due to the already existing robust guidance, but there was more on asymptomatic testing.</p> <p><b>9(2)(a)</b>, asked whether there was any change on Point of Care PCR testing, noting that organisations overseas have implemented this and believing there is a place for it in our context. Vanessa confirmed there is a section in the Testing Plan about modality and it does cover off what is available and what should be used in certain settings.</p> <p><b>9(2)(a)</b> updated the Group that Supply and PPE ordering is still through normal processes, but encourage facilities to get orders in early and to order extra to cover the holiday break. Te Whatu Ora will still be taking orders between 23 Dec – 9 Jan (Office shut down) but will be able to handle orders with our skeleton crew over that period. Rhonda agreed to request <b>9(2)(a)</b> put this update in her weekly newsletter to ARC providers. <b>9(2)(a)</b> agreed to update her members.</p> <p><b>9(2)(a)</b> updated the group on the current COVID context. This is the first time we have seen multiple different variants in playing at the same time. This makes it hard to model exactly what will happen. A mix of immunity, vaccines and different variants makes it hard to use overseas examples.</p> <p><b>9(2)(a)</b> noted the current trends around reinfection rates. We are seeing roughly 25% - 30% reinfection rate. Hospitalisations have not increased at the same rate as cases, which is potentially down to antivirals but could also be the lower severity of the different variants.</p>





	Out of scope [Redacted]
5	<p><b>Current COVID-19 wave</b></p> <p>9(2)(a) [Redacted] questioned when we will revisit the masking requirements in facilities, noting it is not a legal requirement for staff wear masks (but many facilities require it) but visitors must wear them legally.</p> <p>9(2)(a) [Redacted] proposed it is likely best to hold the line while we are seeing an uptick in cases but agreed we ask the question in the future. 9(2)(a) [Redacted] agreed to progress advice on this and inquiry about timing of future mask setting reviews.</p>
6	Out of scope [Redacted]

**ACTIONS**

Owner	Date	Action
Out of scope [Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
9(2)(g)(i)	7/12/2022	Seek guidance on when a review of mask and other COVID-19 settings will be reviewed for ARC.

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**Minutes: IPC Subgroup of TAG COVID-19**

<b>Date:</b>	Tuesday 13 December 2022	<b>Document 7</b>
<b>Time:</b>	1:00pm – 3.00 pm	
<b>Location:</b>	Meeting URL: 9(2)(a)	
	Meeting ID: 9(2)(a)	
	Meeting password: 9(2)(a)	
<b>Chair:</b>	9(2)(a)	
<b>Members:</b>	9(2)(a) Carolyn Clissold (CC)	
<b>Ministry of Health Attendees:</b>	9(2)(a)	
<b>Te Whatu Ora attendees:</b>	Anna Ramsay (AR), Janelle Whittleston (JW), Sally Walker (SW)	
<b>Guests:</b>		
<b>Apologies</b>	9(2)(a)	

ITEM	NOTES
1.0	Out of scope [Redacted]
2.0	Out of scope [Redacted]
	<b>STANDARD AGENDA ITEMS</b>
3.0	Out of scope [Redacted]

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	<p>Out of scope</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>
4.0	<p>Out of scope</p> <p>[Redacted]</p>
5.0	<p>Out of scope</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>
6.0	<p><b>Te Aka Whai Ora &amp; Te Whatu Ora guidance on masking in healthcare settings</b></p> <ul style="list-style-type: none"> <li>○ Document attached in agenda was created following discussions and decision between Pete Watson, Dan Coward and Margie Apa to streamline and have consistent COVID-19 policies for health care facilities especially hospitals.</li> <li>○ There are currently 4 regional COVID-19 TAGs that function independently.</li> <li>○ The mask advice document that the IPC subTAG created early on in Dec had not been distributed widely hence the Northern region TAG creating one in which they requested that this version to be endorsed for use.</li> <li>○ There are similarities between documents but formatting is different. 9(2)(a) [Redacted] has been tasked through the TTCCAG to review document and subsequently has asked the IPC sub-TAG to provide input.</li> </ul> <p><b>Actions:</b> AR to merge NR TAG document with existing version and to send to IPC sub-TAG for review. AR to follow up on the communication issues regarding distribution of information to health sector.</p> <p><b>Update:</b> Completed</p>
7.0	<p>Out of scope</p> <p>[Redacted]</p> <p>[Redacted]</p>

