

COVID-19: GUIDANCE ON THE EXTENDED USE OF FLUID RESISTANT (TYPE IIR) SURGICAL MASKS (FRSMs) AND FACE COVERINGS IN HOSPITALS, PRIMARY CARE, WIDER COMMUNITY CARE (INCLUDING CARE AT HOME) AND ADULT CARE HOMES

Frequently Asked Questions

Below you will find answers to help anyone affected by the new guidance understand how it applies to staff, individuals receiving care and visitors in a health care or community care setting. To help you find the information you are looking for, the questions have been split up into the following sections:

- A. Guidance overview**
- B. Staff**
- C. Individuals receiving care and visitors**
- D. Links to other relevant guidance**

Please note, the FAQ is intended to be a live document, which provides clarity around any points of uncertainty. This means it will be regularly updated as we receive further feedback.

However, if there is a material change to the guidance document, that will be reflected in the FAQ version number. This will ensure both documents are consistent and assure those accessing the information that they are accessing the correct version.

A. Guidance overview

1. Why has the guidance changed?

On 26 October 2020, the Scottish COVID-19 Infection Prevention & Control Addendum for Acute settings was published as an addition to the [National Infection Prevention and Control Manual](#) (NIPCM). This addendum was developed in collaboration with NHS boards to provide Scottish context to the UK COVID-19 IPC remobilisation guidance, published on 21 August 2020, as some deviations exist for Scotland, which have been agreed through consultation with NHS Boards and approved by the COVID-19 Nosocomial Review Group (CNRG). An Addendum for Care Homes was published on 16 December 2020, with an Addendum for Community Health and Social Care added on 7 January 2021. It remains the responsibility of employers to ensure that their staff have the appropriate PPE for the tasks they will undertake.

There is scientific evidence about the risk of spread of COVID-19 from people who are not displaying any symptoms but can still be infectious - either because they have the virus but have not yet become unwell –‘pre-symptomatic’- or because they are carrying the virus and have no symptoms – ‘asymptomatic’.

The extended use of FRSMs by health and wider community care workers is designed to protect staff. Because it is often difficult in hospitals and other care settings such as care homes to maintain physical distancing – there is a risk that the infection can be spread from staff to staff.

The extended use of FRSMs to cover primary care (GP practices, dentists, opticians and pharmacies) and wider community care (including adult social or community care, adult residential and care home settings, and care provided to people in their own homes (including supported living settings) sometimes called domiciliary care) recognises that as NHS services remobilise, an increase in footfall is expected and so there is potential for greater risk of exposure in these areas.

2. What are the key changes for hospital staff in the updated guidance?

All staff in hospitals, are recommended to wear FRSM, **at all times**, throughout their shift, except in a limited number of circumstances, such as working alone in a closed office, or in a non-clinical area, where all control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area.

Staff who work solely in non-clinical buildings - such as NHS Board headquarters or other standalone offices – and who do not enter buildings where patient care is provided, would not be expected to wear FRSMs, but instead may wear their own face covering. Staff members who work in non-clinical buildings but as part of their job role will enter a building where patient care is provided would be expected to change to a FRSM.

3. What are the key changes for individuals receiving care in hospital in the updated guidance?

All individuals in all pathways in hospitals should use a FRSM if this can be tolerated and does not compromise care, such as when receiving oxygen therapy, or during labour, or fall under one of the exemptions specified in the regulations. The expectation would be that patients would be required to wear FRSM in bed, where patients in bed are 2m or more apart, but is particularly important where patients are moving about the ward or between different areas.

This also applies to patients who are being transferred or transported to hospital. In NHS Scotland, FRSM are provided to all in-patients. As outlined above, guidance on in-patient mask wearing is included separately via the [Scottish COVID-19 Addendum](#).

4. What are the key changes for visitors to hospitals in the updated guidance?

Long stay and/or overnight visitors, such as birthing partners; parents of children who are in long stay wards; or appropriate adults or families of patients who have learning disabilities, and who are required to stay in hospital with the patient for a prolonged period of time, will be asked to wear surgical face masks, (or face covering if FRSM cannot be tolerated, unless they fall under one of the exemptions specified in the regulations).

