

UPDATED GUIDANCE ON FACE COVERING/FLUID RESISTANT (TYPE IIR) SURGICAL MASK USE IN HOSPITALS, PRIMARY CARE, WIDER COMMUNITY CARE AND ADULT CARE HOMES

Purpose

1. To provide guidance in relation to the extended use of Fluid Resistant (Type IIR) Surgical Masks (FRSM) by health and social care staff. This guidance covers primary care (GP practices, dentists, opticians and pharmacies) and wider community care (including adult social or community care and adult residential settings¹, care home settings² and care staff who support and deliver care to people in their own homes (including supported living settings), sometimes called domiciliary care³), in addition to acute hospitals (including mental health, maternity, neonatal and paediatrics) and community hospitals in areas where individuals are directly cared for and areas where they are not.
2. This guidance has now been updated to reflect a) the wider wearing of FRSMs by **clinical and non-clinical hospital staff** b) the importance of FRSMs used by in-patients **in hospitals and** residents receiving direct care, or in communal areas **in adult care homes** as well as long stay/overnight visitors; and c) strengthened wording around the need for outpatients, to wear face coverings, as well as encouraging individuals being cared for at home and their household to wear face coverings.
3. This guidance also outlines advice about the wearing of face coverings by any individuals who visit these places, including children aged 5 and over.

Background

4. Across health and social care, the fundamental principles of infection prevention and control (IPC) are essential for preventing the spread of COVID-19. Compliance with hand hygiene, respiratory etiquette, physical distancing, safely optimising ventilation and the appropriate use of PPE in line with national guidance continues to be critical in all settings at all times. This guidance does not replace these measures, but aims to supplement them.
5. 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 being added on 7 January 2021. It remains the responsibility

¹ Includes: Community based settings for people with mental health needs, community based settings for people with a learning disability, community based settings for people who misuse substances, supported accommodation settings, rehabilitation services, residential respite (non-care home), sheltered housing, hospice settings, prison and detention settings.

² Includes: adult nursing homes and adult residential care

of employers to ensure that their staff have the appropriate PPE for the tasks they will undertake.

6. On 5 June 2020, the World Health Organisation (WHO) issued interim [guidance](#) about the use of face masks in the context of COVID-19. The WHO guidance reflected emerging evidence about potential transmission from symptomatic, pre-symptomatic and asymptomatic people infected with COVID-19 in locations where there is geographical evidence of sustained community transmission. In these circumstances, the WHO guidance recommends the extended use of medical face masks by health and care staff beyond the clinical or care area. On 21 August, WHO also issued Q&A, providing [information](#) on when children should wear face coverings. This updated guidance meets all WHO guidance to date and is also consistent with current national Scottish guidelines on face coverings, including for children aged 5 and over. Babies, toddlers and children under 5 years of age are not required to wear a face covering due to the possibility of overheating, suffocation and strangulation.

7. The CNRG considered the new WHO guidance, as well as evidence from the SAGE Hospital-onset COVID-19 Working Group that the use of face masks can reduce transmission of COVID-19. “Nosocomial” here means a healthcare-associated infection.

8. The CNRG has attached particular importance to the evidence around transmission events, and pre-symptomatic or asymptomatic carriage of COVID-19 in individuals and staff in acute hospitals and adult care homes in Scotland, where there have been clusters of nosocomial infections. Pre-symptomatic means a person has the virus but has not yet become unwell, while asymptomatic means a person is carrying the virus and has no symptoms. This additional guidance document provides advice on the extended use of face masks by staff within health and social care settings. The CNRG has also reached conclusions about the wearing of face coverings by individuals who visit these places.

9. It is important to note the difference between face coverings and face masks. Face coverings are made of cloth or other textiles that cover the mouth and nose. Face coverings are largely intended to protect others, not the wearer, against the spread of infection because they cover the nose and mouth which are the main confirmed sources of transmission of the virus that causes COVID-19. Everyone needs to be aware of and follow the [Scottish Government guidance](#) on the use of face coverings in the community. When we refer to face masks, this means surgical or other medical grade masks that are used in certain health and social care settings to protect the wearers against hazards and risks.

Current guidance- staff in hospitals

10. It is recommended that staff providing **direct care** to individuals in the following settings should wear a FRSM at **all times** throughout their shift, as per the NIPCM [Scottish COVID-19 Addendum](#). This includes acute hospitals (including mental health, maternity, neonatal and paediatrics) and community hospitals. “Extended” in this regard means that an FRSM will be worn throughout the shift, but 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. A helpful poster, which contains key points and advice on how to wear a face mask, can be found [here](#).

11. Type IIR FRSMs are provided for use by staff in Scotland as part of the extended use of face masks policy. These exceed the WHO minimum standard and are the same masks used by staff when providing direct care. Using the same masks across health and social care settings will help to avoid any confusion or potential errors in mask selection. Staff following this updated guidance should use PPE at the level stipulated, but not exceed it. At the present time, the national stockpile is supplying and delivering these masks via NHS National Services Scotland (NSS).

