

Mask use and visitor guidance for hospitals and other health and disability care settings: June – 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 have a combined impact on the health care system during May 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 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 the winter peak of respiratory infections.

Definitions

See appendix 1

Visitor and mask use guidance

Visitor expectations

- Visitors to health care are required to wear masks as per [COVID-19 Public Health Response \(Masks\) Order 2022](#). Unless the person is under 12 or meets other exemptions.
- Visitors who have tested positive for COVID-19 in the previous 7 days should be self-isolating as per [COVID-19 Public Health Response \(Self isolation\) Order](#).
- Exceptions to above may occur in certain [compassionate situations](#). This must be approved by suitable clinical leader, or delegate, with appropriate plan in place.
- Visitors who have symptoms of COVID-19 or other respiratory conditions are asked not to visit health care settings. This includes non-patient visitors and kaitiaki.

- COVID-19 household contacts are asked not to visit health care during their 7-day incubation period.
- Visitors to COVID-19 positive patients must be aware of risk, and wear appropriate personal protective equipment as directed.
- Visitors with mask exemptions can be supported to visit a patient safely. This could include an agreement by the patient to the visit and other risk mitigation strategies. Misuse of exemption passes may be subject to a fine and can be reported [here](#).

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 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.

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 virus 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.

Health and disability care staff and patients should follow [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.

National guidance and local decision making

- Te Whatu Ora health providers should follow minimum mask requirements as indicated in the [Health Care Mask Use Table](#) below.

- Non Te Whatu Ora health and disability facilities can refer to this [Health Care Mask Use Table](#) below to inform their own facility policies.
- Local clinical leadership teams with the support of local IPC (Infection Prevention and Control) team should decide further mask settings for various areas of the health facility or group of facilities. Decision making should be dependent on factors including patient vulnerability, environmental considerations, and local epidemiology (see [Appendix 2](#)).

Equity considerations and protection responsibilities

[COVID-19 Public Health Response \(Masks\) Order 2022](#) allows for removal of masks in health care situations where the communication needs of patients are impacted by mask wearing of others. Safety considerations should apply.

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](#)

Other resources

- [Infection prevention and control guidance for acute care hospitals](#)
- <https://www.tewhatauora.govt.nz/whats-happening/work-underway/infection-prevention-and-control/>

Health care mask use table

The following table provides mask use guidance from May – September 2023. Further local guidance may be developed.

Key definitions:

Required: A mask must be worn in this situation. This is usually due to a public health order requiring the use of the 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.

Requested: Mask 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.

Note 1: In low-risk situations where use of masks by HCWs (Health Care Workers)/ carers may impact negatively on care delivery, clinical judgment may be used by HCW to remove masks, but this is recommended only after a risk assessment is performed by the clinician when appropriate 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), mask use is required. Follow transmission-based precautions (typically this is a P2/N95 particulate respirator and eye protection).

Note 3: People are not required to wear a mask as a visitor to health care if they are under 12 or have a physical or mental condition or disability that makes wearing a mask unsuitable or have a mask exemption pass. Masks can also be removed to enhance communication with hard of hearing. See [Mask Mandate for full exclusion](#). Local policy should be implemented to manage risk to patient and others.

Mask use in health care May–September 2023 for:	Patients.	Health and disability workers.	Non-clinical staff e.g. reception and waiting rooms.	Staff in shared offices / meeting rooms, dispensary and non-patient visitors.	Visitors / support people.
Community Pharmacies (except those in supermarkets).	Recommended	Recommended in clinical areas	Recommended	Recommended	Required under mask mandate See note 3.
Community based acute health care (GP, Iwi, Pacific, oral care, urgent care, ambulance). Other diagnostic services, allied health and outpatient services.	Recommended See note 1	Recommended in clinical areas. See notes 1 and 2 N95 may be locally recommended in high-risk undifferentiated settings such as ED, or GP triage, or during high-risk procedures	Recommended	Recommended	Required under mask mandate See note 3.
Aged and residential care.	Not required Recommended if influenza like illness prior to isolation	Recommended in clinical areas See notes 1 and 2	Recommended	Recommended	Required under mask mandate See note 3.

Mask use in health care May–September 2023 for:	Patients.	Health and disability workers.	Non-clinical staff e.g. reception and waiting rooms.	Staff in shared offices / meeting rooms, dispensary and non-patient visitors.	Visitors / support people.
Hospitals and other secondary care settings, including hospice	Recommended if influenza like illness prior to isolation or in waiting room with others who may be unwell.	Recommended in clinical areas. See notes 1 and 2. N95 use may be locally recommended in undifferentiated settings such as ED or GP triage, or in high- risk procedures.	Recommended	Recommended	Required under mask mandate See note 3.
Psychotherapy or counselling services, mental health services, addiction services.	Recommended if influenza like illness.	Recommended when providing in-patient care.	Encouraged	Recommended	Not required Requested in local guidance

Appendix 1: Definition of terms

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

Diagnostic services: includes diagnostic laboratories, collection rooms, radiology services.

Clinical area: 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: 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: services provided for the purpose of assessing, improving, protecting, or managing the physical or mental health of individuals or groups of individuals.

High risk area: includes but is not limited to Emergency Departments (ED), Intensive Care Units/High Dependency Units (ICU/HDU), Aged Care wards, Mental Health In-patient units, Maternity wards, Delivery Suite and Neonatal Intensive Care Unit (NICU), Special Care Baby Unit (SCBU), Coronary Care Unit (CCU) Oncology (including chemotherapy areas), Renal Outpatient and Inpatient areas, Immunology, or other Outpatient areas redesignated or identified by the facility for the purpose of providing care to patients who have high vulnerability from potential exposure to COVID-19.

High risk procedures: procedures on upper respiratory tract (bronchoscopy, upper GI endoscopy, ENT airway procedures), or other higher risk scenarios in which local guidance may recommend N95/P2 particulate respirator use.

Kaitiaki / partner in care/ support person: 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: 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.

[COVID-19 MOH weekly trends and insight report](#)

[COVID-19 case numbers, hospital admissions, cases by ethnicity and age](#)

[Viral respiratory activity through ESR](#)

[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 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.