5. What are the key changes for residents receiving care in adult care homes in the updated guidance?

Wording strengthened to confirm residents receiving direct care, or in communal areas in adult care homes should wear a FRSM where this can be tolerated and where it does not compromise care, or fall under one of the exemptions specified in the regulations.

6. What are the key changes for individuals receiving care at home in the updated guidance?

Wording strengthened to confirm individuals receiving direct care at home and their household, if present during the care episode, should be encouraged to wear a face covering where this can be tolerated and where it does not compromise care.

7. What are the key changes for staff working in non- direct patient care areas in adult care homes, primary and community care in the updated guidance?

If you work in an office/reception, or other non-clinical area where there are no patients/residents, it is recommended that you wear a face covering at all times, whilst at

work, except in a limited number of circumstances, such as when working alone in a closed office or in a non-clinical area where all other control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area.

8. What are the key changes for visitors to primary and community care and adult care homes in the updated guidance?

Wording has been strengthened to confirm visitors should wear a face covering where this can be tolerated, where it does not compromise care and they are not exempt. Visitors to adult care homes should wear FRSMs.

B. Staff

9. I am based in an office – do I have to wear a mask?

a) in hospitals

If you work in an office, or other non-direct care area within an acute hospital, you should wear a FRSM at all times, whilst at work, except in a limited number of circumstances, such as when working alone in a closed office, or in a non-clinical area, where all other control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area.

Every effort should be made by boards or care providers to ensure staff are able to physically distance, for instance staggered start times, working from home, etc.

You should wear a FRSM in corridors and other public spaces in hospitals.

b) surgeries, community settings and adult care homes

If you work in an office, or other non-direct care area, it is recommended that you wear a face covering at all times, whilst at work, except in a limited number of circumstances, such as when working alone in a closed office, or in a non-direct care area, where all other control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area.

You should wear a face covering in corridors and other public spaces in surgeries and community settings where it is not always possible to observe physical distancing measures. Employers will decide locally how best the guidance should be applied by staff in their facility/workplace.

10. What is the protocol for staff returning to work from shielding?

Where you have staff who are returning to work from shielding, and if they are routinely or regularly less than 2m distance from others, you should carry out an individual risk assessment, as per the workplace guidance, which has been published on the SG website [here](#), to consider other mitigating measures, such as additional screens, 2m physical distancing, good ventilation and hand hygiene can be implemented.

Every effort should be made by boards and care providers to ensure staff are able to physically distance, for instance staggered start times, working from home.

Further shielding advice is available on the Scottish Government website

[Coronavirus \(COVID-19\): shielding advice and support - gov.scot \(www.gov.scot\)](https://www.gov.scot/Coronavirus-(COVID-19)-shielding-advice-and-support)

11. Can I remove my FRSM to take a drink?

Yes. It is important to keep hydrated throughout your shift, particularly as it can become hot and uncomfortable wearing masks over a long period of time. Staff should observe hand hygiene prior to removing their FRSM and taking a drink. Hand hygiene should be observed after taking a drink and before putting a **new** FRSM on. We would also encourage employers to plan breaks in such a way that allows 2 metre physical distancing and in outdoor environments and therefore staff not having to wear a face mask, when on their break.

12. I work in a GP practice or in the community – do I have to wear a mask?

The guidance covers the use of FRSM in primary care (GP practices, dentists, opticians and pharmacies) and wider community care (including respite, day care and care at home, including domiciliary care), in addition to acute hospitals (including mental health, maternity, neonatal and paediatrics), community hospitals and adult care homes, in direct care settings. It outlines that staff engaged in direct care should wear a FRSM **at all times** throughout their shift.

13. There are out of hours and primary care services who work out of hospital outpatient departments do these staff have to wear a mask?

We are asking all staff who work from a hospital base to follow the guidance and wear a FRSM as outlined above.

