

Chapter 3: NSW IPAC Response and escalation framework

This chapter is part of Infection Prevention and Control Manual COVID-19 and other Acute Respiratory Infections (ARIs) for acute and non-acute healthcare settings, Clinical Excellence Commission, 2023.

The chapter summarises current evidence about ARIs including COVID-19 infection prevention and control strategies and interventions, and their implementation in healthcare settings.

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Key points

- NSW provides a risk assessment for the health system as a whole
- The COVID-19 risk monitoring dashboard brings together data on cases, clusters, the public health response and the impact of COVID-19 on the workforce
- An expert panel reviews the dashboard and assigns a risk rating which informs infection prevention and control practices.

Acronyms and abbreviations

ACFs	Aged Care Facilities
ACI	Agency for Clinical Innovation
AGP	Aerosol-generating procedure
ARI	Acute respiratory infection
CEC	Clinical Excellence Commission
CHO	Chief Health Officer
DCF	Disability Care Facility
ED	Emergency Department
FAQs	Frequently asked questions
GP	General Practitioner
HW	Health worker
ICU	Intensive Care Unit
IPAC	Infection prevention and control
LHD	Local Health District
MoH	NSW Ministry of Health
MPS	Multi-Purpose Service
NSW	New South Wales
NSWA	New South Wales Ambulance
PHEOC	Public Health Emergency Operations Centre
PHO	Public Health Order

PPE	Personal protective equipment
RACF	Residential aged care facility
RERP	Risk Escalation Review Panel
SHN	Specialty Health Network
TB	Tuberculosis
WHS	Work Health and Safety

3.1 Introduction

The NSW Infection Prevention and Control (IPAC) response and escalation framework (risk matrix) has been developed to provide guidance to NSW health facilities, historically on levels of COVID-19 transmission risk, and now transitioning to include other acute respiratory infections and possible communicable diseases of state or national significance. The development of this framework has been informed by NSW, national and international evidence, and experience. The intent is that any state-wide changes to risk level is informed by consultation with the Ministry of Health (MoH), Local Health Districts (LHDs), Speciality Health Networks (SHNs) and other health organisations such as NSW Ambulance, closely monitored through health system metrics, and guided by the Risk Escalation Review Panel (RERP) with the baseline state alert level being directed by the Secretary of NSW Health. This model may also be utilised for future pandemics, communicable diseases of state or national significance or high consequences infectious diseases (HCID).

Transitioning to endemic controls for COVID-19 will incorporate COVID-19 monitoring and management into existing infection prevention and control risk management controls for transmissible infections.

The revised framework adopts a foundational level approach to ensure the application of robust infection prevention and control practices as a minimum on which escalation strategies are added to enhance IPAC strategies.

As the system moves to foundational IPAC, LHDs/SHNs may apply additional principles to outbreak management based on the framework, compliance with the [IPAC policy directive](#) and [Triggers for Escalation guideline](#).

3.2 Escalation principles

During situations of increased risk, it is important to be able to escalate and provide a proportionate response with specific infection prevention and control precautions to align with the level of community transmission or level of healthcare transmission and impact. The State-wide level of risk including escalation or de-escalation is assessed and guided by the RERP.

This information is summarised in the risk monitoring dashboard available [here](#).

Transition between risk levels

Although the risk of community transmission and consequent impact on health services varies across LHDs/SHNs, during a state-wide pandemic/outbreak response the agreed approach is to have a state-wide decision-making process. The criteria used to transition between risk levels, and the system impact are a composite of community transmission, the public health response, and the burden of infection in the health system. Where an LHD/SHN local community risk warrants additional assessment, this should be escalated by the Chief Executive of the LHD/SHN to the Chief Health Officer (CHO) who will call an extraordinary meeting of the RERP to agree on an NSW Health response. As information about the COVID-19 pandemic is continuing to evolve there may be additional advice provided by the CHO or other agencies which may result in enhancement of existing risk levels. Additional precautions may apply through Public Health Orders (PHO) where instructed based on community transmission and epidemiological risk.

Escalating to higher transmission risk levels requires LHD/SHNs to rapidly respond and implement key controls aligning with each risk level. De-escalation may require additional communication and implementation of changes may take longer.

Moving to the management of COVID-19 and other transmissible infections as part of routine operations will require LHDs/SHNs to ensure they have robust local IPAC strategies. This will require embedding foundational (baseline) IPAC practices to include outbreak management escalation and enhancements of strategies based on local epidemiology as determined by the IPAC program (refer to *NSW IPAC Response and escalation framework - Principles for IPAC monitoring and management of local implementation*).

Private and independent health care providers may refer to CEC advice for guidance and to inform their own local risk assessments.

3.2.1 System Impact

Added system impact to an alert is noted by the additional pressures of positive case numbers and high staff and/or service impact. The system impact alert level will be applied plus the risk level as allocated by the panel and the risk escalation framework and may cover impacts outside of IPAC. The development of this additional level has been informed by NSW, national and international experience and evidence. The intent is that any changes to risk level are state-wide, an approach informed by consultation with the MoH, LHD/SHNs and other health organisations such as NSW Ambulance and HealthShare NSW.

The system impact level considerations are added to the current risk alert level to provide a complete set of guidance for healthcare. Examples of triggers for system impact are in the table below.

System Impact Alert Level	
Workforce	Significant impact due to critical staff shortages; large furlough numbers, contact numbers and positive HW case numbers.
ICU Capacity	<20-25% ICU bed capacity including surge beds (either bed availability and/or staff to manage beds), unable to deliver usual services.
Hospital capacity	Hospital at capacity and/or unable to be staffed due to sick leave. Substantial delay in admissions, unable to admit elective patients.

ED Capacity	Either significant number of ED presentations (inadequate beds and/or inadequate staff numbers); serious delays in patient assessment times; inability to admit or delays in admission.
Transport Capacity	NSW Ambulance & HealthShare NSW: Either significant or marked increase in demand and or serious delays in transport timeliness and response times. A high proportion of COVID transports.
PPE Availability	Significant or marked increase in demand, major strategies to manage and ensure supply, with or without impact on stock cover.
Surgery	Emergency surgery only. <ul style="list-style-type: none"> • Risk assessment for day procedures to continue • Emergency day procedures where capacity and pressure on system continues to rise

3.2.2 Alert level plus

Where there are additional requirements required for a COVID-19 risk alert level that does not warrant a complete move to another level, the risk escalation panel may apply the alert level PLUS.

The details of additional requirements will be described in the risk escalation dashboard and could include elements such as PHO; IPAC strategies such as additional PPE requirements.

3.3 General principles for all settings and all scenarios

The following principles provide a robust framework for LHD/SHNs and other healthcare organisations to manage risk and apply to all settings and all scenarios. A key focus during escalation is to ensure that the hierarchy of controls are in place and to look at the use of PPE in response to the level of community transmission.

The foundational principles of infection prevention and control must always be applied across all settings. These principles apply across all scenarios and are listed below:

1. Administrative and engineering controls
(Refer to *Chapter 2 – Implement transmission-based precautions*)
2. Physical distancing during amber and red alert risk level
3. Standard precautions for all healthcare interactions
(Refer to *Chapter 2 – Application of standard precautions for all patients at all times*)
4. [Hand hygiene](#)
5. Enhanced cleaning of high touch surfaces
(Refer to *Chapter 2 – Environmental cleaning*)
6. [Ensure relevant HW have completed donning and doffing of PPE training](#)
7. [Ensure there is on-site, readily available testing of causative organism for HWs](#) (e.g., COVID-19)
8. [Health workers \(HWs\) stay at home if they are unwell](#)
9. Entry screening for visitors and HW as per [NSW Health guidelines](#).

NSW IPAC Response and escalation framework - Principles for IPAC monitoring and management for local implementation

The following should be read in conjunction with the below additional policies and guidelines:

- [Infection Prevention and Control Policy](#)
- [Infection Prevention and Control Practice Handbook](#)
- [Triggers for Escalation Following Detection of Infection Outbreaks or Clusters](#)

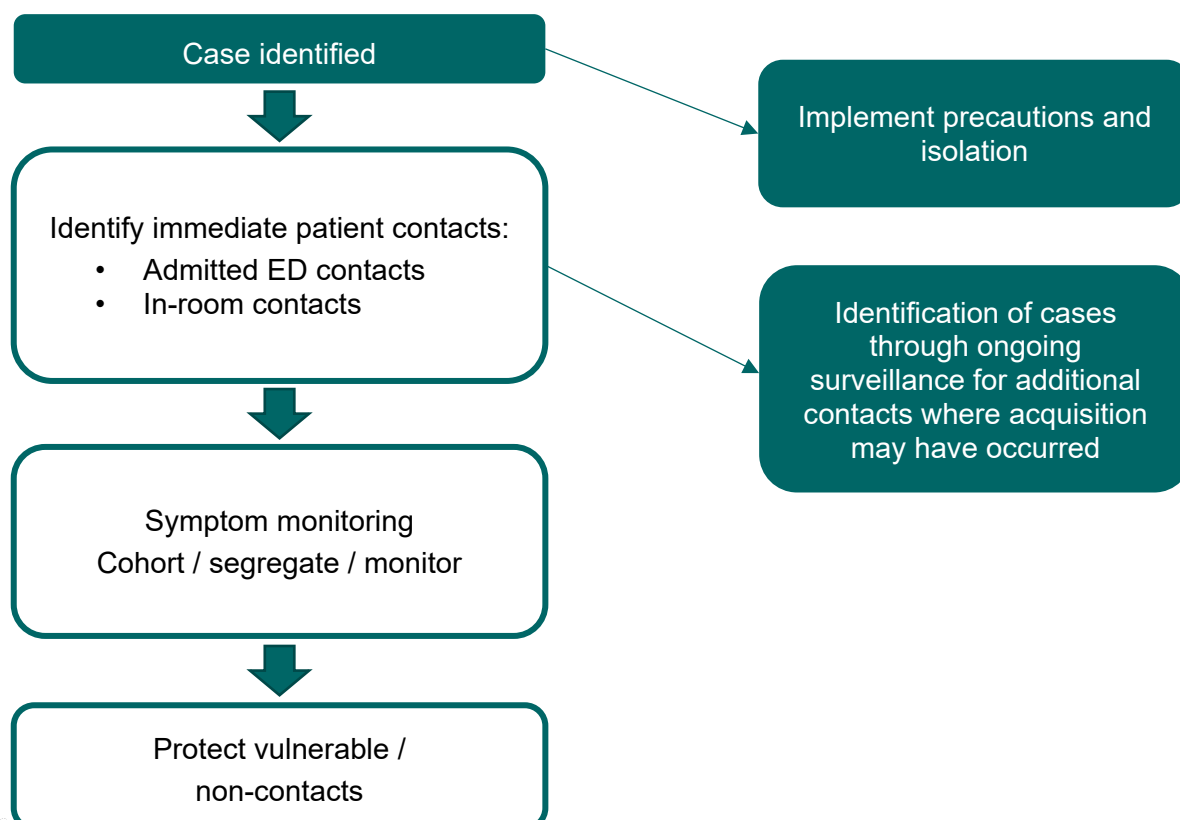
Monitoring measures for local IPAC programs supported by local systems:

