

Chapter 3: Response and escalation framework

This chapter is part of COVID-19 Infection Prevention and Control Manual, Clinical Excellence Commission, 2022.

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

The publication will continue to evolve with additional chapters over time that address infection prevention and control in other settings. As new resources become available, they will be added as hyperlinks of the resources section in each chapter or to the appendices.

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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 influences 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

This COVID-19 Infection Prevention and Control Response and Escalation Framework (risk matrix) has been developed to provide guidance to NSW health facilities on the various levels of COVID-19 transmission risk. The development of this framework has been informed by NSW, national and international evidence, and experience. The intent is that any changes to risk level are state-wide, an approach 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.

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 and onward spread.

The level of risk escalation or de-escalation is assessed and provided by the Risk Escalation Review Panel (RERP) and has the following members: MoH Deputy Secretary (Chair), the COVID-19 Public Health Response Branch (PHRB), the Agency for Clinical Innovation (ACI), MoH Workforce, HealthShare and the CEC.

The RERP reviews a variety of data sets which includes the following:

1. Geographic clusters within LHDs/SHNs, Local Government Areas or State-wide
2. Level of community transmission and the Public Health Response
3. Number of COVID-19 tests/percentage of tests that are positive
4. Number of patients requiring hospitalisation and changes in the burden of COVID-19 within health facilities
5. Outbreaks in facilities e.g., residential aged care facilities, multi-purpose services and community residential care homes
6. Number of health worker infections and health worker furlough
7. Community vaccination numbers and rates

This information is summarised in the COVID-19 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, the agreed approach is to have a state-wide decision-making process. The criteria used to transition between risk levels of green, yellow, amber or red, 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.

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

Additional precautions may apply through the COVID-19 [Public Health Order](#) (PHO) based on community transmission and epidemiological risks.

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 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 is 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 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 fundamental principles of infection prevention and control must always be applied across all settings. These principles apply across all scenarios and are not outlined in detail in the tables below but are listed here:

1. Administrative and engineering controls
(Refer to *Chapter 2 – section 2.6.7 Implement Transmission-Based Precautions*)
2. Physical distancing
3. Standard Precautions for all healthcare interactions
(Refer to *Chapter 2 – section 2.6.6 Application of Standard Precautions for all patients at all times*)
4. [Hand hygiene](#)
5. Enhanced cleaning of high touch surfaces
(Refer to *Chapter 2 – section 2.8 Environmental Cleaning*)
6. [Ensure relevant HW have completed donning and doffing of PPE training](#)
7. [Ensure there is on-site, readily available COVID-19 testing for HW](#)
8. [Health workers \(HWs\) stay at home if they are unwell](#)
9. Entry screening for visitors and HW as per [NSW Health guidelines](#).

3.4 NSW Risk Matrix

Green Alert

Low transmission risk

Yellow Alert

Low to moderate transmission risk

Amber Alert

Moderate to high transmission risk

Red Alert

High transmission risk

Risk assessment of cases and community transmission will be determined by the [Risk Escalation Review Panel](#)

Standard precautions apply at all times – transmission-based precautions apply as required

Hand hygiene and physical distancing always apply

- All patients with an acute respiratory infection (ARI) to wear a mask on presentation and transit if able
- HWs managing suspected or confirmed COVID-19 patients to wear P2/N95 respirator and eye protection
- Testing of symptomatic patients and health workers' (HWs)
- HW to wear a surgical mask and eye protection when providing care for patients with an ARI
- HWs in ED to wear surgical masks in clinical areas during patient care. Eye protection to be used when providing clinical care for patients with an ARI (within 1.5m)
- Routine Cleaning

- All patients to wear a mask on admission and during transit if able
- HWs managing suspected or confirmed COVID-19 patients to wear P2/N95 respirator and eye protection
- Testing of symptomatic patients and HWs including targeted screening
- Surgical mask for HWs in clinical areas (wards/clinics) including ED
- Surgical Mask for all visitors on entry
- Masks required in all clinical and publicly accessible spaces in the hospital
- Eye protection to be used when providing clinical care for patients with an ARI (within 1.5m)
- Enhanced cleaning of high touch points, shared toilet, and shower facilities

