

Foundational level frequently asked questions (FAQs) for health workers in NSW Health organisations

Foundational level: Infection prevention and control COVID-19 and other acute respiratory infections

What is foundational level?

Foundational level provides the core infection prevention and control (IPAC) measures for protecting patients, health workers (HWs) and visitors of NSW Health facilities in preventing and managing acute respiratory infections (ARIs) including COVID-19. This allows NSW Health facilities to be prepared and responsive to changes in the threat of airborne pathogens.

The foundational level underpins all alert levels used during the pandemic. The foundational level includes existing IPAC practices; more information can be found [here](#). The [NSW IPAC Framework for Respiratory and COVID Safe Healthcare](#) provides a summary of foundational and escalation strategies (alert levels).

How is foundational level different from the yellow alert level?

During the yellow alert, HWs are required to wear surgical masks in all clinical and patient facing areas.

For the **foundational level**, masks are only required as follows:

- Surgical mask and eye protection when providing care for patients with an ARI.
 - P2/N95 respirator and eye protection when caring for a patient with suspected / confirmed COVID-19 or any other [airborne pathogen](#) such as tuberculosis, measles, varicella.
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What is an ARI?

Acute respiratory infection is recent onset of respiratory and systemic symptoms. ARIs are caused by viruses and / or bacteria. For further information please refer to Chapter 1 in the [Infection Prevention and Control COVID-19 and other Acute Respiratory Infections](#).

When should I wear a P2/N95 respirator?

You should wear a P2/N95 respirator including eye protection:

- When providing care to patients with suspected or confirmed COVID-19.
- When providing care to patients who are close contacts of others with known COVID-19.
- During an aerosol generating procedure/aerosol generating behaviour in any patient with an ARI.

When providing care to patients with communicable diseases spread via the airborne route (e.g., tuberculosis, measles, varicella).

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When should I wear a surgical mask?

You should wear a surgical mask:

- When assessing or providing care to any patient suspected or confirmed with an ARI (within 1.5m) in addition to eye protection.
- As part of risk mitigation plan for close contact of an ARI.
- As per standard and transmission-based precautions.
- For facility/unit outbreak and/or increased community transmission of COVID-19.
- For vulnerable patients (examples include but not limited to immunocompromised, immune deficiency, transplant) in protective precautions.
- If the patient/client requests specific IPAC practices from healthcare or care providers, it should be considered in context of increased community transmission of COVID-19 and patient/client vulnerability e.g., patient requests provider to wear a surgical mask.

HWs may also elect to wear a mask as personal preference or choice.

If I am not vaccinated against seasonal influenza or have a medical contraindication to COVID-19 vaccination are there any additional requirements?

Yes. HWs noncompliant (including exemptions) with annual influenza vaccination are required to wear a surgical mask until 30 September.

HWs noncompliant (including exemptions or medical contraindications) with COVID-19 vaccination are required to wear surgical mask as a minimum while in the health facility (clinical and non-clinical area). All workers and new recruits are required to receive 2 doses of a Therapeutic Goods Administration approved or recognised COVID-19 vaccine to be compliant to work within an NSW Health service.

There is detailed information in the [NSW Health PD2023_022 Occupational Assessment Screening & Vaccination Against Specified Infectious Diseases](#) and [Infection Prevention and Control COVID-19 and other Acute Respiratory Infections](#).

When should a patient wear a mask?

Patients with an ARI should be asked to wear a surgical mask on presentation and during transit if they are able.

Patients with an ARI or risk assessed as vulnerable may be asked to wear a surgical mask when they are outside their room.

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What if I am a HW who has been exposed to a patient with COVID-19 or ARI and wasn't wearing a mask, or had a PPE breach?

- Continue to attend work with a risk management plan.
- RAT or PCR if symptomatic and stay at home until asymptomatic for >24hrs.
- In high or extreme risk settings, you will need to wear a mask/respirator. In other settings mask wearing is recommended for at least 7 days.

Refer to [Managing Health Worker Exposures and Return to Work in a healthcare setting](#) for more information on the risk assessment and appropriate actions to be taken to minimise the risk of further spread within the health facility.

What should I do if I develop ARI?

Stay home and do a rapid antigen test (RAT) for COVID-19. Do not attend work until your symptoms have been resolved for >24 hrs. If you continue to have symptoms, you may require PCR testing for influenza and respiratory syncytial virus (RSV).

Notify your direct line manager and inform them if you believe you may have been working whilst potentially infectious and have not been wearing a mask or a respirator during this time (i.e., 48 hours prior to symptom onset).

A risk assessment may need to be undertaken by the line manager in consultation with IPAC to identify any potential transmission risk to other HWs or patients and risk mitigation strategies need to be put in place to limit further transmission risks.

What should I do if I am a household contact of COVID-19 or ARI?

- Notify your direct line manager and inform them that you are a household contact of COVID-19 or ARI
- Continue to attend work with a risk management plan.
- RAT or PCR if symptomatic and stay at home until asymptomatic for >24hrs.
- In high or extreme risk settings, you will need to wear a mask/respirator. In other settings mask wearing is recommended for at least 7 days.

Refer to [Managing Health Worker Exposures and Return to Work in a healthcare setting](#) for more information on the risk assessment and appropriate actions to be taken to minimise the risk of further spread within the health facility.

What should I do if there are two or more cases of healthcare associated (HAI) COVID-19 / ARI in one ward or unit (patients and/or HW where isolation or mask wearing has not been in place)?

Contact and notify the local IPAC team and follow local processes and contingencies regarding confirmation and outbreak management of infectious diseases as per the [Infection prevention and control practice handbook](#).

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Should I enter all HAI confirmed COVID-19 or ARI cases into the IMS+ incident reporting system?

You should follow local process for reporting HAIs.

Deaths related to HAI COVID-19 or ARI should be reviewed as per [COVID-19 incident management](#).

What contact tracing is required for patients, if there is confirmed exposure to COVID-19 or an ARI?

The facility should have a layered approach to contact tracing. For more information refer to Chapter 1 in the [Infection Prevention and Control Manual COVID-19 and other Acute Respiratory Infections](#).

Is routine screening required for COVID-19 or ARI?

No. Symptomatic patients should be tested for ARI including COVID-19.

Do patients with suspected or confirmed ARI or COVID-19 still need isolation?

Yes. Patients need to be isolated until no longer identified as infectious as per local processes for management of infectious patients, for more information refer to [Infection Prevention and Control Manual COVID-19 and other Acute Respiratory Infections For acute and non-acute healthcare settings](#) and [Supporting Bed Allocation and Patient Flow for Infection Prevention and Control](#).

Are visitors required to wear a mask if they come to a health facility?

Mask wearing for visitors is dependent on local risk assessment. Facilities can request visitors to wear a mask as per transmission-based precautions and / or risk assessment.

If visitors have symptoms of an ARI, they need to defer their visit. However, compassionate visitation can continue but may need a case-by-case risk assessment (a process should be in place for local risk assessment responsibilities).

Are volunteers or contractors required to wear a mask?

Volunteers or contractors are required to wear a mask if they are entering into an area where patients are under transmission-based precautions and applied risk assessment. If volunteers or contractors have an ARI, they should be excluded from the health facility until their symptoms have resolved.