14. I work in the community visiting clients at home. Will I have to wear a face mask?

Yes, you will be required to wear an FRSM at all times when in the client's home. If you are involved in direct care, you will be required to wear a FRSM and other PPE as per the Scottish IPC COVID-19 addendum. Individuals receiving care are encouraged to wear a face covering in their own home. However, they may choose not to do so and this should be respected.

As the person providing care will have a FRSM, this will provide both protection to the wearer and client, and provide source control.

15. I work in the community visiting clients at home. Should other household members wear a mask when I am providing care for my client?

Other household members should be encouraged to wear a face covering in their own home when they are present during a care episode. Staff should continue to wear a FRSM and ensure other IPC measures such as hand hygiene, respiratory etiquette, ventilation and physical distancing are observed.

16. Do receptionists and clinicians have to wear a FRSM at all times in outpatient departments in acute hospitals, or is it just clinicians when providing direct care to patients?

Receptionists should also wear a FRSM **at all times** throughout their shift.

17. Do receptionists and care home staff have to wear a FRSM at all times in the care home, or is just when caring for residents?

Care home staff who provide direct care to residents should wear a FRSM **at all times** within the care home.

Staff who work in a kitchen, laundry room or office within a care home and do not provide direct care to residents should wear a face covering **at all times**. The exception to this is when staff are working alone in a closed office, or where all other control measures are in place, i.e. good ventilation; 2 metre physical distancing between staff; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area. Staff who work in non-direct care roles should be provided with and wear a FRSM instead of a face covering when interacting with or in the same room, living or communal area as residents and staff who provide direct care to the residents.

18. Do receptionists in health centre/doctors surgeries have to wear a mask at all times?

If you work in an office/reception, or other non-clinical area where there are no patients, it is recommended that you wear a face covering at all times, whilst at work, except in a limited number of circumstances, such as when working alone in a closed office or in a non-clinical area where all other control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area.

19. I have a medical condition, which makes it difficult for me to wear a face covering/FRSM- what should I do?

Please discuss this with your line manager in the first instance to ensure that you have the support you need and that you are confident that you are appropriately protected. You will not be forced to wear a face mask/covering.

Where this applies to a visitor wearing a face covering/ FRSM, health boards and care homes will need to mitigate the risks and put appropriate measures in place. A risk assessment tool and guidance have been developed to enable a conversation between yourself, your manager and occupational health and is available [here](#).

20. My glasses steam up when I am wearing a FRSM– can I choose not to wear one?

The nose strip on the FRSM has been changed to improve the fit around the nose. This will help minimise the risk of your glasses steaming up. You may also wish to change your FRSM more frequently. If this is not the case, please speak to your line manager or occupational health team.

21. Can I wear my own face covering at work? (In primary and community care)

This will be a decision for your employer and will depend on your role. Those involved in direct care must wear a FRSM throughout their shift as noted above. Some NHS Boards, community, and care at home providers may put in place a local policy that staff must wear a FRSM rather than a face covering. It should be noted that face coverings are not appropriate for clinical care areas. It may also be difficult for uniformed staff to safely store, launder and easily access their own face coverings for use whilst on duty and may not be appropriate to wear the same face covering that you wear on public transport.

22. Will my health board provide face coverings for me to wear if I travel to work on public transport?

No. Individuals can choose which type of face covering they wish to wear outside of work. Face coverings are also provided by some transport providers. However, it is mandatory to wear a face covering, at this time.

<https://www.gov.scot/publications/coronavirus-covid-19-phase-2-staying-safe-and-protecting-others/pages/face-coverings/>

23. Which is the “correct” waste bin for disposal of FRSMs?

FRSMs should be disposed of into clinical waste bins, in settings which have a clinical waste contract. If the community health and care setting does not have a clinical waste contract, or for care at home, ensure all waste items (including PPE) that have been in contact with the patient/ individual (e.g. used tissues and disposable cleaning cloths) are disposed of securely within disposable bags. When full, the plastic bag should then be placed in a second bin bag and tied. These bags should be stored in a secure location in the home, for 72 hours before being put out for collection. It is not appropriate for waste bags to be carried on public transport, so a discussion should take place with clients to establish a secure location within the home. Hands should be washed or decontaminated with soap and water, or alcohol based hand rub, before and after touching/removing a face mask.

