

Mask use and visitor guidance for hospitals and other health and disability care settings: August – September 2023

Background

Mask wearing remains an important measure in preventing transmission of respiratory viruses, including COVID-19, in health and disability care settings. Seasonal colds, influenza and COVID-19 are likely to continue to have a combined impact on the health care system during August to September of 2023.

Mask use should always be considered in conjunction with other interventions to reduce transmission of COVID-19 and other respiratory infections in healthcare settings. These include undertaking a risk assessment for respiratory infections, using [standard and transmission-based precautions](#) for all patient/client and resident care, having clean indoor air through good ventilation, having access to testing, having occupational health processes that promote staff vaccination, enabling staff to stay home from work when unwell and enabling mask use by visitors, staff and patients when applicable.

Purpose

This document has been developed to provide [mask use and visitor guidance](#) for health and disability care settings during August and September 2023.

For definitions of key terms used throughout this document, please refer to Appendix 1.

Visitor and Mask use guidance

1. Recommendations for visitor mask use

Visitors to healthcare (healthcare is taken to include health and disability care in this document) are recommended to wear a mask when visiting a healthcare service, especially when at the bedside of the patient they are visiting.

Exceptions to this are for those who:

- Children aged under 5 years of age
- Children aged 6–11 years are encouraged to wear a mask at the discretion of their caregiver
- People who have a physical or mental condition or disability that makes wearing a mask unsuitable are generally not recommended to wear a mask

It is recommended that people are discouraged from visiting patients in hospital or residents of aged care facilities if they:

- have tested positive for COVID-19 and are recommended to isolate as per current isolation and testing advice
- have acute symptoms of COVID-19 or other infectious conditions - Where visiting needs to occur, visiting should be arranged with the clinical lead or delegate, with an appropriate plan in place to mitigate any risks.

It is recommended that if a visitor is a household contact, the visitor delays visiting healthcare services. If visiting is essential then the visit should be discussed with the healthcare facility prior.

Note: After completing recommended COVID-19 isolation period, visitors should be recommended to wear a mask if they need to visit a healthcare facility or an aged residential care facility or have contact with anyone at risk of getting seriously unwell with COVID-19 up until 10 days after symptoms have started or visitor tested positive. This is because some people are infectious for up to 10 days.

Visitors to COVID-19 positive patients need to be aware of the risk to themselves and wear appropriate personal protective equipment as requested by the healthcare facility.

2. Visitor and patient information and resources

- Visitor information should be available in digital and written formats, including entrance posters.
- Alcohol-based hand sanitiser should be available for public use in suitable and safe areas.
- Medical masks should be available for public use at suitable entrances.
- Waste bins and alcohol-based hand sanitiser should be available at exits for disposal of used masks.
- Patients who have outpatient or inpatient treatment should refer to the [Health Care Mask Use Table](#) below.
- Health and disability care staff and patients should refer to the [Health Care Mask Use Table](#) below.

3. Staff-mask wearing (general)

Clinical staff (nursing, medical, allied health, midwifery and other health and support staff) who are providing care to patients with symptoms of acute respiratory viral infections (including suspected or confirmed COVID-19) should wear personal protective equipment as required under transmission-based precautions (typically a P2/N95 particulate respirator, and eye protection).

Where practical to do so, streaming of patients according to risk of acute respiratory virus infection is recommended.

Mask use is recommended for all healthcare workers in clinical facing settings.

Health and disability care staff and patients should follow the [Health Care Mask Use Table](#) below.

Note – In low-risk situations where use of a mask by staff may impact negatively on care delivery, clinical judgment may be used to remove masks during patient care, but this is recommended only after a risk assessment is performed by the clinician and when appropriate, agreed to by patient.

4. National guidance and local decision making

Te Whatu Ora health providers should follow minimum mask recommendations as indicated in the [Health Care Mask Use Table](#) below to inform their own policies.

Non-Te Whatu Ora health and disability facilities can also refer to this [Health Care Mask Use Table](#) below to inform their own facility policies.

Local clinical leadership teams with the support of their local Infection Prevention and Control (IPC) team should decide on appropriate mask usage for various areas within their health facility or group of facilities. Decision making should be dependent on factors including patient vulnerability, environmental considerations, and local epidemiology (see [Appendix 2](#)).

5. Equity Considerations and Protection Responsibilities

The removal of masks in health care situations where the communication needs of patients are impacted by mask wearing of others is acceptable. Risks should be managed as per local policy. The responsibility of health facilities to provide a safe place for staff, patients and visitors should also be considered within the context of

- Te Tiriti obligations and equity considerations under Te Pae Tata / The Interim NZ Health Plan.
- Risk mitigation under Health and Safety at Work 2015.
- IPC recommendations under Standard and Transmission-based Precautions.