- All patients to wear a mask on admission and during transit if able
- HWs managing suspected or confirmed COVID-19 patients to wear P2/N95 respirator and eye protection
- Risk screening of all patients for symptoms, increased testing
- Symptomatic and selected surveillance testing of patients and HWs
- Surgical masks and eye protection to be worn in ED and other clinical areas for all patients when providing clinical care
- Surgical mask for HWs in non-clinical area and shared spaces (e.g., on entry, corridors, office spaces)
- Enhanced cleaning of high touch points, shared toilet, and shower facilities

- All patients to wear a surgical mask on admission and during transit if able
- HWs managing suspected or confirmed COVID-19 patients to wear P2/N95 respirator and eye protection
- Screening of all patients for symptoms, consider testing all admissions including ED presentations
- Consider selected surveillance testing of some HWs
- All ED HWs to wear P2/N95 respirators and eye protection in clinical areas when providing direct care
- Surgical masks and eye protection to be worn in all clinical areas for all patients when with 1.5m
- Universal surgical mask use by all HW within health facilities
- Enhanced cleaning of high touch points, shared toilet, and shower facilities

Health Worker Mask Use

The risk of the undetected introduction of COVID-19 into health facilities changes with the level of community transmission and features of the strain in circulation. As this will continue to change, additional precautions including the routine use of masks and physical distancing may apply through the [NSW COVID-19 Public Health Order](#).

Precautions for COVID-19:

- Airborne precautions: P2/N95 respirator and eye protection when providing care to patients with suspected or confirmed COVID-19
- Contact precautions: Apron/gown and gloves when direct and close contact with patients based on risk assessment
- Standard precautions: Includes hand hygiene, cough etiquette and respiratory hygiene – Standard precautions apply to all settings where care is provided

Risk Matrix		Green Alert Low Transmission	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 based on 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).	Surveillance screening of patients Manage suspected or confirmed COVID-19 patients in a single room where possible	Surveillance screening of patients Manage suspected or confirmed COVID-19 patients in a single room where possible. Prioritise single rooms based on patient's clinical condition and risk of transmission level or cohort confirmed cases if no single rooms available. Minimise patient movement where safe to do
	Presenting directly to ED	All patients with ARI to wear a surgical mask on presentation and transit if able	All patients to wear a surgical mask on presentation and during transit if able		

Risk Matrix		Green Alert Low Transmission	Yellow Alert Low to Moderate Transmission	Amber Alert Moderate Transmission	Red Alert High Transmission
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
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 and cohorting of HWs	Consideration of hospital-based dialysis for most patients Surveillance screening of patients	


















Risk Matrix	Green Alert Low Transmission	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 (see next section for HW working in ED)	HW to wear a surgical mask and eye protection when providing care for patients with an ARI	HWs to wear surgical mask in all clinical and publicly accessible spaces in the facility. 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	As above	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		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	Physical distancing, if unable mask to be worn	Manage the number of HWs using shared spaces. HWs who are high risk contacts not to use shared spaces	
	Basic Life Support (BLS) and code blue	Standard and droplet precautions for BLS Add airborne precautions if ARI		Airborne precautions for all BLS	

Risk Matrix		Green Alert Low Transmission	Yellow Alert Low to Moderate Transmission	Amber Alert Moderate Transmission	Red Alert High Transmission
Visitors Including participants in care	All visitors	Standard Precautions	Standard Precautions Surgical Mask for visitors in clinical areas (wards/clinics) and publicly accessible spaces in the facility. 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	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
	A participant in care can be described as someone actively providing care, physical and/ or emotional support	Standard Precautions	Participant in care(s) must wear a surgical mask in clinical areas (wards/clinics)	Participant in care (s) 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 Chapter 2
	Visitors to RACF	Based on local facility advice	Visitation to be based on the latest advice from COVID-19 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

Summary Table: COVID-19 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 AND no recognised COVID-19 epidemiological risk ²	STANDARD PRECAUTIONS FOR ALL ¹	Subject to current NSW Risk Level and/or Public Health Order				As per standard precautions	As per standard precautions	As per standard precautions	
ARI without COVID19 epidemiological risk ² (important to test for other respiratory viruses ^{##})		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 + DROPLET + 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. This also applies to the use of reusable respirators.