24. I've heard a lot about shortages of PPE – will there be enough FRSMs for everyone to wear?

Yes. National procurement have confirmed there is plentiful stock available to meet any increase in demand through this change of policy.

25. Where will I be able to get FRSMs?

This will be a local decision by health boards, social care and community care providers and care homes. However, NHS boards and care homes may choose to make FRSMs available at the entrance to all wards and departments and the care home, and at additional PPE stations provided throughout the sites.

Further information on access to PPE supplies for social care providers and unpaid carers is available at the following link

[Coronavirus \(COVID-19\): PPE access for social care providers and unpaid carers - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-phase-2-staying-safe-and-protecting-others/pages/ppe-access-for-social-care-providers-and-unpaid-carers/)

26. Do I have to wear a FRSM as a staff member if I am able to physically distance from others?

a) in hospitals

Yes, you will be required to wear a FRSM **at all times** regardless if you are in a clinical or non-clinical area (including communal areas such as canteens and rest rooms), except in a limited number of circumstances- when working alone in a closed office, or in a non-clinical area where all other control measures are in place, i.e. good ventilation; physical distancing, with

staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area.

b) in community, primary care, adult care homes

Yes, if you work in a direct care role you will be required to wear a FRSM **at all times** regardless of your ability to physically distance from others. If you are in a non-clinical/non-direct care area/ or not providing direct care to an individual, a face covering will be required, except in a limited number of circumstances, when working alone in a closed office, or in a non-clinical area where all other control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities.

Community nurses will be able to remove FRSMs, when travelling between locations, unless car sharing, and should wear a face covering if travelling on public transport.

c) in care at home

Yes, if you work in a direct care role you will be required to wear a FRSM **at all times** regardless of your ability to physically distance from others. If you are providing non- direct care, a face covering will be required (or FRSM if you so wish), except in a limited number of circumstances, when working alone in a closed room, or in a room where all other control measures are in place, i.e. good ventilation; physical distancing, with individuals 2 metres apart; easy access to hand washing and/or hand sanitising facilities.

Care at home staff will be able to remove FRSMs when travelling between locations, unless car sharing, and should wear a face covering if travelling on public transport.

27. Who will ensure that FRSMs are being worn in corridors where social distancing cannot be achieved?

We expect all staff to act as good role models and comply with the guidance provided. There is no plan to formally 'police' compliance. However, the Care Inspectorate and Healthcare Improvement Scotland, as part of their inspections process in care homes and hospitals, will observe compliance of this guidance. Some areas have introduced 'PPE Champions' to support staff to adhere to the guidance, by offering support to mitigate the risks.

28. Do I need to wear FRSM if I am face fit testing?

Yes. All testers should wear a FRSM when carrying out face fit testing as this role will prevent you from physical distancing.

29. Do I have to wear a face covering/ FRSM during mealtimes?

Staff are not required to wear a face covering/ FRSM during mealtimes in staff restaurants or break areas but should do so when not seated at a table, such as when queueing, entering or leaving the canteen/ communal break area (in line with other hospitality venues).

Again, carrying out physical distancing is essential during these times as is hand hygiene, using alcohol rub where hand washing facilities are not available. During breaks, and where possible, consideration should be given to facilitating the use of outdoor spaces, which provide a safer alternative than enclosed indoor spaces. Alternatively, consideration should be made to the staggering of staff breaks etc.

30. Do I have to wear a face covering/FRSM in other communal workplace areas?

a) in hospitals

Yes, FRSMs should be worn at all times in communal areas.

b) in community, primary care and adult care homes

Yes, face coverings/ FRSMs should be worn in communal areas, during your shift. On Thursday 15th October, the First Minister announced that the wearing of face coverings was to become mandatory in communal workplace areas, such as corridors, changing rooms, canteens and social spaces.