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	<p>Out of scope</p> <p>[Redacted]</p>
8.0	<p>Out of scope</p> <p>[Redacted]</p>
10.0	<p>Out of scope</p> <p>[Redacted]</p>
10.0	<p><b>ARC</b> Minutes from the ARC meeting attached to agenda. Of interest is item 5 regarding revisiting masking requirements in facilities.</p>
11.0	<p>Out of scope</p> <p>[Redacted]</p>
<p>Meeting closed 3.00pm. First meeting for 2023 will be 31 January 2023.</p>	

Open Action Items:

Actions Items	Action Owner	Updates	Status
Out of scope [Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
13/12/2022 Te Aka Whai Ora & Te Whatu Ora guidance on masking in healthcare settings	AR	13/12/22 AR to find out why IPC subTAG previous document was not distributed as it should have been and to pull our version over into this document and send to IPC subTAG for review	Open

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Actions Items	Action Owner	Updates	Status
Out of scope [Redacted]	[Redacted]	[Redacted]	[Redacted]
Out of scope [Redacted]	[Redacted]	[Redacted]	[Redacted]
20/9/2022 COVID-19 infection prevention and control guidance for acute care hospitals	JP/MB	2/11/22 – Completed document uploaded on MoH website 27/10/22 Document update and formatted 10/10/22 Review of document complete. Draft sent to group for feedback 4/10/22 MB/JP revise document	Closed
Out of scope [Redacted]	[Redacted]	[Redacted]	[Redacted]

