

Mask use and visitor guidance for hospitals and other health and disability care settings

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Purpose

This document has been developed to provide guidance on mask use for healthcare workers, patients and visitors for health and disability care settings. This guidance can then be used to establish policies at an institutional level in conjunction with Infection Prevention and Control teams and local and regional governance structures.

The document has been guided by the health sector principles as set out in [section 7 of the Pae Ora \(Healthy Futures\) Act 2022](#).

For definitions of key terms used throughout this document, please refer to [Appendix 1](#).

National guidance and local/regional decision making

Respiratory virus infections, including COVID-19, influenza, RSV and other respiratory viruses cause preventable morbidity and mortality in New Zealand each year.

Te Whatu Ora health providers should use this guidance as indicated in the [Health Care Mask Use Tables](#) below to inform their own policies, based on factors above. This includes the ability to develop unit-specific policies where there may be the need to do so. Decision making should occur under local clinical governance structures with the input and support of their local Infection Prevention and Control (IPC) team and local public health services (contact details for the local PHS's can be found [here](#)).

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

Increased requirement for mask use in outbreaks or community surges

In the event of a local outbreak or district/regional high prevalence or surge, it may be appropriate for Te Whatu Ora health providers to escalate protection activities. Those activities may include requiring mask use by visitors and health and disability workers, if doing so is assessed as being an acceptable Public Health and Health and Safety measure to both prevent harm, and protect workers, visitors and patients from harm caused by transmission of COVID-19 or another respiratory pathogen. See table for further details and caveats. The requirement of mask use by visitors and staff in an outbreak, district/regional high prevalence or surge should be considered after risk assessment locally by the local outbreak management team or Infection prevention and control team, and regionally by

regional director in consultation with Infection Prevention and Control and Public Health leaders. Districts within regions may have different requirements, due to differing risks.

It is important to note that while masks may be required, Te Whatu Ora cannot refuse to provide care to patients who refuse to wear them. Any assessments should include consideration of contingencies for providing care to those patients who do not wear masks.

Mask use guidance

Medical mask wearing has been shown to be an evidenced based prevention measure that reduces transmission of all respiratory virus infections in health and disability care settings. See references. This document does not support the use of cloth masks in place of medical masks.

Mask use should always be considered as one factor of many influencing transmission in healthcare facilities including: the use of standard and transmission-based precautions for all patient/client/resident interactions, having clean indoor air through good ventilation, occupational health processes that promote staff vaccination and enable staff to stay home from work when unwell, and communication of expectations of visitor masking and wellness.

Communication Considerations

The removal of masks in health care situations where the communication or other needs of patients are impacted by mask wearing of others, is acceptable. Risks should be managed as per local policy.

1. Staff-mask wearing (general) [\(Table 1\)](#)

Respiratory (airborne or droplet) Precautions PPE use, under Transmission Based Precautions.

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, influenza or RSV) must wear personal protective equipment (PPE) required by transmission-based precautions (typically a P2/N95 particulate respirator +/- eye protection). See [Appendix 3](#) for fit testing/ checking information.

Standard Precautions or standard care mask use

In other situations, medical masks and eye protection should be used to protect the wearer from body fluid splatter, as part of Standard Precautions.

The COVID-19 pandemic has necessitated the use of medical masks as part of standard care PPE for clinical staff.

The ongoing recommendation that masks use should be part of standard PPE care should be dependent on local epidemiology and the clinical setting that care is provided.

Recommendations for mask use in health and disability care settings are based on:

- levels of acute respiratory virus transmission in the community,
- the healthcare interaction that is occurring,
- the physical environment where care is provided,
- the individual's risk of severe disease and
- regional epidemiology (see [appendix 2](#)) or local outbreak.

Facilities may decide to change to 'higher prevalence periods' mask guidance at any time in the year if there is a surge in community cases, or a facility outbreak.

Streaming of Patients

Where resources permit, in primary care streaming of patients according to risk of acute respiratory virus infection is recommended, particularly in higher prevalence periods.

For more detailed advice, follow the [Health Care Mask Use Table](#) below.

2. Recommendations for visitor mask use and wellness ([Table 2](#))

Visitors to healthcare (healthcare is taken to include health and disability care in this document) are requested to follow the national guidance provided in this document or as per local facility policies.