- Monitor case numbers of ARI, COVID-19 and other communicable infections
- Targeted contact tracing as part of foundational level IPAC
- Identification and reporting through ongoing surveillance – ARI, COVID-19 and other communicable infections prevalence/incidents
- Occupancy rates of ARI, COVID-19 and other communicable infection cases
- Monitor staff furloughing numbers
- Monitor and manage Healthcare Associated Infections (HAIs)
- Screening and cohorting of patients
- Patient flow review to incorporate IPAC status supporting bed allocation for IPAC and minimising patient movements

Escalation reasons for consideration: (monitored and directed by IPAC/ID)

- Increased case numbers (identified pathogen)
- Increased clusters / multiple outbreaks
- Significant staff furlough.
- Consideration of state-wide parameters/MOH directive

FIGURE 5: IN-HOSPITAL (MODIFIED) CONTACT TRACING



3.4 NSW Risk matrix summary

NSW IPAC Framework for Respiratory and COVID Safe Healthcare

Foundational level provides the minimum Infection Prevention and Control (IPAC) measures for preventing and managing Acute Respiratory Infections (ARIs) and COVID-19. Tier 1 (yellow and amber) and Tier 2 (red) levels provide escalation of preventative/management strategies and guidance to NSW health facilities in relation to the levels of transmission risk. Changes to risk level where state-wide, (including escalation or de-escalation) will be assessed by the Risk Escalation Review Panel (RERP) and directed by the NSW Health Secretary. Enhancement to IPAC may also be applied during foundational level, relevant to local epidemiology.



	TRANSMISSION RISK	CLINICAL & PATIENT CARE	VISITORS AND HEALTH WORKERS	GENERAL PRINCIPLES
Foundational Level Strategies	System prepared <i>Facility/unit outbreaks and/or community transmission increase</i> Implement enhanced IPAC precautions such as: - HWs and visitors to wear mask in clinical areas - Symptom screening (if symptomatic, RAT test) - P2/N95 respirator and eye protection when providing care to patients with COVID-19	<ul style="list-style-type: none"> Implement strategies^{1,2} to reduce risk of exposure Get tested as soon as symptoms develop to enable timely access to antiviral medications Patients with an acute respiratory infection (ARI) to wear a surgical mask on presentation and transit if able Standard precautions. Personal Protective Equipment (PPE) as per Transmission Based Precautions (TBP) as required Monitoring and management of cases through IPC contact tracing measures Additional protection of vulnerable patients¹ Outbreak management plans in place and reviewed, including notification processes 	Visitors <ul style="list-style-type: none"> Adhere to visitor policy (see guide to healthcare visitation) Stay away if symptomatic Symptom screening, mask wearing for high-risk areas and for vulnerable patients Health Worker (HW) <ul style="list-style-type: none"> Positive HW - stay home until acute symptoms resolve; asymptomatic positive RAT / PCR stay home at least until day 3 (see HW return to work) Additional controls for vulnerable patients¹ 	<ul style="list-style-type: none"> Vaccination (COVID-19 & flu) recommended/required Symptomatic testing /stay home if symptomatic or confirmed COVID-19 / flu Infection Prevention and Control² <ul style="list-style-type: none"> Hand/respiratory hygiene PPE including masks / eye protection Close contact monitoring for symptoms HW training on IPAC principles Airborne Precautions for AGPs / Aerosol generating behaviours Optimise ventilation⁴ HW to wear surgical mask and eye protection (≤1.5m) for all ARIs and as per risk assessment HW – P2/N95 respirator and eye protection to be worn when managing suspected or confirmed COVID-19 and other communicable diseases patients as per TBP directions
Escalation Strategies Tier 1				
YELLOW	Low to moderate transmission risk	<ul style="list-style-type: none"> All Patients to wear a surgical mask on presentation and during transit if able Testing of suspected COVID-19 / flu / RSV and symptomatic ARI patients 	<ul style="list-style-type: none"> HW to wear surgical mask and eye protection for all ARIs HW and visitors to wear surgical mask in clinical and patient facing areas 	<ul style="list-style-type: none"> Consider increasing areas of mask wearing where indicated including publicly accessible areas
AMBER	Moderate to high transmission risk	<ul style="list-style-type: none"> All patients to wear a mask on presentation and during transit if able Symptomatic and selected surveillance testing of patients Zoning of patients as required 	<ul style="list-style-type: none"> HWs and visitors to wear surgical mask including non-clinical areas and shared spaces (e.g., on entry, corridors, office spaces) 	High community prevalence and/or outbreak <ul style="list-style-type: none"> Outbreak management plan activated and scaled up Mask wearing for visitors³ Limit visitor numbers Staff surveillance testing RAT screening of visitors Surge workforce, if required PCR COVID-19 / flu testing National medical stockpile – deployment of additional PPE if required Enhanced surveillance testing of patients
Tier 2				
RED	High transmission risk	<ul style="list-style-type: none"> Universal surgical mask wearing All ED HWs and HWs providing direct care in clinical areas to wear P2/N95 respirators and eye protection. 	<ul style="list-style-type: none"> Capacity limits, contingency staffing Work from home, where possible Selected surveillance testing for HWs 	

¹ For example, Standard and TBP, isolation/cohorting, PPE (Mask + eye protection), case identification, in-hospital primary contact tracing, hand hygiene, cough/respiratory hygiene, optimising well-ventilated settings, environmental cleaning. For vulnerable patients (examples include but not limited to immune compromised, immunodeficiency, transplant) in protective precautions.

² Implementation of IPAC measures determined by CEC principles, facility IPAC guidelines in accordance with local risk assessment and Work, Health & Safety policies.

³ Aged care and disability residential care settings only. Visitors not required to wear masks at base level (so residents can see faces). However, facilities to assess their own risk and may require visitor mask wearing at all times.

⁴ Refer to published guidance [Optimising ventilation for infection prevention and control in healthcare settings](#).

3.5 NSW Risk matrix table

Health worker mask use

The risk of undetected introduction of ARI/COVID-19 into health facilities changes with the level of community transmission and features of the circulating strain. As this will continue to change, additional precautions including the routine use of masks and physical distancing (during amber and red alert risk level) may apply.

Recommended precautions:

- Airborne precautions: P2/N95 respirator and eye protection when providing care to patients with suspected or confirmed COVID-19, undiagnosed ARI or other communicable disease spread via airborne route
- Droplet precautions: Surgical mask and eye protection when providing care to patients with acute respiratory infection (ARI)
- Contact precautions: Apron/gown and gloves when direct and close contact with patients based on risk assessment
- Standard precautions: Includes hand hygiene, environmental cleaning, cough etiquette and respiratory hygiene – standard precautions apply to all settings where care is provided

Risk Matrix		Foundational System Prepared	Yellow Alert Low to Moderate Transmission	Amber Alert Moderate Transmission	Red Alert High Transmission
Patients	Patients with an ARI to wear a surgical mask where able on presentation and transit if able				
	All patients in hospital	Respiratory virus testing of symptomatic patients Isolate in single room/cohort Paediatrics: isolate in bedspace following risk assessment	Patients with ARI to be tested for respiratory viruses, single room isolation if possible. Targeted and risk assessed surveillance screening of admissions (See Appendix 2B). All patients to wear a surgical mask on presentation and during transit if able	Targeted surveillance screening of patients Manage suspected or confirmed COVID-19* patients in a single room where possible	All patients to wear a mask on presentation and during transit if able Surveillance screening of patients Manage suspected or confirmed COVID-19* patients in a single room where possible. Prioritise single rooms according to risk. Cohort if no single rooms available. Minimise patient movement where safe to do

*(or communicable disease of state or national significance)

Risk Matrix		Foundational System Prepared	Yellow Alert Low to Moderate Transmission	Amber Alert Moderate Transmission	Red Alert High Transmission
Patients (cont.)	Presenting directly to ED	All patients with ARI to wear a surgical mask on presentation and during transit if able	All patients to wear a surgical mask on presentation and during transit if able		Patients to wear a surgical mask when receiving care if able
	Patient presenting directly to Birth Suite, medical imaging, outpatients, rehabilitation groups and community health services	All patients with ARI to wear a mask on presentation and during transit if able	All patients to wear a surgical mask on presentation and during transit if able		
	Maternity (including presenting directly to birthing suite) AND paediatric patients	Mothers, parents, and participants in care with ARI to wear a surgical mask if able. Mother and baby to remain together. Children 12 years and under are not required to wear a mask	Mothers, parents, and participants in care wear a surgical mask if able Mother and baby to remain together Children 12 years and under are not required to wear a mask		
	Home based care (patients seen in their own home)	All patients with ARI to wear a surgical mask if able	Patients with ARI to wear a surgical mask if able, others depending on risk assessment		All patients to wear a surgical mask when receiving care if able
	Vulnerable patients ¹	All patients to wear a surgical mask when receiving care if able, protective isolation may apply			
	Dialysis	All patients with ARI to wear a surgical mask if able	All patients to wear a surgical mask where able	All patients to wear a surgical mask where able Consider enhanced patient surveillance, dedicating HWs and limiting movement.	Consideration of hospital-based dialysis for most patients Surveillance screening of patients