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

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



3.5 Green Alert poster

Mask use NOT required on entry

STANDARD PRECAUTIONS ALWAYS APPLY	
Patients	<p style="text-align: center; font-weight: bold; color: #003366; margin-bottom: 10px;">Ensure screening and triage processes are in place to manage patients with suspected COVID-19</p> <p>Hand hygiene, physical distancing, cough etiquette, respiratory hygiene, and personal hygiene</p> <p>Unless urgent, exclude outpatients with suspected or confirmed COVID-19</p> <p>All patients with an acute respiratory infection (ARI) to wear a mask on presentation and transit if able</p>
Health workers (HW)	<p>HW to wear a surgical mask and eye protection when providing care for patients with an ARI</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 <p>All ED HWs to wear surgical masks in clinical areas and eye protection to be used when providing clinical care for patients with an ARI (within 1.5m)</p> <p style="text-align: center; margin-top: 10px;">Physical distancing to apply for all HW breaks</p>
Visitors	<p>Promote hand hygiene and physical distancing at entry to health facility and patient rooms</p>

OR

3.6 Green Alert frequently asked questions

The frequently asked questions (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?	<p>A decision about using a mask for patient care should be considered as part of the risk assessment for Standard Precautions (see Risk Assessment in the Infection Prevention and Control Practice Handbook).</p> <p>Surgical masks and eye protection should be worn when assessing or providing care to any patient with ARIs.</p> <p>Respirators (P2/N95) and eye protection is required when caring for patients with suspected or confirmed COVID-19.</p>
Why do I need to wear a mask when working in the ED?	<p>Although the risk of COVID-19 infection is very low in the community, the emergency departments are thought to be a higher risk environment and a surgical mask is required. If droplet precautions required, eye protection when within 1.5m of a patient.</p> <p>Respirators (P2/N95) and eye protection are required when caring for patients with suspected or confirmed COVID-19.</p>
When in crowded areas of the hospital e.g., eating areas/cafeteria, do HWs need to wear a surgical mask?	<p>This will be at the HW's discretion.</p> <p>Physical distancing, cough etiquette, respiratory hygiene and hand hygiene is always to be practiced.</p>
During this Green 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>Vulnerable HWs may choose to wear a surgical mask when within 1.5 metres of any patient to reduce this risk and this 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>No, masks do not need to be worn in these settings.</p> <p>Physical distancing, cough etiquette, respiratory hygiene and hand hygiene are always to be practiced.</p>
If a visitor asks why a HW is not wearing a surgical mask, how should the HW respond?	<p>Masks are not required for routine patient care.</p> <p>Information about the risk levels should be placed in public spaces for patients, relatives, and carers.</p>

<p>If a HW travels in a shared health vehicle with another HW, do they need to wear a surgical mask?</p>	<p>Masks are unlikely to be required. Please refer to <i>Chapter 2: section 2.15 Transport</i></p>
<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>	<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. 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 person/client (ARI) within 1.5 metres.</p>
<p>PATIENTS</p>	
<p>When should a patient wear a mask? (See questions regarding approved cloth masks below)</p>	<p>A mask should be worn if the patient has an ARI and is attending a health facility (whether they have had a COVID-19 test or not) if able. E.g., Emergency Department, Outpatient Clinic, Birth Suite, Medical Imaging, Pathology Collection.</p>
<p>Once a patient is admitted to a clinical area, are they required to wear a surgical mask while they are an inpatient?</p>	<p>Patients will not usually be required to wear a mask. If they have ARI or are suspected or confirmed COVID-19, they are required to wear a surgical mask if they are leaving their room and if able (for example going to the medical imaging department). Remember: Some patients will not be able to tolerate wearing a mask.</p>
<p>Why don't children 12 years and under need to wear a mask if they have respiratory symptoms?</p>	<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. Masks can be choking hazards for children under two and are not suitable for this age group. This advice is consistent with other jurisdictions.</p>
<p>Can a patient with suspected or confirmed COVID-19 wear a P2/N95 respirator?</p>	<p>Patients should not wear a P2/N95 respirator but may be asked to wear a surgical mask when leaving the room.</p>