6. Other resources

- [Infection prevention and control guidance for acute care hospitals](#)
- <https://www.tewhatauora.govt.nz/whats-happening/work-underway/infection-prevention-and-control/>
- [Guidance for return to work for health care workers](#) with COVID-19

7. Health Care Mask Use Table

The table below provides mask use guidance from August to September 2023. Further local guidance may be developed.

Key definitions:

Required: A mask must be worn in this situation 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.

Requested: Masks are to be worn as part of the institutions policy to protect visitors, staff and patients.

Encouraged: Mask use is personal choice however the institution supports mask use in this area.

Healthcare mask use table

Mask use in health care August to September 2023 for:	Patients:	Health and disability workers:	Non-clinical staff. Reception/ waiting rooms:	Staff in shared offices/ meeting rooms, dispensary; & non- patient visitors	Visitors/ Support people:
Community Pharmacies (except those in supermarket)	Recommended	Recommended in clinical areas	Recommended	Recommended	Recommended Refer to note 3
Community-based acute health care (GP, Iwi, Pacifica, oral care, urgent care, ambulance) Other diagnostic services, allied health and outpatient services	Recommended Refer to note 1	Recommended in clinical areas Refer to notes 1 and 2 P2/N95 particulate respirators may be locally recommended in high-risk undifferentiated settings such as ED, or GP triage, or during high-risk procedures	Recommended	Recommended	Recommended

Aged and residential care (aged and disability related)	Not Required Recommended if influenza like illness prior to isolation	Recommended in clinical areas Refer to notes 1 and 2	Recommended	Recommended	Recommended
Hospitals and other secondary care settings, including hospices	Recommended if influenza like illness prior to isolation or in waiting rooms with others who may be unwell	Recommended in clinical areas Refer to notes 1 and 2 P2/N95 particulate respirators use may be locally recommended in undifferentiated settings such as ED or GP triage, or in high- risk procedures	Recommended	Recommended	Recommended Refer to note 3
Psychotherapy or counselling services, mental health and addictions services	Recommended if influenza like illness	Recommended when providing in-patient care	Encouraged	Recommended	Refer to local guidance

Note 1: In low-risk situations where use of masks by Health Care Workers (HCWs)/ carers may impact negatively on care delivery, clinical judgment may be used by HCWs to remove masks, but this is recommended only after a risk assessment has been undertaken and agreed to by the patient.

Note 2: When providing care to patients with confirmed COVID-19 or patients with symptoms of acute respiratory virus infections (including suspected COVID-19), **P2/N95/mask use is required**. Follow transmission-based precautions (typically this is a P2/N95 particulate respirator and eye protection).

Note 3: People are not recommended to wear a mask as a visitor to health care if they are under 5, have a physical or mental condition or disability that makes wearing a mask unsuitable. Masks can also be removed to enhance communication with those who are hard of hearing. Children aged 6 – 11 yrs. of age are encouraged to wear a mask under the discretion and supervision of their care giver. Local policy should be implemented to manage risk to patient and others.

Appendix 1: Definition of terms

Allied health services include Dietetics, Occupational therapy, Osteopathy, Physiotherapy, Pharmacy Podiatry, Acupuncture treatment, Audiology services and Chiropractic treatment.

Diagnostic services include diagnostic laboratories, collection rooms, radiology services.

Clinical area 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.

Disability support service includes services provided to people with disabilities for their care or support or to promote their inclusion and participation in society and their independence.

Health service includes services provided for the purpose of assessing, improving, protecting, or managing the physical or mental health of individuals or groups of individuals. IN this document this includes disability services.

Kaitiaki / partner in care/ support person. This includes anyone who provides essential care or support to a patient as part of their health experience. This is inclusive of support person, key contact, carer, parent/ child or other whānau with an essential support role. This is a trusted person designated by a patient to provide reassurance and advocacy.

Non-patient visitors – e.g., company representatives, external people attending meetings, people not visiting family / whānau or patients, off-duty staff.

Patient – Member of the public receiving / seeking treatment, this includes mental health service users, clients, consumers, and facility residents.

Undifferentiated areas- Health care areas in which formal assessment and testing for COVID-19 has not occurred, and patients may be presenting unwell.

Visitor – Member of the public not receiving assessment, diagnostics, or treatment

Appendix 2. Epidemiology

National surveillance is undertaken of COVID-19 test results, wastewater surveillance and respiratory infection surveillance. This data influences decision making on the recommendations for masking in health care and may support local guidance. See below for useful resources.

[Link to COVID-19 MOH weekly trends and insights report](#)

[Link to COVID case numbers, hospital admissions, cases by ethnicity and age etc](#)

[Link to viral respiratory activity through ESR](#)

[Link to waste-water testing](#)

Appendix 3. 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 wearer's 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.