Risk Matrix		Foundational System Prepared	Yellow Alert Low to Moderate Transmission	Amber Alert Moderate Transmission	Red Alert High Transmission
Health workers (Acute facilities, non-acute facilities, MH, MPSs, health services and RCF)	HWs managing suspected or confirmed COVID-19 patients to wear P2/N95 respirator and eye protection				
	Healthcare facility (HW working in ED refer to the below)	HW to wear a surgical mask and eye protection when providing care for patients suspected or confirmed with an ARI	HWs to wear surgical mask in clinical and patient facing areas. Eye protection when within 1.5m of a patient with ARI. P2/N95 for confirmed /suspected COVID-19	HWs to wear surgical mask when in healthcare facilities, this includes clinical and non-clinical areas (e.g., on entry, corridors, office spaces) Eye protection when within 1.5m of a patient	
	HWs working in ED	HWs to wear surgical mask and eye protection until risk assessment is applied	As above	As above	As above PLUS All ED HWs to wear P2/N95 respirators and eye protection in clinical areas when providing direct care
	Home based care (patients seen in their own home)	Standard precautions	Surgical mask when providing direct patient care Eye protection when within 1.5m of a patient		Symptom screening prior to visit Surgical masks (universal mask use) Eye protection when within 1.5m of a patient
	Residential aged care facility (RACF)	Standard precautions	Surgical mask when providing direct patient care Eye protection when within 1.5m of a patient		Surgical masks (universal mask use) Eye protection when within 1.5m of a patient
	Shared space e.g., team rooms	Standard precautions	Standard precautions; Cough etiquette and respiratory hygiene Consider masking if crowded	Manage the number of HWs using shared spaces HWs who are high risk contacts not to use shared spaces Mask wearing at all times Limit numbers in tea rooms	
	Basic Life Support (BLS)	Standard and droplet precautions for BLS Add airborne precautions (P2/N95 Respirator) if ARI		Airborne precautions (P2/N95 respirator) for all BLS	

Risk Matrix		Foundational System Prepared	Yellow Alert Low to Moderate Transmission	Amber Alert Moderate Transmission	Red Alert High Transmission
Health workers (cont.)	Facility/Unit outbreak/community transmission increase	Mask wearing in clinical areas Surgical mask and eye protection when providing care for patients suspected or confirmed with an ARI P2/N95 respirator and eye protection when providing care to patients suspected or confirmed COVID-19			
	Vulnerable patients ¹	Vulnerable patients are to be identified and managed as per the risk assessment 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. Information provided to patient/carer regarding COVID-19 and influenza vaccination should be documented in the patients' health record.			
Visitors (Including participants in care)	All visitors	Visitors to adhere to standard and transmission-based precautions as required Surgical mask as per risk assessment, recommended when a facility/unit outbreak/community transmission increase and when visiting vulnerable patients ¹	Standard precautions Surgical mask for visitors in clinical areas (wards/clinics) Support visitors - numbers as per local policy	Visitors must wear a mask before entering the facility and meet entry criteria, any exception managed by the LHDs Children 12 years and under are not required to wear a mask Consider limiting number of visitors, e.g., in high-risk areas consider 2 visitors per day Local policy to determine number of visitors in 4 bed bays and on wards	Any restrictions to be based on the NSW Health PHO Visitors must wear a mask before entering the facility (surgical or own approved cloth mask) and meet entry criteria. Exceptions managed by the LHDs Children 12 years and under are not required to wear a mask Visitors based on risk assessment and individual patient needs and circumstances

















Risk Matrix		Foundational System Prepared	Yellow Alert Low to Moderate Transmission	Amber Alert Moderate Transmission	Red Alert High Transmission
Visitors (cont.)	A participant in care can be described as someone actively providing care, physical and/ or emotional support	Standard precautions	Participant(s) in care must wear a surgical mask in clinical areas (wards/clinics)	Participant(s) in care must wear a surgical mask before entering the facility Participants in care to be risk assessed to be able to continue providing care and support	Surgical masks (universal mask use) Participants in care to be risk assessed to be able to continue providing care and support. For more information refer to section 3.16
	Visitors to RACF	Based on local facility advice	Visitation to be based on the latest advice from Public Health Response Branch see NSW Health advice for RACFs		Visitors, including any children will require an exemption to visit NSW Health advice for RACFs

Note: Although these principles apply across healthcare environments, when caring for vulnerable patients/residents, individual circumstances should be considered.

Children 12 years and under are not required to wear a mask. This is based on the safety and overall interest of the child and the capacity to appropriately use a mask with minimal assistance.

1. Vulnerable patients (examples include but not limited to immune compromised, immunodeficiency, transplant) in protective precautions.

Summary table: COVID-19 and other ARI risk assessment guide for PPE selection for direct care of patients

Patient Characteristics			Precautions Required					
								
			Frequent hand hygiene	Surgical mask ³	P2/N95 Respirator ^{3,4}	Eye Protection	Fluid Resistant Gown/Apron	Gloves
No acute respiratory infection (ARI) symptoms	STANDARD PRECAUTIONS FOR ALL ¹	Subject to current NSW Risk Level		As per standard precautions		As per standard precautions	As per standard precautions	As per standard precautions
With ARI symptoms (important to test for other respiratory viruses ^{##})		STANDARD + DROPLET					As per standard precautions	As per standard precautions
Patients with suspected ² or confirmed COVID-19 OR as identified as a close contact		STANDARD + AIRBORNE ⁴					As per standard precautions	As per standard precautions

Notes:

1. Standard precautions always include a risk assessment for the need for PPE
2. COVID-19 close contact as specified by [CDNA COVID-19 SoNG](#)
3. For extended use, masks or respirators can be worn for up to 4-8 hours respectively. Eye protection can also remain on between patients. Masks/respirators and eye protection should be discarded (or reprocessed in the case of reusable eye protection) if they are moist or contaminated with blood or bodily fluids and after removal
4. Health workers required to wear P2/N95 respirators should be trained in the correct use including fit checking, donning, and doffing. Fit testing as per Respiratory Protection Program (RPP). This also applies to the use of reusable respirators.

Risk assess ARI for use of respiratory protection (P2/N95) for AGPs/aerosol generating behaviors (AGBs) or other similar procedures

Adapted from *Personal Protective Equipment (PPE) for patient care with symptoms of acute respiratory illness including COVID-19*, HNELHD

3.7 Yellow alert poster

Targeted mask use within all clinical areas	
	<p>STANDARD PRECAUTIONS ALWAYS APPLY</p> <p>Ensure screening and triage processes are in place to manage patients with suspected COVID-19 or communicable disease of state or national significance</p>
Patients	<p>Standard precautions: hand hygiene, cough etiquette, respiratory hygiene, and personal hygiene</p> <p>Unless urgent, exclude outpatients with suspected or confirmed COVID-19, communicable diseases of state or national significance</p> <p>All patients to wear a surgical mask on presentation and during transit if able</p>
	<p>HW to wear surgical mask in clinical and patient facing areas</p> <p>HW to wear a surgical mask and eye protection when providing care for patients with an ARI (within 1.5m)</p> <p>Standard, droplet and airborne precautions (P2/N95 respirator) and eye protection are required when providing direct care for:</p> <ul style="list-style-type: none"> patients with suspected or confirmed COVID-19 close contact of a COVID-19 case Communicable diseases spread by airborne route
	<p>Visitors to wear surgical mask correctly in clinical and patient facing areas</p> <p>Promote hand hygiene</p>



OR



3.8 Yellow alert frequently asked questions

The FAQs provide an explanation of when masks need to be worn by HWs, patients, visitors, carers and other people coming into NSW Health facilities.

HEALTH WORKERS	
When should I wear a mask?	Surgical masks and eye protection should be worn when assessing or providing care to any patient with ARI (within 1.5m) and are required in all clinical and patient facing areas.
Why do I need to wear a mask when working in the ED?	Surgical masks and eye protection should be worn when assessing or providing care to any patient with ARI (within 1.5m) and are required in all clinical and patient facing areas.
When in crowded areas of the hospital e.g., eating areas/cafeteria, do HWs need to wear a surgical mask?	<p>Masks may be considered in publicly accessible spaces.</p> <p>Spaces, where large numbers of people congregate, you may consider wearing a mask e.g., large staff gatherings for educational events (refer to local procedures).</p> <p>Cough etiquette, respiratory hygiene and hand hygiene is always to be practiced.</p>
When should HWs wear a P2/N95 respirator?	<p>P2/N95 respirators including eye protection are worn when:</p> <ul style="list-style-type: none"> • Providing care for suspected or confirmed COVID-19 patient • close contact of a COVID-19 case • care for patients with ARI during AGP/AGBs and communicable diseases spread via the airborne route.
Should HWs be wearing masks in safety huddles, meetings, family conferences etc. on the ward/other designated area?	<p>Yes, a mask should be worn within all clinical areas (wards/clinics).</p> <p>Cough etiquette, respiratory hygiene and hand hygiene is always to be practiced.</p>
If a HW is in a non-clinical area (non-public area) or office, should they wear a surgical mask?	No, masks do not need to be worn in these settings, however, if areas are crowded you may consider wearing a mask.
During yellow alert, should HWs with conditions that place them in a 'vulnerable' group be redeployed?	<p>Vulnerable HWs should be individually risk assessed to determine their suitability for clinical areas.</p> <p>Wearing a surgical mask when in clinical areas will reduce this risk and should be considered in the risk assessment.</p>

If a HW travels in a shared health vehicle with another HW, do they need to wear a surgical mask?	Masks are unlikely to be required, however, this can be based on HW's discretion.
Should HWs entering a school for the provision of a service wear a mask? (e.g., immunisation or school within a health facility)	<p>For school-based programs, masks are not routinely recommended. However, a risk assessment must always be performed and there may be situations where a mask is worn.</p> <p>For schools located within health facilities, HWs can wear a mask and eye protection if they are required to provide direct care for high-risk patient/client (ARI) within 1.5m.</p>
PATIENTS	
When should a patient wear a mask? (See questions regarding approved cloth masks below)	<p>All patients to wear a mask on presentation and during transit if able. (including while in waiting areas)</p> <p>Patients with ARI or risk assessed as vulnerable may be instructed to wear a mask if outside room.</p>
Once a patient is admitted to a clinical area, are they required to wear a surgical mask while they are an inpatient?	<p>Patients will not usually be required to wear a mask once in their room.</p> <p>If they have ARI symptoms, fever or are suspected or confirmed COVID-19, they are required to wear a surgical mask if they are leaving their room, if able (for example going to the medical imaging department). Remember: some patients will not be able to tolerate wearing a mask.</p>
Why don't children 12 years and under need to wear a mask if they have respiratory symptoms?	<p>In general, it is not practical for children to be fitted with a mask. If a child is wearing a mask, then this can continue while the child is inside a health facility.</p> <p>Masks can be choking hazards for children under two and are not suitable for this age group.</p> <p>This advice is consistent with other jurisdictions.</p>
Can a patient with suspected or confirmed COVID-19 wear a P2/N95 respirator?	Patients should not wear a P2/N95 respirator but are to wear a surgical mask when leaving the room if able.
APPROVED CLOTH MASKS	
Can a HW wear an approved cloth mask at work?	<p>No, approved cloth masks vary in quality, effectiveness and may not be fluid resistant.</p> <p>An approved cloth mask can be worn by HWs outside the health facility e.g., travelling to and from work.</p>