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 health condition or disability that makes wearing a mask unsuitable are generally not recommended to wear a mask

It is recommended that people do not visit 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 respiratory viral infection
- are a household contact of a person with COVID-19 infection until the recommended period for daily testing is completed

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.

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.

3. Hospital visitor and patient information and resources [\(Table 3\)](#)

- 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.

4. Other resources

- [Infection prevention and control guidance for acute care hospitals](#)
- [Infection prevention and control – Te Whatu Ora - Health New Zealand](#)
- [Guidance for return to work for health care workers with COVID-19](#)
- [The burden and dynamics of hospital-acquired SARS-CoV-2 in England | Nature](#)
- [Is Nosocomial SARS-CoV-2 Still Worth Preventing? | Infectious Diseases | JAMA Network Open | JAMA Network](#)

Healthcare mask use tables

Higher prevalence periods – as determined by local governance group/IPC team, local public health services, and resources in [Appendix 2](#).

Table 1: Healthcare workers in secondary care setting

Health care worker in secondary care:	Required	Recommended	Optional
Hospitals Hospices Other secondary care facilities	<p>Transmission based precautions: Healthcare workers are required to wear mask as part of Transmission based precautions when providing care to patient with suspected or confirmed respiratory virus infection (note follow local policies; may require N95/P2 respirator use).</p>	<p>Higher prevalence periods: In periods of higher prevalence (e.g., winter months, outbreaks/ community surges), mask use recommended for healthcare workers providing direct patient care in all environments within the healthcare facility.</p>	<p>At all times: In all other situations, any staff may choose to wear a mask based on their own health needs and risks for more severe respiratory infection. Applies to shared staff areas and public facing areas (meeting rooms, waiting rooms, shared offices, corridors).</p>
	<p>Surge response: Healthcare workers may be required to wear masks if the local IPC and public health teams have determined risk from infection warrants increased mask use within hospital setting.</p>	<p>At all times: Mask use recommended for healthcare workers when providing direct patient care in admitting unit assessing patients with undifferentiated illness: Emergency department, medical assessment units, Surgical Assessment units.</p>	
		<p>At all times: Healthcare facilities should perform risk assessment and may implement/advise targeted mask use for healthcare workers when providing care in higher risk units depending on local situation. a) Units providing care to vulnerable patients: Cancer/Transplants, dialysis units and others by local assessment especially if b) applies b) Units known to have suboptimal physical environment (including ventilation).</p>	

Table 2: Healthcare workers in community-based healthcare setting

Healthcare worker in Community based care setting	Required	Recommended	Optional
Community-based acute health care e.g., GP, Iwi, Pacific health, oral care, urgent care, ambulance staff	<p>Transmission-based precautions Healthcare workers must wear mask as part of Transmission based precautions when providing care to patient with suspected or confirmed respiratory virus infection. (note follow local policies; may require N95/P2 respirator use).</p> <p>Where possible, streaming patients is recommended to assist with identifying patients with respiratory infections in acute care settings.</p>	<p>Higher prevalence periods: e.g., winter months, outbreaks/ community surges In periods of higher prevalence, mask use recommended for all clinical or non-clinical staff in community-based acute care setting when having patient contact (waiting room, clinical assessment, providing treatment, patient transport).</p> <p>At all times: Mask use is recommended for healthcare workers when providing direct patient care in assessing patients with undifferentiated illness.</p>	<p>At all times: In all other situations, any staff may choose to wear a mask based on their own health needs and risks for more severe respiratory infection. Applies to shared staff areas and public facing areas (meeting rooms, waiting rooms, shared offices, corridors).</p>
Community Pharmacies (except those in supermarket)	<p>N/A</p>	<p>Higher prevalence periods: Mask use recommended for all clinical or non-clinical staff in community-based pharmacies when working with areas shared with members of the public.</p>	<p>At all times: In all other situations, any staff may choose to wear a mask based on their own health needs and risks for more severe respiratory infection. Applies to shared staff areas and public facing areas (meeting rooms, waiting rooms, shared offices, corridors).</p>

