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COVID–19 Questions and Answers

[NZACA Nursing Leadership Group](#), compiled by Rhonda Sherriff, NZACA Clinical Advisor

1) Wearing Personal Protective Equipment – are face masks effective against COVID-19?

- **Surgical masks (face masks)**

The Centers for Disease Control and Prevention (CDC) does not recommend that people who are well wear a face mask to protect themselves from respiratory diseases, including coronavirus (COVID-19).

A surgical mask is a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Surgical masks are not to be shared and may be labelled as surgical, isolation, dental, or medical procedure masks.

If worn properly, a surgical mask is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping them from reaching your mouth and nose. **Surgical masks may also help reduce exposure of your saliva and respiratory secretions to others.**

While a surgical mask may be effective in blocking splashes and large-particle droplets, by design it **does not filter or block very small particles in the air that may be transmitted by coughs, sneezes, or certain medical procedures.** Surgical masks also do not provide complete protection from germs and other contaminants because of the loose fit between the surface of the mask and your face.

Surgical masks are not intended to be used more than once. If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one. To safely discard your mask, place it in a plastic bag and put it in the trash. Wash your hands after handling the used mask.

Infected people should be asked to wear masks to prevent the spread of infected droplets from person to person and to avoid contaminating surfaces. Washing hands is essential to stop the spread of the virus and this should be reinforced at all times.



- **N95 Respirators**

A N95 respirator is a respiratory protective device designed to achieve a close facial fit and very efficient filtration of airborne particles.

The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles. If properly fitted, the filtration capabilities of N95 respirators exceed those of face masks. However, even a properly fitted N95 respirator does not completely eliminate the risk of contracting an illness.

- **PPE in ARC facilities**

PPE equipment needs to be worn correctly by all staff and visitors to be effective. All staff and visitors need to be educated and trained in good infection control practices including how to wear PPE equipment safely and appropriately, along with proper disposal techniques. Checks for compliance should be completed frequently by senior management and infection control champions on site to ensure staff are using the equipment competently.

Surgical masks are mainly available in aged care as a barrier protection, but quickly become contaminated by the wearer with their own breath and saliva. Surgical masks should be worn by all staff when they are at risk of contamination by resident cares (splashes, saliva, urine, faeces, etc), or used in management of residents who are isolated/infected (i.e. norovirus, Influenza A, COVID-19 etc.)

Staff should not be wearing surgical masks if they themselves are unwell - they should not be at work.

Visitors should not be visiting residents in aged care if they are unwell.

Patients/residents with COVID-19 should be encouraged to wear masks to prevent the spread of infected droplets, saliva, particles to others.

It is recommended that N95 masks be worn as protection in highly infectious areas due to their greater effectiveness (95%) against smaller particles.



2) How do we manage staffing of facilities and dedicated staffing areas?

Facility management should now be looking at how they manage their staff and delivery of care to residents within their facilities in the likelihood that a COVID-19 outbreak occurs. It is recommended that they consider having groups of staff rostered to specific areas of the facility, and not have them moving all through the complex. If there is an outbreak or contact with the virus, this will help limit the numbers of staff that will require self-isolation.

Rostering staff to a specific wing rather than across the facility will lessen their exposure and risk whilst caring for residents.

3) Must there be 48 hours clearance before sick staff can return to work?

Facilities should have a system in place to document all staff sickness, both for reporting purposes and for identifying trends, as the risk of COVID-19 increases in the community. Staff will be asked to identify any flu-like symptoms when calling into site management as a precautionary action and they will be expected to keep management fully informed of the progression of their illness and any positive test results.

Staff must have 48 hours clearance of any illness (symptom free) prior to returning to work.

Rhonda Sherriff, NZACA Clinical Advisor, is available for members to seek clinical advice between 9.00am and 5.00pm Monday to Friday (excluding public holidays) on 0800 445 200 or helpline@nzaca.org.nz.