<p>If a patient/client <u>with</u> an ARI or COVID-19 symptoms, comes in wearing an approved cloth mask, should it be changed to a surgical mask?</p>	<p>Yes, an approved cloth mask will become damp very quickly when someone has an ARI, fever or COVID-19 symptoms. The mask will be much less effective when damp and may be touched frequently by the patient.</p> <p>A surgical mask should be placed on the patient and usual admission/discharge processes for suspected or confirmed COVID-19 patients are to be followed.</p> <p>Access to tissues, ABHR and a bin are to be provided.</p>
<p>If a visitor comes in wearing an approved cloth mask, should it be changed to a surgical mask?</p>	<p>No, visitors can keep the same mask.</p> <p>If the visitor has ARI or fever, they should not be allowed entry as per screening criteria.</p>
HOME VISITS	
<p>Do HWs need to wear a surgical mask when they are visiting a patient in their home to provide healthcare?</p>	<p>A surgical mask should be worn when providing direct clinical care.</p> <p>A surgical mask and eye protection is recommended if the patient has an ARI or is in self-isolation.</p> <p>Patients are not required to wear a mask if they are not showing ARI symptoms but may choose to wear one.</p>
CARER IN A HEALTHCARE SETTING	
<p>Should a carer wear a surgical face mask if within 1.5 metres of a patient?</p>	<p>Yes, the carer should wear a mask in clinical areas (ward/clinics).</p>
VISITORS	
<p>Are visitors required to wear a mask if they come to a health facility?</p>	<p>Yes, they should wear a mask correctly within clinical and patient facing areas while in the health facility.</p> <p>If they have ARI symptoms, they need to defer their visit.</p> <p>Posters and information on mask use are available here.</p>
<p>What should be done if a visitor appears to have ARI symptoms?</p>	<p>Offer an alternative such as a virtual visit.</p> <p>The visitor should be asked to defer their visit if possible.</p> <p>They should be referred for testing and told to isolate.</p>

AGED CARE FACILITIES (ACF) / MULTI-PURPOSE SERVICE (MPS)	
Does a resident in an ACF or MPS need to wear a surgical mask?	Not routinely, risk assess as per outbreak management.
PATIENTS WITH A DISABILITY, COGNITIVE IMPAIRMENT, BEHAVIOURAL ISSUES AND/OR MENTAL HEALTH CONDITIONS	
Should a HW/carers/visitor wear a surgical mask if within 1.5 metres of a patient?	<p>A HW/carers/visitor in a disability care facility should take extra precautions including the use of masks.</p> <p>A surgical mask and eye protection is recommended for patients with an ARI and during clinical care of a patient.</p> <p>HWs should maintain physical distancing whenever possible.</p> <p>HWs, visitors and/or carers wearing a respirator, or a surgical mask may cause some patients distress or trigger changes to their behaviour or mental health condition. This will require a risk assessment and ongoing monitoring to determine the best way to manage the risk of transmission of COVID-19 when providing care within 1.5m of the patient.</p> <p>If a risk assessment determines that a mask will pose a physical risk to the patient, alternatives such as physical distancing and full-face shield should be considered. The risk assessment should determine the appropriate PPE for the HW.</p> <p>All decisions regarding the risk assessment should be documented in the patients' healthcare record</p>
VOLUNTEERS IN A HEALTHCARE SETTING	
Are volunteers required to wear a mask?	<p>Volunteers are required to wear a mask when they are entering into a clinical area (ward/clinics).</p> <p>If they are in a vulnerable group, they may choose to wear a mask while in all areas of the healthcare setting. Volunteers should not be interacting with patients with an ARI or suspected or confirmed COVID-19.</p>
CONTRACTORS	
When should a contractor wear a surgical mask?	Masks are required when entering a clinical area (ward/clinics) or publicly accessible area, or they require one for dust/gas/environmental exposures.

STOCK DELIVERY TO CLINICAL AREAS – EXTERNAL DELIVERY/COURIER COMPANIES

Do delivery/courier driver need to wear a mask (surgical or cloth) if they are making a delivery to clinical areas?

Yes, masks are required when they are entering into a clinical area (ward/clinics).

VALVE MASKS

If a patient or a visitor is wearing a mask with a valve, do we need to change it to a surgical mask?

Yes, these masks should be changed.

These masks should not be worn as the exhalation valve is generally not filtered and particles are able to be exhaled via the valve.

Reminder: continue to perform hand hygiene, avoid touching masks, encourage cough etiquette and respiratory hygiene.

3.9 Amber alert poster

Mask use for everyone entering a health facility

STANDARD PRECAUTIONS ALWAYS APPLY

Ensure screening and triage processes are in place to manage patients with suspected COVID-19 or communicable disease of state or national significance

Patients presenting directly from the community, inter and intra hospital transfers are **required to wear a mask** if able

Children 12 years and under are not required to wear a mask

Note: Although these principles apply across healthcare environments when caring for vulnerable patients/residents, individual circumstances should be considered

HWs to wear surgical mask when in healthcare facilities, this includes clinical and non-clinical areas (e.g., on entry, corridors, office spaces)

In a shared office space, HWs are required to wear a mask unless they are the only person working in the office

Eye protection when within 1.5m of a patient

Standard, droplet and airborne precautions (**P2/N95 respirator**) and eye protection are required when providing direct care for:

- patients with suspected or confirmed COVID-19
- close contact of a COVID-19 case
- Communicable diseases spread by airborne route

Physical distancing, hand hygiene and regular cleaning are also important

Consider limiting number of visitors (acknowledgement of individual patient needs)

Visitors must wear a mask before entering the facility (own mask or provided by the facility)

Patients

Health workers (HW)

Visitors



OR



3.10 Amber alert frequently asked questions

The FAQs provide an explanation of when masks need to be worn by HWs, patients, visitors, carers and other people coming into NSW Health facilities.

HEALTH WORKERS	
What does our clinical area do if we have a limited number of surgical masks for a short period of time?	<p>All issues related to PPE should be escalated immediately through usual organisational structures. This should be addressed at LHD/SHN PPE Governance Committees.</p> <p><i>Chapter 4: Personal Protective Equipment</i> provides guidance on extended or sessional use of PPE. HWs are not expected to complete a task if the PPE required is unavailable. See question below.</p>
Can a HW wear the same surgical mask for multiple patient interactions?	<p>Yes, this is called extended or sessional use of PPE.</p> <p>If a surgical mask can be worn without pulling it down or removing it, for example to speak, it can be worn for up to four hours. If it is pulled down or removed, it must be discarded immediately, and hand hygiene performed.</p> <p>If the mask is touched, hand hygiene should be performed immediately. The mask should be removed if it becomes damp or loose.</p> <p>Extended or sessional use of a mask or respirator and eye protection can be used across different clinical areas if it is not contaminated.</p> <p>Contamination is likely when providing care for patients with COVID-19 or other infections transmitted via the respiratory route and must be changed prior to entering a different clinical area.</p> <p>Patient transport or NSW Ambulance (NSWA) HWs who move patients between facilities can wear the same mask for the duration of the transport but must discard and change their mask before the next patient transport. Ensure a comfortable fit if driving a vehicle.</p> <p>Safe mask use must always be considered.</p>
When in crowded areas of the hospital e.g., eating areas/cafeteria, do HWs need to wear a surgical mask?	<p>Yes, when in communal areas.</p> <p>Physical distancing, cough etiquette, respiratory hygiene and hand hygiene is always to be practiced.</p> <p>Masks should be worn if distancing is not possible.</p>
When should HWs wear a P2/N95 respirator?	<p>P2/N95 respirators including eye protection are worn when:</p> <ul style="list-style-type: none"> • Providing care for suspected or confirmed COVID-19 /communicable diseases of state or national significance patients • Providing care for close contact of COVID-19 cases • Providing care or treatment to a patient with a communicable disease that is spread by the airborne route e.g., Tuberculosis (TB), measles

Should HWs be wearing masks in safety huddles, meetings, education sessions, family conferences etc. on the ward/other designated area?	<p>Yes, if mask wearing is mandated</p> <p>HWs to wear surgical mask within clinical area and any communal (patient/visitor) area, on entry to hospitals and in corridors including shared spaces when with any other person. This includes spaces where there is no patient or visitor contact.</p> <p>Decision to conduct face-to-face education sessions should be balanced between need and ability to implement risk mitigation strategies (e.g., risk assessment on the level of transmission in the community, HW symptom screening, the ability to wear masks, physical distance, room capacity, environmental controls)</p>
What should be done if a HW declines to wear a surgical mask when within 1.5m of a patient?	<p>This is a WHS risk and should be managed within this legislation.</p> <p>Surgical masks, like other PPE are provided to protect HWs, patients and visitors. Where masks are prescribed for use, they must be consistently used by HWs and as such are not optional.</p>
Should a HW wear a surgical mask when they are talking to a patient and can maintain a 1.5m physical distance?	<p>Yes, a surgical mask is required within clinical areas and when providing direct care to patients.</p>
During this amber alert, should HWs with conditions that place them in a 'vulnerable' group be redeployed?	<p>Vulnerable HWs should be individually risk assessed to determine their suitability for clinical areas.</p> <p>Wearing a surgical mask when within 1.5m of any patient will reduce this risk and should be considered in the risk assessment.</p>
If a HW is in a non-clinical area or office, should they wear a surgical mask?	<p>Yes, if mask wearing is mandated during amber alert</p> <p>HWs to wear surgical mask when in healthcare facilities, this includes clinical and non-clinical areas (e.g., on entry, corridors, office spaces).</p> <p>In a shared office space and the office is co-located or part of a health facility, HWs are required to wear a mask unless they are the only person working in the office.</p>
If a HW travels in a shared health vehicle with another HW, do they need to wear a surgical mask?	<p>Yes, surgical mask required for HWs in non-clinical area and shared spaces</p>
Should a HW wear a surgical mask when they are examining a baby or toddler?	<p>Yes, a baby or toddler will always be accompanied by a parent or guardian. Our protection is for everyone.</p> <p>HWs providing direct care within 1.5m of any patient must wear a surgical mask.</p>