Healthcare worker in Community based care setting	Required	Recommended	Optional
Other non-acute community based care e.g., diagnostic services, allied health, and outpatient services, psychotherapy or counselling services, mental health and addictions services	Transmission-based precautions Healthcare workers must wear mask as part of Transmission based precautions when providing care to patient with suspected or confirmed respiratory virus infection (note follow local policies; may require N95/P2 respirator use)	Higher prevalence periods: Mask use recommended for all clinical or non-clinical staff in community-based non-acute settings when working in direct contact with patient/client or in areas shared with members of the public.	At all times: In all other situations, any staff may choose to wear a mask based on their own health needs and risks for more severe respiratory infection. Applies to shared staff areas and public facing areas (meeting rooms, waiting rooms, shared offices, corridors)
Aged and residential care (aged and disability related)	Transmission-based precautions Healthcare workers must wear mask as part of transmission-based precautions when providing care to patient with suspected or confirmed respiratory virus infection (note follow local policies; may require N95/P2 respirator use)	Higher prevalence periods: Mask use recommended for all clinical or non-clinical staff in aged and residential care facilities when working in direct contact with residents or in areas shared with members of the public.	At all times: In all other situations, any staff may choose to wear a mask based on their own health needs and risks for more severe respiratory infection. Applies to shared staff areas and public facing areas (meeting rooms, waiting rooms, shared offices, corridors)

Table 3: Mask use for patients and for visitors/support persons when attending healthcare facility

Mask use in patients or visitors/ or support persons in any healthcare facility	Recommended	Optional
<p>Patient Client Resident (e.g., aged and residential care facility)</p>	<p>Transmission based precautions: Patients/ clients/ residents with symptoms of acute respiratory virus infection recommended to wear medical mask as part of standard & transmission-based precautions (according to local policy) or as part of outbreak response.</p> <p>Higher prevalence periods when attending hospital outpatient or community-based appointments (e.g., winter months, or during outbreak/ community surge) Mask use recommended for attendance at outpatient/community based clinical settings.</p>	<p>When attending hospital outpatient or community-based appointments Patients may choose to wear a mask during a visit to any healthcare facility e.g., hospital outpatient appointment, day treatment or community-based healthcare appointment.</p>
<p>Visitor/ support person</p>	<p>Higher prevalence periods (e.g., winter months, or during outbreak/ community surge) Recommended to always wear a mask on healthcare facility, including waiting rooms, patient bedside or when visiting settings with vulnerable patients/residents (immunocompromised patients, elderly persons).</p> <p>Surge response: Visitors may be required to wear masks if the local IPC and public health teams have determined risk from infection warrants increased mask use during a surge within hospital setting.</p> <p>NB. Mask use in a surge is one response, other control mechanisms may include visitor restriction.</p>	<p>At all times Visitors/support person may choose to wear a mask during visits to any healthcare facility.</p> <p>Healthcare facilities may perform risk assessment and request mask use for visitors/support person in higher risk units (see definition in Table 1).</p>

Appendix 1: Definition of terms

Mask recommendation definitions:

Required/must: A mask must be worn in this situation due to best practice evidence as part of transmission-based precautions. Healthcare workers may be **required** to wear masks if the local IPC and public health teams have determined risk from infection warrants increased mask use within hospital setting.

Recommended: A mask is recommended to be worn in these situations as the balance of evidence favours mask use to reduce transmission.

Optional: Any staff may choose to wear a mask based on their own health needs and risks for more severe respiratory infection, likely exposure risk and physical environment.

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

Other definitions:

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, and radiology services.

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.

Higher prevalence period refers to periods when case numbers of acute respiratory virus infections are increased compared to expected or increased compared to resources available within the healthcare facility to manage them. It is acknowledged that this is an arbitrary term but should be guided by available resources in Appendix 2, and by expertise from Infection Prevention and Control teams or other infection experts. Decisions regarding prevalence level and actions should be made through the local clinical governance structures.

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.

Surge/ outbreak: rise in local incidence of cases exceeding local thresholds for action (usually determined by local clinical governance or Infection Prevention and Control team).

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 viral respiratory activity through ESR](#)

[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 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 interim guidance.](#)

References

Klompas M, Baker MA, Rhee C. Is Nosocomial SARS-CoV-2 Still Worth Preventing? *JAMA Netw Open*. 2023;6(11): downloaded from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2811653>

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