31. I need to car share with a colleague, is it safe to do so?

Wherever possible, car sharing should be avoided with anyone outside of your household or your extended household.

Where car sharing cannot be avoided, individuals should adhere with the guidance below to reduce any risk of cross transmission:

- Staff (and students) **must not** travel to work/car share if they have symptoms compatible with a diagnosis of COVID-19.
- Ideally, no more than 2 people should travel in a vehicle at any one time
- Use the biggest car available for car sharing purposes
- Car sharing should be arranged in such a way that staff share the car journey with the same person each time, to minimise the opportunity for exposure. Rotas should be planned in advance to take account of the same staff commuting together/car sharing as far as possible
- The car must be cleaned regularly (at least daily) and particular attention should be paid to high risk touch points such as door handles, electronic buttons and seat belts. General purpose detergent is sufficient unless a symptomatic or confirmed case of COVID-19 has been in the vehicle in which case a disinfectant should be used.
- Occupants should sit as far apart as possible, ideally the passenger should sit diagonally opposite the driver.
- Windows in the car must be opened as far as possible taking account of weather conditions to maximise the ventilation in the space
- Occupants in the car, including the driver, should wear a fluid resistant surgical mask (FRSM) provided it does not compromise driver safety in any way.
- Occupants should perform hand hygiene using an alcohol based hand rub (ABHR) before entering the vehicle and again on leaving the vehicle. If hands are visibly soiled, use ABHR on leaving the vehicle and wash hands at the first available opportunity
- Occupants should avoid eating in the vehicle
- Passengers in the vehicle should minimise any surfaces touched – it is not necessary for vehicle occupants to wear aprons or gloves
- Keep the volume of any music/radio being played to a minimum to prevent the need to raise voices in the car

Adherence with the above measures will be considered should any staff be contacted as part of a COVID-19 contact tracing investigation.

For the most up to date guidance, please refer to Section 5.12 of [Scottish COVID-19 Addendum](#) (which aligns with addendums for community health and care, including care at home; and care homes).

32. What does the phrase “direct care” mean?

When we talk about “direct care”, we are referring to a staff member’s role, rather than distinct activities. This would include anyone who is providing care to a patient, resident or client. Staff in this situation should continue to wear appropriate PPE in line with the Scottish COVID19 addendums and according to their own professional judgement.

33. I support people at home with non-personal care tasks, should I be wearing a FRSM too?

If you provide non personal care **AND** you can maintain 2 metre physical distancing, from others in that area, and the room is well ventilated, you do not have to wear a FRSM (but may wish to do so). However, you should wear a face covering as a minimum requirement.

34. Am I required to wear a face covering whilst travelling between people’s homes I am providing support for?

If travelling between people’s homes using public transport, or placed in a situation where physical distancing is not possible in line with wider national guidance, personal face coverings should be worn. If you are travelling alone between people’s homes, you do not have to wear a face covering.

When in the presence of someone you are supporting, and you are unable to maintain 2 metre physical distancing, a FRSM should be worn. This must be removed and replaced as necessary (observing hand hygiene before the mask is removed and before putting another mask on), and as recommended during the shift, including e.g. if it becomes contaminated, damaged or moist.

B. Individuals receiving care and visitors

35. Do I have to wear a face covering as a visitor if I am able to physically distance from others?

Any individual visiting or attending an acute adult hospital (including mental health, maternity, neonatal and paediatrics), community hospitals, primary care premises (GP practices, dentists, opticians and pharmacies), is asked to wear a face covering of the same kind that the Scottish Government has made mandatory in most indoor public places and indoor communal spaces, including retail and public transport.

For visitors to care homes, please see [Open with Care Guidance](#) on the Scottish Government website.

Long stay and/or overnight visitors, such as birthing partners; parents of children who are in long stay wards; or appropriate adults or families of patients who have learning disabilities, and who are required to stay in hospital with the patient for a prolonged period of time, will be asked to wear a FRSM, (or face covering if cannot be tolerated, unless they fall under one of the exemptions specified in the regulations).