Should HWs entering a school for the provision of a service wear a mask? (e.g., immunisation or school within a health facility)	<p>For school-based programs, the decision to wear a mask should be based on a risk assessment considering the proximity, intensity and duration of contact with children in the school.</p> <p>For schools located within health facilities, HWs are to wear a mask if they are required to provide direct care within 1.5m.</p>
PATIENTS	
When should a patient wear a mask? (See questions regarding approved cloth masks below)	<p>On arrival to a health facility e.g., Emergency Department (ED), Outpatient Clinic, Birth Suite, Medical Imaging, Pathology.</p> <p>After they are admitted as an inpatient, patients are required to wear a surgical mask if they leave their room for any reason.</p>
Once a patient is admitted to a clinical area, are they required to wear a surgical mask while they are an inpatient?	<p>Patients will not usually be required to wear a mask once in their room.</p> <p>If they have acute respiratory symptoms, fever or are suspected or confirmed COVID-19, they are required to wear a surgical mask if they are leaving their room (for example going to the medical imaging department).</p> <p>If patients are to leave the room and physical distancing is not possible, then they will be asked to wear a surgical mask (not a respirator).</p> <p>Remember: some patients will not be able to tolerate wearing a mask.</p>
When a patient discharged from a health facility (ED or as an inpatient) are they required to wear a mask?	Yes, while in the health facility (surgical or approved own approved cloth mask).
What should be done when a patient does not want to wear a mask on arrival (and is not confused or have cognitive impairment or other conditions that might cause difficulty with mask wearing)?	<p>Check the reasons for declining to wear a mask and determine if there are alternatives that may be suitable for this patient.</p> <p>If they continue to decline the alternative, the patient should be placed 1.5m away from other patients and informed that they are not to walk around the clinical area until they are either discharged from the ED or admitted to their clinical area.</p> <p>Be mindful of the practicalities of wearing a mask for certain patient groups e.g., those with behavioural disorders or mental health conditions, cognitive impairment.</p> <p>Women in labour may find mask wearing difficult and may be unable to comply.</p> <p>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.</p>

Why don't children 12 years and under need to wear a mask?	<p>In general, it is not practical for children to be fitted with a mask.</p> <p>Parents/guardians are expected to wear a mask and to assist children in this age group with hand hygiene.</p> <p>If a child is wearing a mask, then this can continue while the child is inside a health facility.</p> <p>Masks can be choking hazards for children under two years; therefore, masks are not suitable for this age group.</p> <p>This advice is consistent with other jurisdictions.</p>
Can a patient with suspected or confirmed COVID-19 wear a P2/N95 respirator?	Patients should not wear a P2/N95 respirator but may be asked to wear a surgical mask when in a shared space.
APPROVED CLOTH MASKS	
Can a HW wear an approved cloth mask at work?	<p>No, approved cloth masks vary in quality, effectiveness and may not be fluid resistant. This means they will not prevent blood, body fluids and respiratory particles penetrating the mask.</p> <p>In proven incidents of sensitivity/allergy a cloth mask may be used as a primary layer to a surgical mask (this must be discussed with local IPAC)</p> <p>An approved cloth mask can be worn by HWs outside the health facility e.g., travelling to and from work.</p>
If a visitor comes in wearing an <u>approved cloth mask</u> , should it be changed to a surgical mask?	<p>No, a visitor can wear an approved cloth mask while visiting the health facility.</p> <p>If the visitor can wear the approved cloth mask without discomfort, they should continue to wear it.</p> <p>Reminders regarding hand hygiene, physical distancing, avoiding touching their mask and cough etiquette, respiratory hygiene are to be provided.</p> <p>If the visitor has acute respiratory symptoms or fever, they need to defer their visit and have COVID-19 testing. They should be asked to change to a surgical mask.</p>
If a patient/client, <u>without</u> any COVID-19 symptoms, comes in wearing an <u>approved cloth mask</u> , should it be changed to a surgical mask?	<p>No, if the patient/client can wear the approved cloth mask without discomfort, they should continue to wear it.</p> <p>Reminders regarding hand hygiene, physical distancing, avoiding touching their mask, cough etiquette and respiratory hygiene are to be provided.</p>

<p>If a patient/client, <u>with</u> an ARI or COVID-19 symptoms, comes in wearing an approved cloth mask, should it be changed to a surgical mask?</p>	<p>Yes, an approved cloth mask will become damp very quickly when someone has an ARI, fever or COVID-19 symptoms.</p> <p>The mask will be much less effective when damp and may be touched frequently by the patient.</p> <p>A surgical mask should be placed on the patient and usual admission/discharge processes for suspected or confirmed COVID-19 patients are to be followed.</p> <p>Reminders regarding hand hygiene, physical distancing, avoiding touching their mask, cough etiquette and respiratory hygiene are to be provided.</p> <p>Access to tissues, ABHR and a bin is to be provided.</p>
<p>If a member of the community wears a towel, scarf, tea towel etc. into the health facility, is this classified as a 'approved cloth mask'?</p>	<p>No, these are not classified as approved cloth masks.</p> <p>NSW Health has released general guidance for approved cloth masks, this information should be followed.</p>
<h2>HOME VISITS</h2>	
<p>Do HWs need to wear a surgical mask when they are visiting a patient in their home to provide healthcare?</p>	<p>Yes, a surgical mask and eye protection should be worn if providing care within 1.5m.</p> <p>Wear a P2/N95 respirator and eye protection if the patient suspected or confirmed COVID-19.</p> <p>If physical distancing can be maintained during the visit, a surgical mask is not required.</p> <p>Patients are not required to wear a mask but may choose to wear one.</p>
<h2>CARER IN A HEALTHCARE SETTING</h2>	
<p>Should a carer wear a surgical face mask if within 1.5m of a patient?</p>	<p>Yes, they can also wear an approved cloth mask.</p> <p>If a carer is accompanying a patient/client into a healthcare facility, they should wear a mask (surgical or approved cloth mask).</p>

VISITORS	
Are visitors required to wear a mask if they come to a health facility?	<p>Yes, visitors are required to wear a mask if they are coming into a health facility for any reason.</p> <p>If they are already wearing an approved cloth or surgical mask, they can continue to wear this. See section above on approved cloth masks.</p>
<p>Birth room</p> <p>If a partner or family member from the same household is supporting the woman during labour, do they need to wear a mask when they are in the room?</p>	<p>If the patient is in a single room, a mask is not required.</p> <p>When the visitor leaves the room, they are to wear a mask until they leave the hospital as per the current risk framework.</p> <p>During labour the partner would carry the same risk as the patient and therefore would not be required to routinely wear a mask.</p> <p>However, in the event of participants in care is COVID-19 positive (or communicable disease of state or national significance) or a close contact they will need to wear a mask at all times.</p>
What should be done if a visitor declines to wear a mask?	<p>The visitor should be informed of the current amber alert recommendations and the risk to the patient, themselves and others in the facility they are visiting.</p> <p>If they continue to decline to wear a mask, they should be risk assessed to determine the location of their visit and the patient they are visiting.</p> <p>Offer an alternative such as a virtual visit.</p> <p>They should only be asked to leave the health facility if it is determined that there will be a COVID-19 or communicable disease of state or national significance risk for the patient, themselves or to the clinical area they will be visiting.</p>
Who will teach visitors how to wear a mask?	<p>As visitors are screened at entry areas, HWs who are responsible for these areas should provide assistance on the correct mask use.</p> <p>Posters and information on mask use are available here.</p>
AGED CARE FACILITIES (ACF) / MULTI-PURPOSE SERVICE (MPS)	
In an NSW Health operated ACF/MPS, do these rules for mask wearing apply to HWs?	<p>Yes, HWs who work in ACFs should take extra precautions including the use of masks where there are areas for increased testing see NSW Health advice for RACFs for more detailed information. This includes aged care areas within an MPS.</p> <p>An ACF can recommend the wearing of surgical masks by HWs within 1.5m of residents. Approved cloth masks are not recommended for HWs.</p>
Does a resident in an ACF or MPS need to wear a surgical mask?	No, this is classified as their home.

PATIENTS WITH A DISABILITY, COGNITIVE IMPAIRMENT, BEHAVIOURAL ISSUES AND/OR MENTAL HEALTH CONDITIONS

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

If possible. P2/N95 respirator is recommended for HWs when providing care for patients with suspected or confirmed COVID-19 or communicable disease of state or national significance.

HWs, visitors and/or carers wearing a respirator, or a surgical mask may cause some patients distress or trigger changes to their behaviour or mental health condition. This will require a risk assessment and ongoing monitoring to determine the best way to manage the risk of transmission of COVID-19 when providing care within 1.5m of the patient. If a risk assessment determines that a mask will pose a physical risk to the patient, alternatives such as physical distancing and full-face shield should be considered. The risk assessment should determine the appropriate PPE for the HW.

All decisions regarding the risk assessment should be documented in the patients' healthcare record.

VOLUNTEERS IN A HEALTHCARE SETTING

Are volunteers required to wear a mask?

Yes, volunteers are required to wear a mask if they are coming into a health facility.

Volunteers should not be within 1.5m of patients suspected or confirmed COVID-19.

A risk assessment of vulnerable volunteers should be conducted based on community transmission case locations.

Volunteers should not be interacting with patients with an ARI or suspected or confirmed COVID-19

CONTRACTORS

When should a contractor wear a surgical mask?

Contractors are required to wear a mask if they are coming into a health facility.

It is expected that contractors maintain adequate supplies of PPE and ABHR as part of their WHS obligations.

If a cafeteria is located within a health facility (contracted by the LHD/SHN), should the HW wear a mask when interacting with patients, HWs and visitors?

Yes, mask is required when interacting with patients, HWs and visitors.

STOCK DELIVERY TO CLINICAL AREAS – EXTERNAL DELIVERY/COURIER COMPANIES

Do delivery/courier driver need to wear a mask (surgical or cloth) if they are making a delivery to clinical areas?

Yes, masks and ABHR should be made available to delivery/courier driver if they do not have their own approved cloth mask.

VALVE MASKS

If a patient or a visitor is wearing a mask with a valve, do we need to change it to a surgical mask?

Yes, these masks should be changed.

These masks should not be worn as the exhalation valve is generally not filtered and particles are able to be exhaled via the valve.

Reminders: Not to be onsite if you have acute respiratory symptoms or fever. Continue to perform hand hygiene, physical distancing, avoid touching masks, encourage cough etiquette and respiratory hygiene.

