

COVID-19 Infection Prevention and Control: Response and Escalation Framework - FAQs

Frequently Asked Questions (FAQs) up to 24 July 2020

The escalation to Amber Alert – Moderate Transmission by NSW Health applies to surgical mask use within 1.5 metres in all healthcare facilities and community health services, including hospital in the home, operated by NSW Health. Private and independent health care providers may refer to our advice for guidance and to inform their own local risk assessments.

General principles – apply to all settings and all scenarios

The fundamental principles of infection prevention and control must be applied across all settings at all times. These principles apply:

- 1) Administrative and engineering controls as per Infection Prevention
- 2) Physical distancing
- 3) Standard precautions for all healthcare interactions
- 4) Hand hygiene
- 5) Enhanced cleaning of high touch surfaces
- 6) Ensure relevant staff have completed donning and doffing of PPE
- 7) Ensure there is on-site, readily available testing for staff
- 8) Health workers (HWs) to stay at home if they are unwell
- 9) Entry screening for visitors and staff as per [NSW Health guidelines](#)

CLOTH MASKS

Can a Health Worker (HW) wear a cloth mask at work?

No. Cloth masks vary in quality and effectiveness. As they are not fluid resistant, they will not prevent blood, body fluids and respiratory droplets penetrating the mask.

A cloth mask can be worn by HWs travelling to and from work.

If a visitor comes in wearing a cloth mask, should it be changed to a surgical mask?

No.

If the visitor is able to wear the cloth mask without touching it, they should continue to wear it. Reminders regarding hand hygiene, physical distancing, touching their mask and respiratory/cough etiquette are to be provided. If the visitor has acute respiratory symptoms or fever they need to defer their visit and have COVID-19 testing.

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If a patient/client, without any COVID-19 symptoms, comes in wearing a cloth mask, should it be changed to a surgical mask?

No.

If the patient/client is able to wear the cloth mask without touching it, they should continue to wear it. Reminders regarding hand hygiene, physical distancing, touching their mask and respiratory/cough etiquette are to be provided.

If a patient/client, with acute respiratory illness or COVID-19 symptoms, comes in wearing a cloth mask, should it be changed to a surgical mask?

Yes.

A cloth mask will become damp very quickly when someone has an acute respiratory illness, fever or COVID-19 symptoms. The mask will be much less effective when damp and may be touched frequently by the patient. A surgical mask should be placed on the patient and usual admission processes for suspected, probable or confirmed COVID-19 patients are to be followed. Reminders regarding hand hygiene, physical distancing, touching their mask and respiratory/cough etiquette are to be provided. Tissues, alcohol hand rub and a bin to be provided.

PATIENTS

When should a patient wear a surgical mask (see questions regarding cloth masks above)?

1. On arrival to a health facility e.g. Emergency Department, Outpatient Clinic, Delivery Suite, Medical Imaging, Pathology Collection.
2. After they are admitted as an inpatient, they are required to wear a surgical mask if they leave their clinical area/ward for any reason.

Once a patient is admitted to a clinical area, are they required to wear a surgical mask during their admission?

No.

They only need to wear a surgical mask if they are leaving their clinical area/ward (see above question).

Reminders regarding hand hygiene, physical distancing and respiratory/cough etiquette are to be provided.

What should be done if a patient declines to wear a mask on arrival (and is not confused/dementia/other conditions that might cause difficulty with mask wearing)

We need to be mindful of the practicalities of wearing a mask for certain patient groups. Children 12 years old or less are not required to wear a mask. Women in labour may find mask wearing difficult and be unable to comply. Where there are no obvious barriers to mask-wearing, the patient should be informed of the current Amber Alert recommendations and their risk for COVID-19. Check the reasons for declining to wear a surgical mask and determine if there are alternatives that may be suitable for this patient. If they continue to decline the alternative, the patient should be placed 1.5 metres away from

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other patients and informed that they are not to walk around the clinical area until they are either discharged from the Emergency Department or admitted to their clinical area.

Can a patient wear a P2/N95 respirator who is suspected, probable or confirmed COVID-19?

No.

VISITORS

What should be done if a visitor declines to wear a mask?

The visitor should be informed of the current Amber Alert recommendations and the risk to the patient and others in the facility they are visiting. If they continue to decline to wear a mask, they should be asked to leave the health facility.

CARER IN A HEALTHCARE SETTING

Should a carer wear a surgical face mask if within 1.5 metres of a patient?

Yes.

CONTRACTORS

Should a contractor wear a surgical mask?