APPROVED CLOTH MASKS

<p>Can a HW wear an approved cloth mask at work?</p>	<p>No, approved cloth masks vary in quality, effectiveness and 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 approved cloth mask, should it be changed to a surgical mask?</p>	<p>No, visitors are not required to wear masks.</p> <p>If the visitor has ARI or fever, they should not be allowed entry as per screening criteria.</p>
<p>If a patient/client, without any COVID-19 symptoms, comes in wearing an approved cloth mask, should it be changed to a surgical mask?</p>	<p>No, they are not required to wear a mask but may continue to wear based on personal choice.</p>
<p>If a patient/client, with 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 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 provided for 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 is to be provided.</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 and eye protection is recommended only if the patient has ARI or is in self-isolation.</p> <p>HWs should maintain physical distancing whenever possible.</p> <p>Patients are not required to wear a mask if they are not showing ARI symptoms but may choose to wear one.</p>
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CARER IN A HEALTHCARE SETTING

<p>Should carers wear a surgical face mask if within 1.5 metres of a patient?</p>	<p>Yes, if the person has an ARI and COVID-19 has not been ruled out by testing.</p>
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VISITORS	
Are visitors required to wear a mask if they come to a health facility?	<p>No, they are not required to wear a mask.</p> <p>If they have ARI symptoms, they need to defer their visit.</p> <p>If they are already wearing a cloth or surgical mask, they can continue to wear this. See section on approved cloth masks.</p>
What should be done if a visitor appears to have ARI symptoms?	<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 must be referred to testing and told to isolate until negative test result is obtained.</p>
AGED CARE FACILITIES/MULTI-PURPOSE SERVICE (MPS)	
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 1.5 metres of a patient?	<p>A HW/carer/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 only if the patient has an ARI.</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 1.5 metres 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?

Volunteers are not required to wear a mask.
If they are in a vulnerable group, they may choose to wear a mask while in the healthcare setting.
If volunteering in ED a mask should be worn within 1.5 metres of a patient.
Volunteers should not be interacting with patients with an ARI or suspected or confirmed COVID-19.

CONTRACTORS

When should a contractor wear a mask?

They are not required to wear a mask while in the facility unless they require one for dust/gas/environmental exposures.
If working within ED a mask should be worn within 1.5 metres of patients.
It is expected that contractors maintain adequate supplies of PPE and ABHR as part of their work, health and safety (WHS) obligations.

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?

No, masks are not routinely required unless within 1.5 metres of patients in the ED setting.

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, this mask 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, physical distancing, avoid touching masks, encourage cough etiquette and respiratory hygiene.



3.7 Yellow Alert poster

Targeted mask use within all clinical areas

STANDARD PRECAUTIONS ALWAYS APPLY	
Patients	Ensure screening and triage processes are in place to manage patients with suspected COVID-19
	Standard Precautions: hand hygiene, physical distancing, cough etiquette, respiratory hygiene and personal hygiene
	Unless urgent, exclude outpatients with suspected or confirmed COVID-19
Health workers (HW)	All patients to wear a mask on admission and during transit if able
	HW to wear surgical mask in clinical areas (wards/clinics) including ED
	HW to wear a surgical mask and eye protection when providing care for patients with an ARI (within 1.5m)
	Standard, Droplet and Airborne Precautions (P2/N95 respirator) and eye protection are required when providing direct care for: <ul style="list-style-type: none"> • patients with suspected or confirmed COVID-19 • close contact of a COVID-19 case
	Masks required in all clinical and publicly accessible spaces in the hospital.
Visitors	Visitors to wear surgical mask correctly at all times while in the facility
	Promote hand hygiene and physical distancing (where applicable)