3.10 Red alert poster


Mask use for everyone entering a health facility

STANDARD PRECAUTIONS ALWAYS APPLY	
Patients	<p>Ensure screening and triage processes are in place to manage patients with suspected COVID-19 or communicable disease of state or national significance</p>
	<p>Patients presenting directly from the community, inter and intra-hospital transfers, and in waiting areas to wear a mask when able</p> <p style="padding-left: 40px;">Minimise patient movement where safe to do</p> <p style="padding-left: 40px;">Community Health Centre – patient/client to wear a mask</p> <p style="padding-left: 40px;">Home visit – patient/client to wear a mask</p>
Health workers (HW)	<p style="text-align: center;">Universal surgical mask use by all HWs when in the facility</p> <p style="text-align: center;">Eye protection when within 1.5m of a patient</p> <p>Standard, droplet and airborne precautions (P2/N95 respirator) and eye protection are required when providing direct care for:</p> <ul style="list-style-type: none"> patients with suspected or confirmed COVID-19 close contact of a COVID-19 case Communicable diseases spread via airborne route
	<p style="text-align: center;">Visitors based on risk assessment</p>
Visitors	<p>Participants in care to be risk assessed to be able to continue providing care and support</p>
	<p>All family members, carers and support services to wear a mask when entering and remaining in the health facility</p>






OR

3.11 Red alert frequently asked questions

The FAQs provide an explanation of when masks need to be worn by HWs, patients, visitors, carers and other people coming into NSW Health facilities.

HEALTH WORKERS	
What does our clinical area do if we have a limited number of surgical masks or P2/N95 respirators for a short period of time?	<p>All issues related to PPE should be escalated immediately through usual organisational structures. This should be addressed at LHD/SHN PPE Governance Committees.</p> <p><i>Chapter 4: Personal Protective Equipment</i> provides guidance on extended or sessional use of PPE. HWs are not expected to complete a task if the PPE required is unavailable. See question below.</p>
Can a HW wear the same mask or P2/N95 respirator for multiple patient interactions?	<p>Yes, this is called extended or sessional use of PPE.</p> <p>If a P2/N95 respirator can be worn without pulling it down or removing it for example, to speak, drink or eat, it can be worn for up to 8 hours continuously; 4 hours for a surgical mask. If it is pulled down or removed, it must be discarded immediately, and hand hygiene performed. HWs need to be allowed to take breaks so 4 hours is the maximum period of continuous wear that is recommended.</p> <p>If the mask/respirator is touched, hand hygiene should be performed immediately. The mask/respirator should be removed if it becomes damp or loose.</p> <p>Extended or sessional use of a mask or respirator can be used across different clinical areas if it is not contaminated. Contamination is likely when providing care for patients with COVID-19 or other infections transmitted via the respiratory route and must be changed prior to entering a different clinical area.</p> <p>Patient transport or NSW HWs who move patients between facilities can wear the same mask/respirator for the duration of the transport but must discard and change their mask before the next patient transport. Ensure a comfortable fit if driving a vehicle.</p> <p>Safe mask/respirator use must always be considered.</p>
When in crowded areas of the hospital e.g., eating areas/cafeteria, do HWs need to wear a surgical mask?	<p>Yes, universal mask use applies during red alert.</p> <p>Physical distancing, cough etiquette, respiratory hygiene and hand hygiene is always to be practiced.</p>

Can HWs wear a P2/N95 respirator for routine care of the patient?	<p>Yes, P2/N95 respirators and eye protection are indicated for routine care of patients during red alert as per airborne precautions.</p> <p>Airborne precautions (includes the use of a P2/N95 respirator and eye protection) are required when caring for:</p> <ul style="list-style-type: none"> • Suspected or confirmed COVID-19/communicable diseases of state or national significance patients • Close contact of a COVID-19 case • Patient with a communicable disease that is spread by the airborne route e.g., Tuberculosis (TB), Measles
Should HWs be wearing masks in safety huddles, meetings, family conferences etc. on the ward/other designated area?	<p>Yes, universal mask use applies during red alert. Physical distancing also applies.</p>
What should be done if a HW declines to wear a surgical mask/respirator during red alert?	<p>This is a WHS risk and should be managed within this legislation.</p> <p>Surgical masks/respirators, like other PPE are provided to protect HWs, patients and visitors.</p> <p>Where masks/respirators are prescribed for use and risk assessed as required, they must be consistently used by HWs and as such are not optional.</p>
Should a HW wear a surgical mask when they are talking to a patient and can maintain a 1.5m physical distance?	<p>Yes, All HWs are required to wear a surgical mask for all patient/client care during red alert.</p> <p>Airborne precautions (includes the use of a P2/N95 respirator and eye protection) are required when caring for:</p> <ul style="list-style-type: none"> • suspected or confirmed COVID-19/communicable diseases of state or national significance patients • close contact of a COVID-19 case • patient with a communicable disease that is spread by the airborne route e.g., Tuberculosis (TB), Measles
During red alert, should HWs with conditions that place them in a 'vulnerable' group be redeployed?	<p>Vulnerable HWs should be individually risk assessed to determine their suitability for clinical areas.</p> <p>Wearing a surgical mask or P2/N95 respirator as required during patient care will reduce this risk and should be considered in the risk assessment.</p>
If a HW is in a non-clinical area or office, should they wear a surgical mask?	<p>Yes, universal surgical mask use is required during red alert.</p> <p>Physical distancing, cough etiquette, respiratory hygiene and hand hygiene are always to be practiced.</p>

If a HW travels in a shared health vehicle with another HW, do they need to wear a surgical mask?	Yes, universal surgical mask use is required during red alert.
Should a HW wear a surgical mask when they are examining a baby or toddler?	Yes, a baby or toddler will always be accompanied by a parent or guardian. Our protection is for everyone. HWs providing direct care of any patient must wear a surgical mask.
Should HWs entering a school for the provision of a service wear a mask? (e.g., immunisation or school within a health facility)	Yes. Restrictions for attending may apply based on risk assessment. For school-based programs, the decision to attend even when wearing a mask should be based on a risk assessment considering the proximity, intensity and duration of contact with children in the school. For schools located within health facilities, HWs are to wear a mask.
PATIENTS	
When should a patient wear a mask? (See questions regarding approved cloth masks below)	On arrival to a health facility e.g., Emergency Department, Outpatient Clinic, Birth Suite, Medical Imaging, Pathology. After they are admitted as an inpatient, patients are required to wear a surgical mask when in shared rooms or if they leave their room for any reason and does not affect their clinical care.
Once a patient is admitted to a clinical area, are they required to wear a surgical mask while they are an inpatient?	Patients will not usually be required to wear a mask in a single room. If they have acute respiratory symptoms, fever or are suspected or confirmed COVID-19, they are required to wear a surgical mask if they are leaving their room (for example going to the medical imaging department). If patients are to leave the room and physical distancing is not possible, then they will be asked to wear a surgical mask (not a respirator). Patients that are cohorted in open spaces (avoid where able) may be recommended to wear a surgical mask while in this area. Remember: Some patients will not be able to tolerate wearing a mask.
When a patient is discharged from a health facility (ED or as an inpatient) are they required to wear a mask?	Yes, while transiting through the health facility (surgical mask).

What should be done when a patient does not want to wear a mask on arrival (and is not confused or have cognitive impairment or other conditions that might cause difficulty with mask wearing)?	<p>Check the reasons for declining to wear a mask and determine if there are alternatives that may be suitable for this patient.</p> <p>If they continue to decline the alternative, the patient should be placed 1.5m away from other patients/clients and informed that they are not to walk around the clinical area until they are either discharged from the ED or admitted to their clinical area.</p> <p>Be mindful of the practicalities of wearing a mask for certain patient groups e.g., those with behavioural disorders or mental health conditions, cognitive impairment.</p> <p>Women in labour may find mask wearing difficult and may be unable to comply but it is strongly recommended during red alert.</p> <p>Where there are no obvious barriers to mask-wearing, the patient should be informed of the current red alert recommendations and their risk for COVID-19 and the risk to others.</p>
Why don't children 12 years and under need to wear a mask?	<p>In general, it is not practical for children to be fitted with a mask.</p> <p>Parents/guardians are expected to wear a mask and to assist children in this age group with hand hygiene.</p> <p>If a child is wearing a mask, then this can continue while the child is inside a health facility.</p> <p>Masks can be choking hazards for children under two years; therefore, masks are not suitable for this age group.</p> <p>This advice is consistent with other jurisdictions.</p>
Can a patient with suspected or confirmed COVID-19 wear a P2/N95 respirator?	<p>Patients should not wear a P2/N95 respirator but may be asked to wear a surgical mask when in a shared space.</p> <p>Surgical masks provide source control by the patient when wearing.</p>
APPROVED CLOTH MASKS	
Can a HW wear an approved cloth mask at work?	<p>No, approved cloth masks vary in quality, effectiveness and they are not fluid resistant. This means they will not prevent blood, body fluids and respiratory particles penetrating the mask.</p> <p>An approved cloth mask can be worn by HWs outside the health facility e.g., travelling to and from work.</p>

<p>If a visitor comes in wearing an <u>approved cloth mask</u>, should it be changed to a surgical mask?</p>	<p>No, a visitor can wear an approved cloth mask while visiting the health facility.</p> <p>If the visitor can wear the approved cloth mask without discomfort, they should continue to wear it.</p> <p>Reminders regarding hand hygiene, physical distancing, avoiding touching their mask and cough etiquette, respiratory hygiene are to be provided.</p> <p>If the visitor has acute respiratory symptoms or fever, they need to defer their visit and have COVID-19 or appropriate ARI testing. They should be asked to change to a surgical mask.</p>
<p>If a patient/client, without any ARI, COVID-19 symptoms, comes in wearing an approved cloth mask, should it be changed to a surgical mask?</p>	<p>No, if the patient/client can wear an approved cloth mask without discomfort, they should continue to wear it.</p> <p>Reminders regarding hand hygiene, physical distancing, avoiding touching their mask and cough etiquette, respiratory hygiene are to be provided.</p>
<p>If a patient/client, with an ARI or COVID-19 symptoms, comes in wearing an approved cloth mask, should it be changed to a surgical mask?</p>	<p>Yes, an approved cloth mask will become damp very quickly when someone has an ARI, fever or COVID-19 symptoms.</p> <p>The approved cloth mask will be much less effective when damp and may be touched frequently by the patient.</p> <p>A surgical mask should be placed on the patient and usual admission/discharge processes for suspected or confirmed COVID-19 / infectious disease patients are to be followed.</p> <p>Reminders regarding hand hygiene, physical distancing, avoiding touching their mask, cough etiquette and respiratory hygiene are to be provided.</p> <p>Access to tissues, ABHR and a bin is to be provided.</p>
<p>If a member of the community wears a towel, scarf, tea towel etc. into the health facility, is this classified as an 'approved cloth mask'?</p>	<p>No, these are not classified as approved cloth masks.</p> <p>NSW Health has released general guidance for approved cloth masks. This information should be followed.</p>
HOME VISITS	
<p>Do HWs need to wear a surgical mask when they are visiting a patient in their home to provide healthcare?</p>	<p>Yes, a surgical mask should be worn when providing care in the home.</p> <p>Wear a P2/N95 respirator and eye protection when providing care to patients with suspected or confirmed COVID-19.</p> <p>Patients are also recommended to wear a mask during visit where able.</p>

CARER IN A HEALTHCARE SETTING

Should a carer wear a surgical face mask?