The hospital, primary care service or adult care home should provide visitors with a FRSM where required.

36. What about in-patients receiving care in bed. Would they need to wear a mask?

The guidance asks that all patients attending clinics, and all hospital visitors should wear a face covering when attending. This advice is in line with existing public health advice to the public asking for face coverings to be worn in public places where 2 metre physical distancing is not possible. A face mask can be offered if necessary.

Children over the age of 5 years old should also wear a face covering when visiting or attending a hospital, or any other health service or social care service, in line with national policy, and based on the WHO guidance published on 21 August 2020.

41. How should health boards let patients know to wear face coverings?

Health boards can include generic information on physical distancing and use of face coverings in appointment letters and other communications.

Other communication methods could include using social media to promote this requirement and clear signage at entry points

42. I am a member of the public and have worn my own face covering to hospital, if it gets wet or contaminated will the hospital supply me with another?

Yes. Face masks will be available in all wards and departments, or a replacement mask can be provided on request.

43. What should I do if an individual receiving care or a visitor refuses to wear a face covering in hospital?

a) individual receiving care in hospital

A discussion should take place with the individual asking them if they are content to wear a FRSM, or for people who lack capacity, their legal guardian or a family member, unless they are exempt from wearing one. If they refuse, this should only be noted in their patient/ medical records each time, and not enforced. Staff should continue to wear a FRSM in this situation and ensure other IPC measures such as hand hygiene, respiratory etiquette, ventilation and physical distancing are observed.

In cases where patients feel they can't tolerate the wearing of FRSM, the option of wearing a face covering should be available to them. The minimum requirement set out in the extant national guidance is that all outpatients and visitors must wear a face covering or mask when entering health and care settings. This aligns with the health protection regulations, which set out the mandatory requirement for individuals to wear face coverings or masks in indoor communal spaces in workplaces, including in health and care settings. The regulations, including the full list of exemptions, can be accessed via the following link:

[The Health Protection \(Coronavirus\) \(Restrictions and Requirements\) \(Local Levels\) \(Scotland\) Regulations 2020 \(legislation.gov.uk\)](#)

b) visitors and outpatients in hospitals

Politely encourage all individuals to comply with the request to use a face covering, or offer them a FRSM to wear, and, where necessary, highlight the benefits of wearing a face covering. The hospital, primary care service or adult care home should provide visitors with a FRSM where required.

Where visitors decline to wear face coverings, clinicians should apply judgement and consider if other IPC measures, such as hand hygiene, respiratory etiquette, ventilation and

physical distancing are sufficient depending on the patient / resident / client's condition and the care pathway.

The vast majority of people can wear a face covering and if they are not exempt from doing so, then they are legally obliged to do so in the mandated spaces. The obligation to enforce the [regulations](#) and the public use of face coverings rests with Police Scotland; however, the support of employers and staff in encouraging the use of face coverings is vital to their success as a public health intervention.

c) visitors to care homes

Politely encourage all individuals to comply with the request to wear the provided a FRSM, and, where necessary, highlight the benefits of wearing including the protection provided to the wearer.

Where visitors decline to wear a FRSM, care home managers should apply judgement and consider if other IPC measures, such as hand hygiene, respiratory etiquette, ventilation and physical distancing are sufficient depending on the patient / resident / client's condition and the care pathway. It may also be an option to support the use of face coverings as an alternative to FRSM where a FRSM cannot be tolerated by the visitor.

The vast majority of people can wear a FRSM or face covering and if they are not exempt from doing so then they are legally obliged to do so in the mandated spaces. The obligation to enforce the [regulations](#) and the public use of face coverings rests with Police Scotland; however, the support of employers and staff in encouraging the use of face coverings is vital to their success as a public health intervention.

D. Links to other relevant guidance

44. Does the guidance apply to unpaid carers?

Separate guidance has been created for unpaid carers, this can be found [here](#).