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 mask should be worn in clinical areas such as wards, clinics etc. Surgical masks and eye protection should be worn when assessing or providing care to any patient with ARI (within 1.5m). Surgical mask required in all publicly accessible spaces in hospital.
Why do I need to wear a mask when working in the ED?	Although the risk of COVID-19 infection has decreased in the community, the emergency departments are thought to be a higher risk environment and a surgical mask is required in clinical areas. Eye protection to be used when providing clinical care for patients with an ARI (within 1.5m).
When in crowded areas of the hospital e.g., eating areas/cafeteria, do HWs need to wear a surgical mask?	Masks required in all publicly accessible spaces. Mask may be removed for purpose of eating and drinking. Spaces, where physical distancing cannot be maintained a mask should be worn e.g. large staff gatherings for educational events. Physical distancing, cough etiquette, respiratory hygiene and hand hygiene is always to be practiced.
When should HWs wear a P2/N95 respirator?	P2/N95 respirators including eye protection are worn when: <ul style="list-style-type: none"> • Providing care for suspected or confirmed COVID-19 patients • close contact of a COVID-19 case
Should HWs be wearing masks in safety huddles, meetings, family conferences etc. on the ward/other designated area?	Yes, a mask should be worn within all clinical areas (wards/clinics). Physical distancing, cough etiquette, respiratory hygiene and hand hygiene is always to be practiced.
If a HW is in a non-clinical (nonpublic area) area or office, should they wear a surgical mask?	No, masks do not need to be worn in these settings, however, if physical distancing cannot be maintained a mask should be worn.
During this Yellow Alert, should HWs with conditions that place them in a 'vulnerable' group be redeployed?	Vulnerable HWs should be individually risk assessed to determine their suitability for clinical areas. 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?</p>	<p>Masks are unlikely to be required, however, this can be based on HWs discretion.</p> <p>Please refer to <i>Chapter 2: 2.15 Transport</i>.</p>
<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>	<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 person/client (ARI) within 1.5 metres.</p>
<p>PATIENTS</p>	
<p>When should a patient wear a mask? (See questions regarding approved cloth masks below)</p>	<p>A mask should be worn when in clinical areas (wards/clinics) if able</p>
<p>Once a patient is admitted to a clinical area, are they required to wear a surgical mask while they are an inpatient?</p>	<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, if able (for example going to the medical imaging department). Remember: some patients will not be able to tolerate wearing a mask.</p>
<p>Why don't children 12 years and under need to wear a mask if they have respiratory symptoms?</p>	<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>
<p>Can a patient with suspected or confirmed COVID-19 wear a P2/N95 respirator?</p>	<p>Patients should not wear a P2/N95 respirator but are to wear a surgical mask when leaving the room if able.</p>
<p>APPROVED CLOTH MASKS</p>	
<p>Can a HW wear an approved cloth mask at work?</p>	<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 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>
<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>HOME VISITS</p>	
<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 ARI or is in self-isolation.</p> <p>HWs should maintain physical distancing whenever possible.</p> <p>Patients are not required to wear a mask if they are not showing ARI symptoms but may choose to wear one.</p>
<p>CARER IN A HEALTHCARE SETTING</p>	
<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) and publicly accessible areas</p>
<p>VISITORS</p>	
<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 all areas and at all times while in the health facility.</p> <p>If they have ARI symptoms, they need to defer their visit.</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/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/carer/visitor wear a surgical mask if within 1.5 metres of a patient?

See section 3.6 *Green Alert frequently asked questions*

VOLUNTEERS IN A HEALTHCARE SETTING

Are volunteers required to wear a mask?

Volunteers are required to wear a mask when they are entering into a clinical area (ward/clinics) or publicly accessible area.

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.

CONTRACTORS

When should a contractor wear a surgical mask?