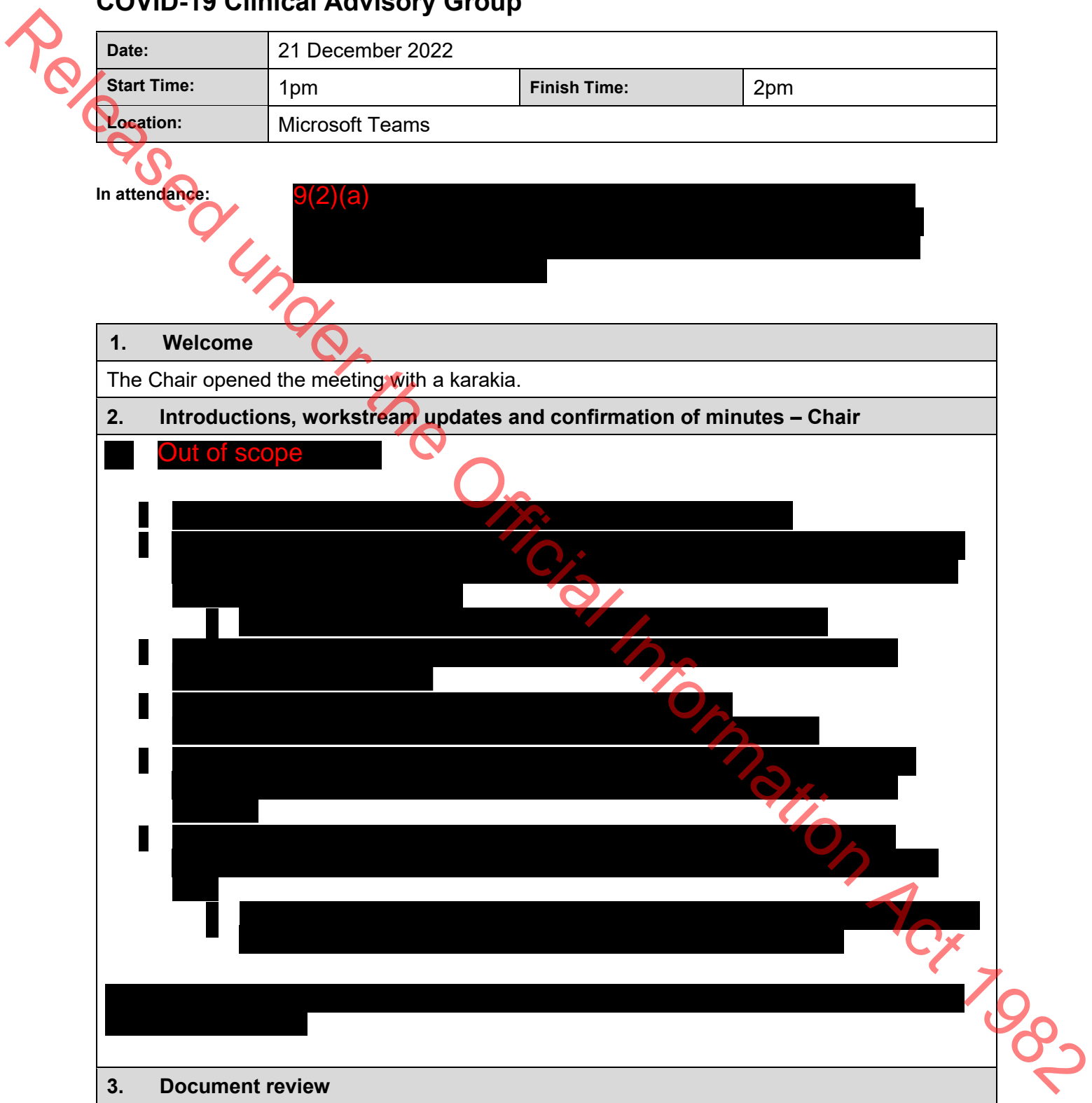
**Minutes**

**COVID-19 Clinical Advisory Group**

<b>Date:</b>	21 December 2022		
<b>Start Time:</b>	1pm	<b>Finish Time:</b>	2pm
<b>Location:</b>	Microsoft Teams		

In attendance: 9(2)(a) [Redacted]

<b>1. Welcome</b>
The Chair opened the meeting with a karakia.
<b>2. Introductions, workstream updates and confirmation of minutes – Chair</b>
<ul style="list-style-type: none"> <li>■ <b>Out of scope</b> [Redacted]</li>   <li>■ [Redacted]</li> <li>■ [Redacted]</li> <li>■ [Redacted]</li> <li>■ [Redacted]</li> <li>■ [Redacted]</li> <li>■ [Redacted]</li> <li>■ [Redacted]</li> </ul>
<b>3. Document review</b>
<p>3.1 Masking guidance documents – Chair</p> <ul style="list-style-type: none"> <li>• Re: IPC sub-TAG masking guidance on Te Whatu Ora’s website <ul style="list-style-type: none"> <li>○ Issue raised on the need to make advice given to be more accessible</li> </ul> </li> </ul>



- Feedback has been that the detail of advice is good, but utilisation is not straightforward or facilitates ease of use

The Chair then open the discussion to attendees to raise any issues or questions regarding the technical details on masking or when to mask.

### 3.2 Attendee's feedback on masking guidance:

- 9(2)(a) raised the issue of whether there is flexibility within the guidance for Districts in a different phase of an outbreak to institute their own guidelines, particularly in high-transmission areas/areas not yet at lower level transmission rates
  - Furthermore, existing guidance does not provide guidance re: categorisation of what phase of the outbreak we are right now, or explanation of what is believed to be the status of the outbreak
    - 9(2)(a) confirmed the guidance is an accordion; it gives minimum requirements, which can always be increased by local-decision making
- 9(2)(a) suggested from an evidence-based point of view, it would be useful for each of the regions to assess their rates of transmission and prevalence within their hospitals.
  - This would then be used as a guide on the efficacy and use of the intervention measures set out in the masking guidance
    - By measuring the rate of transmission to guide the use of intervention (masking, no masking, N95s, surgical masks), and incorporating this into regular IPC, a relative formula can be developed
    - Shift from reliance on overseas data and applying it to New Zealand
  - Need to develop our own data, to turn collection of data as a business as usual function to institute intervention and attendant policies appropriately, as a centralised umbrella approach is not sufficient to cover all situations

### 3.3 The Chair asked for feedback on document format/presentation and accessibility from the attendees, with the issue being there is no one homogenous group documents will be targeted to, rather a varying audience.

