

## Interim guidance for the use of P2/N95 particulate respirators by general practice or urgent medical health care providers

9 April 2021

This document is an update on the previous interim guidance released 18.2.21

### Why the change in PPE options?

The risk of transmission of SARS-CoV-2 to a healthcare provider is dependent upon the prevalence of the virus within the population, the transmissibility of the virus and the nature of the interaction between healthcare provider and patient. It is necessary to minimise the risk of transmission to healthcare providers thus maintaining their safety, in addition to protecting the safety of other vulnerable individuals they might encounter.

Mitigation of these risks will always be multifactorial, with no single measure adequate to provide effective safety. A P2/N95 respirator alone, even when it is used correctly, is insufficient to provide adequate protection. Hand hygiene, physical distancing, avoidance of touching one's face, respiratory etiquette, adequate ventilation in indoor settings are all essential infection prevention and control measures. As both the virus and knowledge regarding transmission continue to evolve, recommendations regarding mitigation of the risk of transmission may also change.

Changes to the risk of transmission are as follows:

- The identification of new SARS-CoV-2 variants, including B.1.1.7 (also known as the UK variant), with increased transmissibility.
- The identification of cross transmission within managed isolation quarantine facilities where no clear risk event for transmission was identified and where airborne transmission may have been a contributing factor.
- The recognition of poor ventilation as a risk factor for transmission of infection.
- Recent identification of transmission of SARS-CoV-2 within the community resulting in a change in Alert Levels.

## Who, when and where?

General practice and urgent medical care staff when having **close interactions** with a patient in a **closed confined space** such as a poorly ventilated examination or procedure room<sup>1</sup> in the following two situations:

- 1) When there is widespread community transmission, which will be defined and communicated by public health

**or**

When Alert Level changes to 3 or 4

**AND**

With a patient presenting with potential symptoms of COVID-19\*, including atypical symptoms,

- 2) With any person who meets the HIS criteria listed\* and has potential symptoms of COVID-19\*, including atypical symptoms, and is not fully immunised.

\* In the 14 days prior to illness onset the person has had: contact with a confirmed or probable case, worked on an international aircraft or shipping vessel or exited an MIQ Facility (excluding recovered cases).

\* <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/case-definition-and-clinical-testing-guidelines-covid-19>

This update confirms that frontline healthcare staff in General Practice and Urgent Medical Care should assess the risk within their own practice environment. Where such risk is identified, they can then determine whether they should wear a P2/N95 respirator.

<sup>1</sup> This may be the room that gets hot and stuffy during the warmer months and the window cannot be opened, or an internal room where there is no window to open and neither of these spaces has mechanical ventilation to improve ventilation.

## Refer to table below for the updated guidance on use of particulate respirators in different settings.

Use of P2/N95 particulate respirator by General Practice/Urgent Care staff					
Who	When/two situations:	Where/Environment	Activity	What Type of PPE	Why
General practice and urgent care providers	<p><b>1)</b>When there is widespread community transmission, which will be defined and communicated by public health</p> <p><b>or</b></p> <p>When Alert Level changes to 3 or 4</p> <p><b>AND</b></p> <p>With a patient presents with potential symptoms of COVID-19*, including atypical symptoms</p> <p><b>2)</b>With any person who meets the HIS criteria listed below* and has potential symptoms of COVID-19*, including atypical symptoms, and is not fully immunised.</p>	<p>Within a general practice, urgent medical care facility when having <b>close interactions</b> with a patient in a <b>closed confined space</b>.</p>	<p>Undertaking Covid-19 nasopharyngeal swabs</p> <p><b>Or</b></p> <p>General health assessment</p>	<p>Adhere to Contact and Airborne precautions. PPE includes: P2/N95 particulate respirator, eye protection±, gloves long sleeve fluid resistant gown.</p> <p>± prescription glasses are not classed as eye protection</p>	<p>Poor ventilation in room<sup>2</sup></p> <p>Close contact is unavoidable</p> <p>Extended interaction time</p>

\* <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/case-definition-and-clinical-testing-guidelines-covid-19>

<sup>2</sup> Adequate ventilation could not be provided by natural ventilation (opening a window) or mechanical ventilation (use of a fan to direct air out of the room or HVAC system).

## Mitigating factors that would reduce the need to wear P2/N95 particulate respirator:

- When patient remains in car
- Swab taken in well ventilated venue
- When an interaction with a patient is less than 15 minutes (cumulatively)

**Note:** It is anticipated that patients will have/be provided with a face covering for source control and practise hand hygiene on arrival at a general practice or urgent medical care facility.

## Fit testing for a respirator?

Any person requiring a P2/N95 particulate respirator should undergo requisite annual fit testing and be trained in fit checking. Employers have responsibilities under Health and Safety legislation to support and ensure appropriate use of protective equipment; in the case of P2/N95 respirators that includes fit testing.

To access P2/N95 respirators from the Ministry of Health central supply, health workers will need to be fit tested to the available supply. Most healthcare workers can be successfully fit-tested for the available P2/N95 respirators. Fit testing may be more challenging for men with facial hair as a seal cannot be achieved, or in the case of staff with smaller faces, where only a limited range of respirators are available.

Independent fit testers are available and can be located via: <https://nzohs.org.nz/commit2fit/>

Fit checking must be undertaken each time a person dons a P2/N95 particulate respirator. Further information is available via:

<https://www.health.govt.nz/system/files/documents/pages/covid19-role-of-face-masks-in-health-17-june-2020.pdf>