Yes, they can also wear an approved cloth mask.

If a carer is accompanying a patient/client into a health facility, they should wear a mask (surgical or approved cloth mask).

VISITORS –

ALSO REFER TO SECTION 3.16 - SUPPORTING VISITOR ACCESS DURING RED ALERT

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

Yes, visitors are required to wear a mask if they are coming into a health facility for any reason. If they are already wearing an approved cloth mask (as per NSW Health criteria) or surgical mask, they can continue to wear this. See section above on approved cloth masks.

Reduce visitors to essential only and follow local procedures.

Birth room
If a partner or family member from the same household is supporting the women during labour, do they need to wear a mask when they are in the patient's room?

A mask is recommended for the mother and any support person(s).

When the visitor leaves the room, they are to wear a mask until they leave the hospital as per the red alert risk level.

Also refer to *Section 3.16 Supporting visitor access during red alert*

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

The visitor should be informed of the current red alert recommendations and the risk to the patient, themselves and others in the facility they are visiting.

If they continue to decline to wear a mask, they should be risk assessed to determine the location of their visit and the patient they are visiting. Offer an alternative such as a virtual visit.

Who will teach visitors how to wear a mask?

As visitors are screened at entry areas, HWs who are responsible for these areas should provide assistance on correct mask use. Posters and information on mask use are available [here](#).

AGED CARE FACILITIES (ACF) / MULTI-PURPOSE SERVICE (MPS)

In an NSW Health operated ACF/MPS, do these rules for mask wearing apply to HWs?

Yes, HWs who work in ACFs should take extra precautions including the use of masks where there are areas for increased testing see [NSW Health advice for RACFs](#) for more detailed information. This includes aged care areas within an MPS.

P2/N95 respirator and eye protection is recommended for HWs when providing care for patients with suspected or confirmed COVID-19.

Visitors, including any children may require an exemption to visit.

Does a resident in an ACF or MPS need to wear a surgical mask?	<p>Risk assess.</p> <p>Focus should be on separation, segregation, and isolation. All HWs to wear appropriate PPE.</p>
PATIENTS WITH A DISABILITY, COGNITIVE IMPAIRMENT, BEHAVIOURAL ISSUES AND/OR MENTAL HEALTH CONDITIONS	
Should a HW/carer/visitor wear a surgical mask?	<p>Yes. P2/N95 respirator and eye protection is recommended for HWs when providing care for patients with suspected or confirmed COVID-19.</p> <p>HWs, visitors and/or carers wearing a P2/N95 respirator or a surgical mask (and eye protection) may cause some patients distress or trigger changes to their behaviour or mental health condition. This will require a risk assessment and ongoing monitoring to determine the best way to manage the risk of transmission of COVID-19 or communicable disease of state or national significance when providing care during red alert. If a risk assessment determines that a mask will pose a physical risk to the patient, alternatives such as physical distancing and full-face shield should be considered. The risk assessment should determine the appropriate PPE for the HW.</p> <p>All decisions regarding the risk assessment should be documented in the patients' healthcare record.</p>
VOLUNTEERS IN A HEALTHCARE SETTING	
Are volunteers required to wear a mask?	<p>Volunteers may be restricted during red alert.</p> <p>If a volunteer provides support or assistance in the facility, they are required to wear a surgical mask (this includes administrative areas).</p> <p>Reminders regarding hand hygiene, physical distancing, cough etiquette, respiratory hygiene and not coming to the facility if unwell are to be provided.</p> <p>A risk assessment of vulnerable volunteers should be conducted based on community transmission case locations.</p> <p>Volunteers should not be interacting with patients with an ARI or suspected or confirmed COVID-19 or communicable disease of state or national significance</p>
CONTRACTORS	
When should a contractor wear a surgical mask?	<p>They are required to wear a mask when they enter the facility.</p> <p>Universal surgical mask use will be in place during red alert.</p> <p>Reminders regarding hand hygiene, physical distancing, cough etiquette and respiratory hygiene are to be provided.</p> <p>It is expected that contractors maintain adequate supplies of PPE and ABHR as part of their WHS obligations.</p>

If a cafeteria is located within a health facility (contracted by the LHD/SHN), should the HW wear a mask when interacting with patients, HWs and visitors?	Yes. Universal mask use (surgical or approved cloth mask) is required.
STOCK DELIVERY TO CLINICAL AREAS – EXTERNAL DELIVERY/COURIER COMPANIES	
Do delivery/courier driver need to wear a mask (surgical or own cloth) if they are making a delivery to clinical areas?	<p>Yes, masks and ABHR should be made available to delivery/courier driver if they do not have their own approved cloth mask.</p> <p>Reminders regarding hand hygiene, physical distancing, cough etiquette, respiratory hygiene and not being onsite if they have acute respiratory symptoms or fever.</p>
VALVE MASKS	
If a patient or a visitor is wearing a mask with a valve, do we need to change it to a surgical mask?	<p>Yes, these masks should be changed.</p> <p>These masks should not be worn as the exhalation valve is generally not filtered and particles are able to be exhaled via the valve.</p>
<p>Reminders: Not to be onsite if you have acute respiratory symptoms or fever. Continue to perform hand hygiene, physical distancing, avoid touching masks, encourage cough etiquette and respiratory hygiene</p>	

3.12 Physical distancing and use of shared space during amber and red alert

The provision of clinical care remains key in healthcare settings. Implementation of physical distancing is focused on reducing potential crowded areas between HWs and healthcare consumers. During increased community transmission of ARIs, application of physical distancing is recommended where possible and reasonably practical. This includes:

- Waiting room chairs and other seating separated by greater than 1.5m (NB: where this may not be practicable for provision of care patients/clients are recommended to wear a mask as able)
- Patients to remain distanced from each other, greater than 1.5m apart, in shared spaces. Acknowledging that in some environments such as ambulance and transport, this may not be possible.

Additional precautions are required for workers in a shared space. Shared working space can include vehicles, small rooms, tea rooms, HW meeting rooms, conference rooms, break out rooms, HW stations or any room which workers may use to congregate. As vehicles are enclosed and are confined spaces, there is an increased risk of cross transmission.

When using shared spaces HWs are recommended to:

- Where possible maintain physical distancing requirements in any shared areas
- Masks to be worn as per risk alert levels. Mask removed and discarded prior to eating, hand hygiene performed, meal consumed, new mask applied, and hand hygiene performed
- In an enclosed space (vehicle or small room), if the situation arises where masks need to be removed (e.g., eating or drinking) it should be done in a safe way with only one person at a time removing their mask. If possible, allow external ventilation e.g., change car airflow to external exhaust, not recirculate
- Use a surgical mask when sharing space with other people if physical distancing cannot be maintained (such as in a vehicle or confined tearoom space)
- Worker's car-pooling to and from work should be risk assessed
- Ensure ongoing enhanced cleaning of shared work environments and vehicles as per the local cleaning schedule.

3.13 Health worker transport during amber and red alert

The number of HWs who travel together in the same motor vehicle will depend on the size of the vehicle, the outcome of a risk assessment and the seating arrangements required.

The risk assessment may include the following considerations:

- HWs are well and have no ARI symptoms, particularly those symptoms that are usually classified as mild e.g., scratchy throat, 'bit of a snuffle'
- ABHR provided to be able to perform hand hygiene prior to getting into the motor vehicle

- Have completed their vaccinations as per the approved dosing schedule unless medically indicated
- Do not share drinks, snacks or other food
- Are comfortable to provide reminders to each other for face touching, hand hygiene, respiratory hygiene and high touch point cleaning of the vehicle
- Do not share mobile devices (individual HW passengers may accept work related phone calls or check emails); these mobile devices are regularly cleaned
- Transport vehicles air handling system must be set to external exhaust not 'recirculate'
- Are in a motor vehicle that is kept clean and high touch points are cleaned between different drivers e.g., door handles, steering wheel
- Include other risks that are specific to the local team e.g., equipment that requires two people to carry, travel to a meeting/education session
- Health students should not be prevented from attending home visits if a patient/client has suspected or confirmed COVID-19 as this is a teaching opportunity.

3.14 Patient transport during amber and red alert

Before transporting patients with suspected or confirmed COVID-19, perform a risk assessment on:

- the type of motor vehicle required
- physical capability of patient/client and if assistance will be required
- the ability of the patient/client to wear a surgical mask and practice respiratory etiquette (hygiene) if required
- no other patient transported at the same time (i.e., no multi-loading). Exemption to this approach can be applied with high community transmission and demand on the health service. Multi-loading vehicles are reintroduced to transport positive COVID-19 or patients with communicable disease of state or national significance from hospitals that are medically cleared for discharge back to their home. In all cases patients should be assessed for same causative organisms for transport cohorting

Before entering the motor vehicle, both the driver or clinician and passenger are to perform hand hygiene with ABHR and driver to follow airborne precautions. Eye protection not required for drivers as this may obscure vision.

Passenger to wear a surgical mask and sit in the allocated seating directed by the driver and or clinician.

If the passenger has symptoms of an ARI, they should wear a surgical mask, perform hand hygiene and be educated regarding respiratory hygiene. They should be provided a plastic bag, tissues and ABHR.

When transporting a patient, the vehicle air flow should be checked to minimise recirculation by switching to non-recirculate. This setting will depend on the motor vehicle.

FIGURE 6: RECOMMENDED VEHICLE AIR FLOW



Recirculation button
turned off – place on
fresh air flow

Cleaning of the motor vehicle is to occur at the end of the journey. Do not spray any chemicals into the air conditioning vents.

Advice on self-organised patient carpooling during amber and red alert

Do not share a car if you are unwell and/or have had a positive COVID-19 test and need to self-isolate

- Wash hands or use ABHR before and after journey
- Wear mask (surgical or cloth)
- Share with the same small group
- Keep windows open
- Sit as far away as possible
- Clean car surfaces after every journey (including seatbelts and internal/external handles).

3.15 Managing risks and benefits of visitors during amber alert

For the latest advice refer to [NSW Health guide to healthcare visitation](#).

An exemption to visitor numbers may be considered as risk assessed on a case-by-case basis and considerations given to cultural needs.

LHD/SHNs should monitor visitor volumes throughout their facilities to minimise risk.