Masks are required when entering into 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, physical distancing, 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

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

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	
<p>What does our clinical area do if we have a limited number of surgical masks for a short period of time?</p>	<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>
<p>Can a HW wear the same surgical mask for multiple patient interactions?</p>	<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. 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>
<p>When in crowded areas of the hospital e.g., eating areas/cafeteria, do HWs need to wear a surgical mask?</p>	<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>
<p>When should HWs wear a P2/N95 respirator?</p>	<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 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

<p>Should HWs be wearing masks in safety huddles, meetings, education sessions, family conferences etc. on the ward/other designated area?</p>	<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>
<p>What should be done if a HW declines to wear a surgical mask when within 1.5 metres of a patient?</p>	<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>
<p>Should a HW wear a surgical mask when they are talking to a patient and can maintain a 1.5 metre physical distance?</p>	<p>Yes, a surgical mask is required within clinical areas and when providing direct care to patients.</p>
<p>During this Amber Alert, should HWs with conditions that place them in a 'vulnerable' group be redeployed?</p>	<p>Vulnerable HWs should be individually risk assessed to determine their suitability for clinical areas.</p> <p>Wearing a surgical mask when within 1.5 metres of any patient will reduce this risk and should be considered in the risk assessment.</p>
<p>If a HW is in a non-clinical area or office, should they wear a surgical mask?</p>	<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>
<p>If a HW travels in a shared health vehicle with another HW, do they need to wear a surgical mask?</p>	<p>Depending on the situation.</p> <p>Please refer to <i>Chapter 2: 2.15 Transport</i>.</p>
<p>Should a HW wear a surgical mask when they are examining a baby or toddler?</p>	<p>Yes, a baby or toddler will always be accompanied by a parent or guardian. Our protection is for everyone.</p>

	HWs providing direct care within 1.5 metres 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)	<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 1.5 metres.</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, 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> <p>Refer to the scenario table under the heading 'Patients'.</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 (Emergency Department 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 1.5 metres 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>
<p>Why don't children 12 years and under need to wear a mask?</p>	<p>In general, it is not practical for children to be fitted with a mask. There appears to be limited transmission of COVID-19 from children to adults.</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>
<p>Can a patient with suspected or confirmed COVID-19 wear a P2/N95 respirator?</p>	<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>APPROVED CLOTH MASKS</p>	
<p>Can a HW wear an approved cloth mask at work?</p>	<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>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 testing. They should be asked to change to a surgical mask.</p>
<p>If a patient/client, <u>without</u> any COVID-19 symptoms, comes in wearing an <u>approved cloth mask</u>, should it be</p>	<p>No, if the patient/client can wear the approved cloth mask without discomfort, they should continue to wear it.</p>

changed to a surgical mask?	Reminders regarding hand hygiene, physical distancing, avoiding touching their mask, cough etiquette and respiratory hygiene are to be provided.
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>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>
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>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	
Do HWs need to wear a surgical mask when they are visiting a patient in their home to provide healthcare?	<p>Yes, a surgical mask and eye protection should be worn if providing care within 1.5 metres.</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>
CARER IN A HEALTHCARE SETTING	
Should a carer wear a surgical face mask if within 1.5 metres of a patient?	<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

<p>Are visitors required to wear a mask if they come to a health facility?</p>	<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 a close contact they will need to wear a mask at all times.</p>
<p>What should be done if a visitor declines to wear a mask?</p>	<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 risk for the patient, themselves or to the clinical area they will be visiting.</p>
<p>Who will teach visitors how to wear a mask?</p>	<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.</p>

AGED CARE FACILITIES/MULTI-PURPOSE SERVICE (MPS)

<p>In a NSW Health operated RACF/MPS, do these rules for mask wearing apply to HWs?</p>	<p>Yes, HWs who work in RACFs 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 1.5 metres of residents. Approved cloth masks are not recommended for HWs.</p> <p>Refer to ACF/MPS in the scenario table below.</p>
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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 1.5 metres of a patient?	<p>If possible.</p> <p>P2/N95 respirator is recommended for HWs when providing care for patients with suspected or confirmed COVID-19.</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 1.5 metres 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.</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>Yes, volunteers are required to wear a mask if they are coming into a health facility.</p> <p>Volunteers should not be within 1.5 metres of patients suspected or confirmed COVID-19.</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</p>
CONTRACTORS	
When should a contractor wear a surgical mask?	<p>Yes, contractors are required to wear a mask if they are coming into a health facility.</p> <p>It is expected that contractors maintain adequate supplies of PPE and ABHR as part of their WHS obligations.</p> <p>Refer to 'Contractors' in the scenario table below</p>
If a cafeteria is located within a health facility	Yes, mask is required when interacting with patients, HWs and visitors.