This should be risk assessed. If they are not going to inpatient/outpatient areas and will not be within 1.5 metres of patients, they are not required to wear a surgical mask.

Reminders regarding hand hygiene, physical distancing and respiratory/cough etiquette are to be provided.

Contractors must not come into the health facility if they are unwell with a fever, acute respiratory illness or COVID-19 symptoms. They should be referred for COVID-19 testing.

HOME VISITS

Do HWs need to wear a surgical mask if they are visiting a patient in their home to provide healthcare?

Yes, a surgical mask should be worn if providing care within 1.5 metres. If physical distancing can be maintained during the visit, a surgical mask is not required.

AGED CARE FACILITIES/MULTI-PURPOSE SERVICES (MPS)

In a NSW Health operated aged care facility/MPS, do these rules for surgical mask wearing apply to HWs and visitors?

Yes.

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HWs who move between aged care and Emergency Departments within MPSs should change their surgical mask between these departments.

Does a resident in an aged care facility or MPS need to wear a surgical mask?

No.

This is classified as their home.

HEALTH WORKERS

What does our clinical area do if we have a limited number of surgical masks for a short period of time?

All issues related to PPE should be escalated immediately through usual organisational structures. This should be addressed at LHD/SHN Personal Protective Equipment (PPE) Governance Committees.

The [COVID-19 Infection Prevention and Control: Application of PPE](#) document provides guidance of extended or sessional use of PPE. See question below.

Can a HW wear the same surgical mask for multiple patient interactions?

Yes.

This is called extended or sessional use of PPE.

Further information on the safe use of surgical masks can be located: [Guidance of use of Masks in NSW](#).

If a surgical mask is able to be worn without pulling it down or removing it to speak, it can be worn for up to four (4) hours. If it is pulled down or removed to speak, it must be discarded immediately and hand hygiene performed.

If it is touched, hand hygiene should be performed immediately.

It should be removed if it becomes damp or loose.

If a HW wants to wear a surgical mask when in crowded areas of the hospital eg eating areas, do they need to wear a surgical mask?

This will be at the HWs discretion. Physical distancing and hand hygiene to be practiced at all times.

Can HWs wear a P2/N95 respirator for routine care of the patient?

No.

P2/N95 respirators are worn:

1. Providing care or treatment to a patient with a communicable disease that is spread by the airborne route e.g. Tuberculosis (TB), measles

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2. Performing an aerosol generating procedure (AGP) on a patient with an acute respiratory illness or with suspected, probable or confirmed COVID-19.

What should be done if a HW declines to wear a surgical mask when within 1.5 metres of a patient?

This is a Work, Health and Safety risk and should be managed within this legislation.

Does a HW wear a surgical mask if they are talking to a patient and can maintain a 1.5 metre physical distance?

No, a surgical mask is not required if physical distancing can be maintained.

During this PPE Amber Alert, should HWs with conditions that place them in a 'vulnerable' group be redeployed?

Staff members should be individually risk assessed to determine their suitability for clinical areas. Wearing a surgical mask when within 1.5 metres of any patient will reduce this risk and should be considered in the risk assessment.

If a HW is in a non-clinical area or office, should they wear a surgical mask?

No.

If they are not within 1.5 metres of a patient, a surgical mask is not required.

Physical distancing and hand hygiene should be practiced.

What if a visitor asks why a HW is not wearing a surgical mask?

As indicated above, not all staff who work in a healthcare facility are providing direct patient care within 1.5 metres.

PATIENTS WITH A DISABILITY, DEMENTIA, SIGHT IMPAIRMENT, BEHAVIOURAL ISSUES, MENTAL HEALTH CONDITIONS

Should a HW/carer/visitor wear a surgical face mask if within 1.5 metres of a patient?

If possible.

HWs, visitors and/or carers wearing a surgical mask may cause some patients distress or trigger changes to their behaviour or mental health condition. This will require a risk assessment to determine the best way to manage the risk of transmission of COVID-19 when providing care within 1.5 metres of the patient. All decisions regarding the risk assessment should be documented in the patients' healthcare record.

The patients' distress or changes to behaviour or mental health conditions may not be immediately apparent and this should continue to be monitored.

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REQUESTS FROM PATIENTS

Requests from patients regarding the wearing of a surgical mask or HWs, visitors or carers wearing a surgical mask should be considered with empathy and sensitivity. They may not always understand this significant change or be able to articulate how it triggers some fear. A risk assessment should be conducted and any changes to the wearing of a surgical mask within 1.5 metres of the patient should be documented in the patients' healthcare record.