- 9(2)(a) suggested for frontline workers and its point of care that this information is to be used as referenced, then format is to be in tables with concisely summarised information
  - For those wanting more detailed information, links should be provided to more nuanced source documents
    - 9(2)(a) agreed with 9(2)(a); stylised and formatted is much preferable to straight narrative documents that they have found more difficult to read. Layers of complexity and detail can be created through an executive summary with tables, to be accompanied by a fully referenced document.

Out of scope

[REDACTED]

[REDACTED]



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Out of scope

1. Members agreed:

- (1) To revisit masking guidance wording to ensure immediate clarity for readers on its provision of providing **minimum** masking guidance
- (2) 9(2)(a) to look at developing local data collection on masking interventions and policies
- (3) Documents for review to be emailed prior to meetings for comment
- (4) Pragmatic approach to be taken with fit testing standards/guidance
- (5) Reply to Northern re: national pulse oximeter guidance that the COVID cag will be reviewing this in the new year, as there is no evidence based consensus to develop advisory for them yet
- (6) COVID cag should develop and format an FAQ
- (7) Questions that require evidence or research to be forwarded to IPC for a brief literature review to be presented at the next relevant COVID cag

Action Items	Person Responsible	Deadline
Revisit masking guidance wording to ensure immediate clarity for readers on its provision of providing minimum masking guidance	Carolyn Clissold	

<p>Out of scope</p> <p>[Redacted]</p>	<p>9(2)(g)(i)</p> <p>[Redacted]</p>	
<p>Out of scope</p> <p>[Redacted]</p>	<p>9(2)(g)(i)</p> <p>[Redacted]</p>	
<p><b>4. Final Comments and Close</b></p>		
<p>Jennifer Keys closed the meeting with a karakia.</p>		
<p>Meeting Closed: 21 December 2023          Next meeting: 1 February 2023</p>		

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## **Te Aka Whai Ora & Te Whatu Ora guidance on masking in healthcare settings.**

Masking has been shown to reduce airborne and droplet spread of COVID-19 and other respiratory viruses such as Respiratory Syncytial Virus and Influenza.

Hospital acquired COVID-19 may be associated with increased morbidity and mortality and masking provides one layer of protection, amongst others such as testing and isolating, for people who are patients in healthcare settings.

They may also protect visitors and reduce outbreaks amongst healthcare workers. Their use becomes particularly important when the community prevalence of COVID-19 and other respiratory viruses is high and in areas which can be crowded or where ventilation is challenging.

Commonly used masks are medical masks and N95/P2 type respirators.

- Medical masks provide source control and some protection for the wearer.
- N95/P2 masks provide greater source control and greater protection for the wearer.

### **Healthcare settings.**

The COVID-19 Public Health Response (Masks) Order 2022 requires a person must wear a mask when they are at the premises of a health service (with some exemptions).

Healthcare settings include:

- primary and community care (eg, general practice)
- iwi and Pacific healthcare providers
- pharmacies – other than those located within supermarkets
- hospitals
- urgent care services (eg, after-hours clinics and accident and emergency)
- disability support services

- residential care (aged and disability-related)
- diagnostic services (eg, diagnostic laboratories, radiology services)
- oral health services
- allied health services which may include but are not limited to:
  - dietetics
  - occupational therapy
  - optometry
  - osteopathy
  - paramedicine
  - physiotherapy
  - podiatry
  - acupuncture treatment
  - audiology services
  - chiropractic treatment.

## **Guidance for workers in healthcare settings:**

### **Medical masks.**

Te Whatu Ora and Te Aka Whai Ora require that healthcare workers wear a medical mask (at a minimum) when they are working in a patient or public-facing role.

Areas where mask wearing is required are:

- an area where a healthcare worker is providing care, assessment, expertise or therapy to a patient/client
- a public facing area within a clinical zone including waiting areas, reception areas, and transit areas between clinical zones
- patient/resident rooms where care is being delivered in home-based or residential care settings.

### **N95/P2 masks**

At times, a N95/P2 mask may be required or preferred to a medical mask. Considerations when choosing a mask type include the infection status an individual patient, the community prevalence, the nature of the care being

provided to a patient (for example, the proximity to the patient and potential exposure to respiratory secretions).