Where a visitor does not meet the above principles, a risk assessment may be conducted with adequate controls applied on a case-by-case basis to facilitate a visit where appropriate. Where the patient's needs warrant consideration for additional visitor/PIC numbers to attend, there should be a case-by-case risk assessment.

Where there are families, visitors, PIC and carers diagnosed with COVID-19, influenza or communicable disease of state and national significance and are wishing to visit a patient, they should be risk assessed for risks and benefits of visitation in consultation with local IPAC and infectious disease teams.

Where a patient has any of the following, COVID-19, influenza or communicable disease of state and national significance positive or exposed, case-by-case exemptions should be facilitated with clear approval processes by unit management. Health facilities should consult patients and their families or carers about their preferences for visiting and engage them in conversations about the risks of visiting versus not visiting, and alternatives such as virtual visiting.

Patients should be encouraged to wear a surgical mask during visits if able.

Visitation Conversation

In circumstances where a suspected or confirmed COVID-19 or communicable disease of state and national significance case is involved, risks, benefits and alternatives to visitation should be discussed with families, carers and patients. These discussions should aim at encouraging and supporting visitors to find the most appropriate way to connect with patients. This is particularly important when the admitted patient is considered vulnerable. A patient's vulnerability could be related to wellbeing, mental, clinical, or social needs including immunocompromised or receiving end of life care. This should be determined locally according to the LHD/SHN local processes but must be managed.

The following information should be considered in this conversation:

Risks

- Transmission of pathogen (e.g., COVID-19, communicable disease of state and national significance) between individuals (carers, patients, health workers). This can be mitigated by appropriate use of PPE as per hospital policies, hand hygiene, distancing >1.5m where able and reducing visitation time.

Benefits

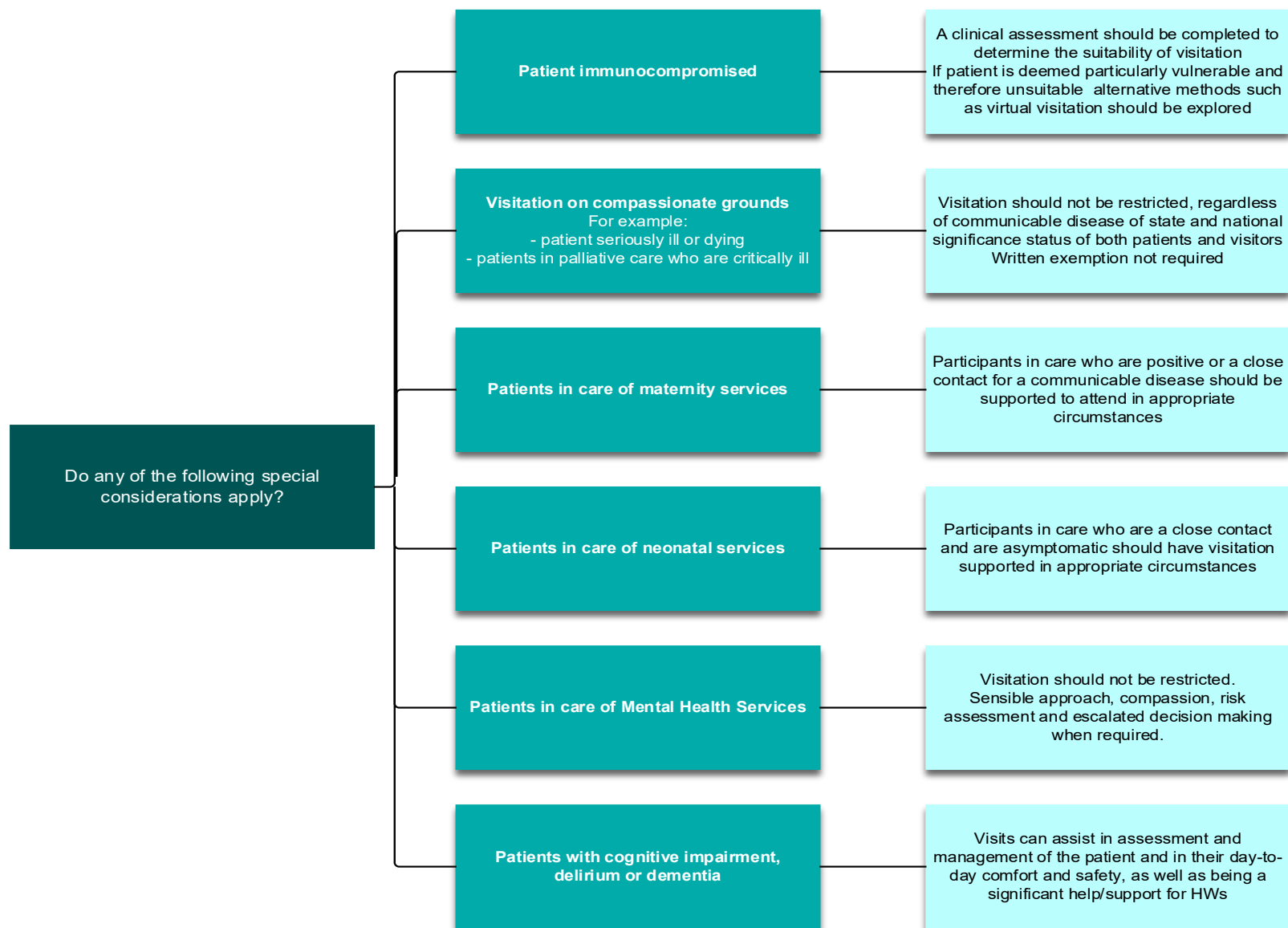
Permitting partners, family, friends, PIC, carers and/or volunteers visit:

- Can provide support and advocacy for the patient
- Can provide important improvement to quality and safe patient care
- Can provide important context and background information to enable holistic care
- Can significantly reduce the distress, confusion and wandering experienced by patients with cognitive impairment
- Can reduce the risk of harm to patients
- Ensure partners, family, friends, PIC, carers and/or volunteers are involved in decision-making during last days of life, and enable bereavement support to occur
- Enables them to identify and escalate their concerns about changes in a patient's condition e.g., directly to a HW via REACH or similar patient and family activated response systems
- Not only benefits the patient and family experience of care, but also the experience of HWs caring for them through a partnership that contributes to safe quality care.

Alternatives to face-to-face visitation

- Virtual communication can be facilitated between family/carers and HCWs caring for patients such a telephone call or video-call via mobile devices
- Additional or specialised staffing where possible and appropriate (for example, 1:1 health care assistant support for wandering patients)
- Facilitating caregiving in other ways, such as sending letters or food.

Flowchart to support visitation



3.16 Supporting visitor access during red alert

To promote safety and to reduce risk to patients and HWs during high community transmission (red alert), some hospitals may implement short-term restrictions in response to a local COVID-19 outbreak to minimise the risk of transmission and ensure the safety of patients and staff. In such circumstances there may be restrictions to visitors and/or to the number of visitors allowed into a clinical area. Restrictions should be considerate of compassionate, support and care needs of the patient. Visitors and participants in care must continue to follow vaccination requirements and infection prevention practices.

TABLE 1: CRITERIA FOR VISITATION AND IPAC STRATEGIES

Visitor and patient category	Criteria for visitation	IPAC strategies for visitors
No COVID-19 risks both patient and visitor	If the visitor is unvaccinated or partially vaccinated and are the only person who can visit, they are permitted to enter with an exemption. E.g., If the visitor has cold or flu-like symptoms such as a cough, fever, sore throat or runny nose they should stay at home and not visit a healthcare setting until symptoms have resolved for at least 24 hours and where practical and available Rapid Antigen Test is recommended prior to visiting.	Delay visitation if unwell. Masks are required for people over 12 years of age, however, consider any lawful reasons for not wearing a mask. Refer to Guidance on wearing face masks for more information.
Patient – COVID-19 Positive or close contact	Case-by-case exemptions should be facilitated in consultation with patients and their families or carers about their preferences for visiting and engage them in conversations about the risks of visiting versus not visiting, and alternatives such as virtual visiting. Assessing if visitors can maintain at least 1.5m physical distance from the patient and HWs. If visitors are unable to maintain that distance when visiting a patient with suspected or confirmed COVID-19, they should be provided with the appropriate PPE.	Provide education and supervision on using the correct PPE (surgical mask and eye protection) as per the advice of HW. If the visitor is already wearing a respirator, they can choose to continue wearing it.
Visitor – COVID-19 Positive or close contact	Visitation by this group will not always be possible due to the risk of transmission. A risk assessment should be conducted about the risks of visiting versus not visiting, and alternatives such as virtual visiting. Assessing if visitors can maintain at least 1.5m physical distance from the patient and HWs. If visitors are unable to maintain that distance, they should be provided with the appropriate PPE.	An apron/gown or gloves are not needed unless they are engaged in personal care.

Patient immunocompromised	Identifying patients who for clinical reasons should not have visitors (e.g., as they are deemed particularly vulnerable due to clinical condition, advanced age, co-morbidities etc.) and discussing alternative methods for meeting with their families and carers.	Comply with the advice of HW regarding putting on and taking off PPE.
Visitation on compassionate ground	<p>Visits should be facilitated on compassionate grounds such as family member seriously ill or dying, including those patients in palliative care or who are critically ill.</p> <p>Visitors for patients in end-of-life/palliative care should not be restricted and visits by immediate family/support people should be allowed. In circumstances where restricting visiting is necessary patients and their families, guardians and/or carers should be involved in discussions about the best ways to maintain connection (e.g., virtual visits).</p> <p>For more information refer to NSW Health guide to hospital visitation.</p>	<p>Perform hand hygiene before and after entering the patient's room or immediate surroundings.</p> <p>Maintain physical distancing, respiratory hygiene, and cough etiquette.</p> <p>Comply with physical distancing advice.</p>
Children under 12 years as visitors	Parents or guardians of children are to be involved in discussions about the best way to maintain support, care and connections of their child or children.	<p>Before entering ward, patient's room or immediate surroundings consult and follow the instructions of HWs on the ward.</p> <p>Respect a patient's right to say no to visitors.</p> <p>Comply with a HWs reasonable request to leave.</p>
Participants in care (birthing partner)	<p>Participants in care in maternity services who have suspected or confirmed COVID-19 or who have been told they are a close contact may be supported, in specific circumstances e.g., living together in the same household with the mother, to attend during labour and birthing room/environment to provide care.</p> <p>Processes must be in place and LHDs need to consider if this can be facilitated.</p> <p>The Ministry of Health Guidance for maternity services provides further details on this.</p>	IPAC strategies above apply to this group