(contracted by the LHD/SHN), should the HW wear a mask 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?	<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>
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.	

3.11 Amber Alert scenarios

AMBER ALERT SCENARIOS		
PATIENTS		
Scenario 1	Scenario 2	Scenario 3
<p>Patient transferring from the ward to the operating theatre.</p> <p>Patient to wear a surgical mask from the ward to the operating theatre or until anaesthetic given.</p> <p>A surgical mask should be put on the patient before leaving the recovery room and removed when returning to their bed.</p>	<p>A patient attending a community health centre.</p> <p>Patient to wear a mask on presentation.</p> <p>If accompanied by any children aged 12 years and under, they do not need to wear a mask unless specified by the parent or guardian.</p>	<p>Home visit by a community HW.</p> <p>Patient/client can wear a mask (surgical or approved cloth mask) if able.</p> <p>HW to wear P2/N95 respirator and eye protection for patients with suspected or confirmed COVID-19.</p> <p>HW to wear a surgical mask and eye protection when within 1.5 metres of the patient/client.</p>
AGED CARE FACILITIES/MULTI-PURPOSE SERVICE (MPS)		
Scenario 1	Scenario 2	Scenario 3
<p>A Registered Nurse works at an MPS that has acute, aged care and the 24-hour drop in/urgent care service. They are asked to see a patient in the 24-hour drop in/urgent care service with suspected COVID-19 and they are currently providing wound care in the aged care area.</p> <p>P2/N95 respirator and eye protection must be worn to see the suspected or confirmed COVID-19 patient but must be removed and discarded after the completion of the consultation before moving to another area.</p> <p>A surgical mask and eye protection to be worn when providing wound care in the aged care area.</p> <p>Standard Precautions must be adhered to.</p>	<p>A General Practitioner (GP) has been asked to see patients/residents in both the acute care and aged care areas. No one has suspected or confirmed COVID-19.</p> <p>The GP can implement extended use of the surgical mask and keep it on to see all patients/residents. Safe use of the mask must be applied.</p> <p>Standard Precautions must be adhered to.</p>	<p>Patient transport/NSWA have been requested to transport a patient between a hospital facility and MPS.</p> <p>HW should wear a P2/N95 respirator and eye protection if the patient is suspected or confirmed COVID-19.</p> <p>If not, then a surgical mask should be worn for the duration of the transport and the patient should be offered a mask before leaving to be transported.</p> <p>Standard Precautions must be adhered to.</p>

CONTRACTORS		
Scenario 1	Scenario 2	Scenario 3
<p>A contractor is coming into the facility to perform work on the air handling unit located in the roof space. They present to the Engineering Department which is located away from clinical and patient areas.</p> <p>A mask is required if they need to enter the facility.</p> <p>Usual sign on procedures to be completed.</p> <p>Reminders regarding hand hygiene, physical distancing, cough etiquette and respiratory hygiene are to be provided.</p>	<p>A contractor is coming into the facility to perform work on the air handling unit located in the roof space. They present to the Engineering Department which is located within the main hospital building and entry will be through the main door.</p> <p>A mask is required as they are in the main hospital building, which is accessed by HWs, patients and visitors.</p> <p>Reminders regarding hand hygiene, physical distancing, cough etiquette and respiratory hygiene are to be provided.</p>	<p>A contractor enters through the main hospital entry and is visiting the Environmental Cleaning Services Manager. They will be providing a demonstration on new equipment.</p> <p>A mask is required as they are in the main hospital building, which is accessed by HWs, patients and visitors.</p> <p>Reminders regarding hand hygiene, physical distancing, cough etiquette and respiratory hygiene are to be provided.</p>

