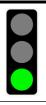
MASK UTILISATION PRIORITY DURING PANDEMIC PLANNING AND RESPONSE – NSW HEALTH

AIM: STOCK LEVEL AND PROCUREMENT ABILITY DEPLETING AND NEED TO RATIONALISE USE ACCORDING TO RISK AND NEED

	Normal stock level access and availability to consumables	Availability and Access Reduced Procurement Controls in place - CAUTION	Limited Stocks When supply is restricted - ALERT
urgical	Health workers to use surgical mask:	Health workers	Health workers
urgical ⁄lasks	 While performing any procedure where there is a likelihood of blood or body substances exposure (Standard Precautions) including terminal cleaning When in close contact with patients known or suspected to have a communicable disease capable of transmitting by the droplet route (i.e. Influenza Like Illness [ILI], Pertussis) Patients Patients with an ILI at the time of presentation to a healthcare facility Confirmed and suspected cases of COVID-19 whether or not respiratory symptoms are present Patients with respiratory symptoms when out of their allocated zone and while in transit Confirmed or suspected COVID-19 when out of their allocated zone Persons unwell with symptoms of ILI (coughing, runny nose, fever) while in the public area NB: recommend staying at home if unwell and not to attend events, shopping or crowded areas. Respiratory hygiene/cough etiquette and hand hygiene remain important 	 Minimise the number of individuals who need to use respiratory protection through: Preferential use of engineering and administrative controls (e.g. social distancing, room configuration, equipment that maintains closed circuits, cohorting of patients) Implement and document practices allowing extended / prolonged use* (e.g. surgery, cohorting, procedural room) Prioritise the use for those personnel performing procedures that place them at 	 Health workers For patients confirmed with influenza or COVID-19 while providing care within < 2 meters Implement practices allowing extended / prolonged use* For patients confirmed as having a droplet spread infection while providing care within < 2 meters Re-consider elective procedures that can be delayed or postponed Patients Confirmed Influenza or COVID-19 when out of their allocated zone Restrict visitors while patient is in infective stage NB: *Extended/prolonged use refers to the practice of wearing the same mask for repeated close contact encounters with several patients, without removing the mask between patient encounters

DO NOT REUSE MASK AT ANY STAGE: Reuse refers to the practice of using the same mask for multiple encounters with patients but removing it ('doffing') after each encounter. **Mask once removed never to be reapplied**



Good Supply: No disruption to Stock levels



CAUTION: Supply level reduced



ALERT: Supply level restricted

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A fit	Health workers	Health workers	Health workers
checked	While caring for patients with communicable disease	Patients on airborne precautions	Patients on airborne precautions
P2/N95 Mask	 capable of transmitting via airborne route (e.g. Tuberculosis, Measles, Chickenpox) COVID-19 patients who are critically ill / high volume/high frequency, prolonged care Aerosol Generating Procedures (AGPs) Cytotoxic drug administration Immunocompromised patients when out of patient zone/near a construction site may be required to wear a P2/N95 mask 	 During AGPs Minimise the number of individuals who need to use respiratory protection through: Preferential use of engineering and administrative controls (room configuration, isolation, ventilation controls) Implement practices allowing extended use/ prolonged use* Postpone or delay home visits while patient is in infective stage if safe to do so 	 During AGPs Extended/prolonged use where practical Bundle care activities across all health worker types, limit face to face interactions and implement alternate methods such as telephone/video calls Exclude visitors for patients on airborne precautions on case by case basis

AIM: STOCK LEVEL AND PROCUREMENT ABILITY DEPLETING AND NEED TO RATIONALISE USE ACCORDING TO RISK AND NEED

- *Extended/prolonged use refers to the practice of wearing the same mask for repeated close contact encounters with several patients, without removing the mask between patient encounters. Extended use may be implemented when multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards. Extended use has been recommended as an option for conserving masks during previous respiratory pathogen outbreaks and pandemics.
- Extended /prolonged use also refers to the practice of wearing the same mask for sequential patient interactions in routine patient care areas, as above. Masks should be changed if become moistened or contaminated (e.g. Dental, Theatre, Procedural areas, cleaning).
- During extended/prolonged mask use all other infection prevention and control principles must apply (e.g. hand hygiene, changing of gloves, environmental cleaning and reprocessing of reusable equipment).
- Face and mask must not be touched during extended/prolonged use periods. Once touched and or removed masks must be discarded. https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

NB: during alert phase and limited stock supply masks should be reserved for clinical use only and not for training. Training should be conducted using other methods and just in time education – Just in time education requires a competent champion talking through steps at point of care prior to entrance to clinical care zone.