In general, when wearing N95/P2 masks, sessional use is preferred.

An N95/P2 mask is **required** when care is being provided to a patient who is known to be COVID-19 positive.

An N95/P2 mask is **strongly recommended at all levels of COVID-19 transmission** for

- Staff who have close face-to-face contact with patients during procedures, including dental, ENT, ophthalmology, upper endoscopists and intubating anaesthetic teams.
- Staff undertaking respiratory tract swabbing.
- Staff who have been advised that they are clinically vulnerable.

An N95/P2 mask is **strongly recommended at moderate levels of COVID-19 transmission** (should be locally assessed, depending on case reporting, wastewater testing, ventilation of work area, impact on hospitalisations, impact on staffing levels) for

- all staff having close contact with undifferentiated patients / where there is higher risk or unknown risk e.g. Emergency Departments, Birthing Units, staff performing initial screening of admissions and assessments and in primary and urgent care.

An N95/P2 mask is **strongly recommended at high levels of COVID-19 transmission** (should be locally assessed, depending on case reporting, wastewater testing, impact on hospitalisations, impact on staffing levels) for

- all staff in patient and public-facing roles.

An N95/P2 mask may be chosen by a healthcare worker for other reasons, at times when a medical mask would be sufficient.

### Non-clinical areas.

These are areas which are not patient/client/public facing within the healthcare settings listed above. These include administrative areas and

offices, workspaces, dispensaries, laboratories, meeting rooms and other shared spaces provided these do not form part of a clinical zone.

**Mask wearing is strongly recommended in non-clinical areas at moderate and high levels of COVID-19 transmission.**

**Mask wearing is encouraged in shared non-clinical areas at all levels of COVID-19 transmission**

### **Other considerations**

In situations where masking is not required, or when other recommendations are made, please remain respectful of your colleagues' choices

Masks should be changed when damp or soiled.

Masks should be worn for a maximum of one day.

Masks may be removed, in non-clinical areas, for eating and drinking. At such times, consideration should be given to distancing and maximising ventilation.

### **Guidance for patients in healthcare settings:**

#### **Hospital:**

**Mask wearing is strongly recommended for patients/clients whilst attending hospitals for appointments, procedures and assessments.**

*Those with mask exemptions should follow the local facility policy.*

**Hospital in-patients use of masks should be considered on a case-by-case basis, taking into consideration situational risk and ability to tolerate a mask.**

#### **Aged and other residential care settings:**

**Residents in aged and other residential care settings are not required to wear a mask.**

In some situations, for example when receiving close care, residents may consider wearing a mask.

#### All other community healthcare settings:

Mask wearing is strongly recommended for patients/clients whilst attending appointments in community healthcare settings. *Those with mask exemptions should follow the local facility policy.*

#### Guidance for whānau/visitors/support people/kaitiaki in all healthcare settings

Whānau, visitors, support people and kaitiaki of patients are required to wear a medical mask (at a minimum) when attending a healthcare setting. *Those with mask exemptions should follow the local facility policy.*

#### Fit testing of respirators for healthcare workers

Respirators may be less effective in the presence of an air leak.

Fit testing is strongly recommended for all healthcare workers who may use an N95/FFP2 mask. Please see [Respiratory Protection Fit-Testing for COVID-19: Competency and Advice \(October 2020, link\)](#)

Fit checking (a personal check for seal) should take place on each occasion a respirator is worn.

On occasions when fit testing is delayed, a fit checked N95/P2 mask should be worn in situations where an N95/P2 mask is recommended.

Although the Australian/New Zealand 1715 Standard recommends annual fit testing, this standard was not developed for healthcare.

There is currently no requirement for frequently repeated fit testing.

**Recommendations for repeat fit testing:**

- Significant weight gain or loss
- A change in facial shape e.g caused by surgery or injury
- When a new model of mask is required
- Concern regarding change in fit by the wearer
- Consider repeat fit-testing every 3-5 years.

Further work on this topic is currently being done by Worksafe and amendments to this advice will be made as necessary.

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