3.12 Red 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

Patients presenting directly from the community, inter and intra-hospital transfers, and in waiting areas to wear a mask when able

Minimise patient movement where safe to do

Community Health Centre – patient/client to wear a mask

Home visit – patient/client to wear a mask

Universal surgical mask use by all HWs when in the facility
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

Visitors based on risk assessment

Participants in care to be risk assessed to be able to continue providing care and support

All family members, carers and support services to wear a mask when entering and remaining in the health facility

Patients

Health workers (HW)

Visitors



OR



3.13 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	
<p>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>	<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>
<p>Can a HW wear the same mask or P2/N95 respirator for multiple patient interactions?</p>	<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>
<p>When in crowded areas of the hospital e.g., eating areas/cafeteria, do HWs need to wear a surgical mask?</p>	<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>

<p>Can HWs wear a P2/N95 respirator for routine care of the patient?</p>	<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 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
<p>Should HWs be wearing masks in safety huddles, meetings, family conferences etc. on the ward/other designated area?</p>	<p>Yes, universal mask use applies during Red Alert. Physical distancing also applies.</p>
<p>What should be done if a HW declines to wear a surgical mask/respirator during Red Alert?</p>	<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>
<p>Should a HW wear a surgical mask when they are talking to a patient and can maintain a 1.5 metre physical distance?</p>	<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 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
<p>During Red Alert, should HWs with conditions that place them in a 'vulnerable' group be redeployed?</p>	<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>
<p>If a HW is in a non-clinical area or office, should they wear a surgical mask?</p>	<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>

<p>If a HW travels in a shared health vehicle with another HW, do they need to wear a surgical mask?</p>	<p>Yes, universal surgical mask use is required during Red Alert. Please refer to <i>Chapter 2: Section 2.15 Transport</i>.</p>
<p>Should a HW wear a surgical mask when they are examining a baby or toddler?</p>	<p>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.</p>
<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>	<p>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.</p>
<p>PATIENTS</p>	
<p>When should a patient wear a mask? (See questions regarding approved cloth masks below)</p>	<p>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.</p>
<p>Once a patient is admitted to a clinical area, are they required to wear a surgical mask while they are an inpatient?</p>	<p>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.</p>
<p>When a patient is discharged from a health facility (ED or as an inpatient) are they required to wear a mask?</p>	<p>Yes, while transiting through the health facility (surgical mask).</p>

<p>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>	<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 1.5 metres 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>
<p>Why don't children 12 years and under need to wear a mask?</p>	<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>
<p>Can a patient with suspected or confirmed COVID-19 wear a P2/N95 respirator?</p>	<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

<p>Can a HW wear an approved cloth mask at work?</p>	<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>
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<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 testing. They should be asked to change to a surgical mask.</p>
<p>If a patient/client, without any 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 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>
<p>HOME VISITS</p>	
<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 if 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 CHAPTER 2- SUPPORTING VISITOR ACCESS IN HEALTH FACILITIES DURING COVID-19 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 *Chapter 2 Supporting visitor access in health facilities during COVID-19 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/MULTI-PURPOSE SERVICE (MPS)

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

Yes, HWs who work in RACFs 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?	Risk assess. Focus should be on separation, segregation, and isolation. All HWs to wear appropriate PPE.
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PATIENTS WITH A DISABILITY, COGNITIVE IMPAIRMENT, BEHAVIOURAL ISSUES AND/OR MENTAL HEALTH CONDITIONS

Should a HW/carer/visitor wear a surgical mask if within 1.5 metres of a patient?	<p>Yes.</p> <p>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 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>
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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</p>
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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>
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<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?</p>	<p>Yes. Universal mask use (surgical or approved cloth mask) is required.</p>
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STOCK DELIVERY TO CLINICAL AREAS – EXTERNAL DELIVERY/COURIER COMPANIES

<p>Do delivery/courier driver need to wear a mask (surgical or own cloth) if they are making a delivery to clinical areas?</p>	<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>
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VALVE MASKS

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