12. Health and care staff should use their professional judgement and undertake a risk assessment in instances where it is necessary to remove the FRSM for a short period, and ensure it is safe to do so - for example, when the person they are supporting / caring for is showing signs of distress, or to communicate with a person who lip-reads. Where face masks are not worn, carrying out 2 metre physical distancing is essential and consideration should be given to the space in which the communication can take place i.e. a well-ventilated room.

13. Staff are not required to wear an FRSM during mealtimes in staff restaurants but should do so when not seated at a table, such as when queueing, entering or leaving the canteen (in line with other hospitality venues). Again, carrying out 2 metre physical distancing is essential during these times, as is good hand hygiene and safely optimising ventilation. 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. Additionally, consideration should be made to the staggering of staff breaks.

14. There will also be instances of staff who may suffer from breathing difficulties, or suffer from genuine discomfort or distress when wearing a FRSM. We expect staff to be fully supported and appropriate steps taken locally to implement the guidance in a way that has regard to staff well-being. A [workforce risk assessment](#) should be undertaken.

New additional guidance- hospital staff

15. In addition, all staff in non-clinical areas of **hospitals**, are now recommended to wear FRSMs, at **all times**, whilst at work, except in a limited number of circumstances, such as when working alone, or in a closed office 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.

16. 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 buildings where clinical care is provided, would be expected to change to a FRSM if they do enter a building where care is provided.

17. Table 1 below sets out when FRSMs should be worn in hospitals:

Table 1

Situation	FRSM	Exceptions	
Direct care	✓ should wear a FRSM at <u>all times</u> throughout their shift	After a risk assessment when the person they are supporting / caring for is showing signs of distress, or to communicate with a person who lip-reads. Wherever possible, maintain 2 metre distancing if FRSM removed.	
Clinical areas	✓ should wear a FRSM at <u>all times</u> throughout their shift	After a risk assessment when the person they are supporting / caring for is showing signs of distress, or to communicate with a person who lip-reads. Wherever possible, maintain 2 metre distancing if FRSM removed.	
Non-clinical areas	✓ should wear a FRSM at <u>all times</u> throughout their shift	When working alone in an office or when seated in a well-ventilated office more than 2m from the nearest colleague and after appropriate hand hygiene	
Break times	✓ should wear a FRSM at <u>all times</u> when not seated and eating	When seated more than 2m from the nearest colleague and after appropriate hand hygiene	

Current guidance- primary care (GP practices, dentists, opticians and pharmacies) and wider community care (including adult social or community care and adult residential settings, adult care home settings and care at home)

18. It is recommended that staff providing **direct care** to individuals in primary care (GP practices, dentists, opticians and pharmacies) and wider community care (including adult social or community care and adult residential settings, adult care home settings and care at home), should wear a FRSM at **all times** throughout their shift. “Extended” in this regard means that an FRSM will be worn throughout the shift, but 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. A helpful poster, which contains key points and advice on how to wear a face mask, can be found [here](#).

19. Health and care staff should use their professional judgement, and undertake a risk assessment, in instances where it is necessary to remove the FRSM for a short period, and ensure it is safe to do so - for example, when the person they are supporting / caring for is showing signs of distress, or to communicate with a person who lip-reads. Where face masks are not worn, carrying out 2 metre physical distancing is essential and consideration should be given to the space in which the communication can take place i.e. a well-ventilated room.

20. Staff are not required to wear an FRSM during mealtimes in staff restaurants but should do so when not seated at a table, such as when queueing, entering or leaving the canteen (in line with other hospitality venues). Again, carrying out 2 metre physical distancing is essential during these times, as is good hand hygiene and safely optimising ventilation. 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. Additionally, consideration should be made to the staggering of staff breaks.

21. There will also be instances of staff who may suffer from breathing difficulties, or suffer from genuine discomfort or distress when wearing a FRSM. We expect staff to be fully supported and appropriate steps taken locally to implement the guidance in a way that has regard to staff well-being. A [workforce risk assessment](#) should be undertaken.

22. Table 2 below sets out when FRSMs should be worn in primary care (GP practices, dentists, opticians and pharmacies) and wider community care (including adult social or community care and adult residential settings, adult care home settings and care at home) :

Table 2

Situation	FRSM	Exceptions	
Direct care	✓ should wear a FRSM at all times throughout their shift	After a risk assessment when the person they are supporting / caring	

		for is showing signs of distress, or to communicate with a person who lip-reads. Wherever possible, maintain 2 metre distancing if FRSM removed.	
Clinical areas/ communal resident areas/ residents rooms	✓ should wear a FRSM at all times throughout their shift	After a risk assessment when the person they are supporting / caring for is showing signs of distress, or to communicate with a person who lip-reads. Wherever possible, maintain 2 metre distancing if FRSM removed.	
Non-clinical areas/ non- resident areas	✓ should wear a face covering at all times throughout their shift	When working alone in an office or when seated in a well-ventilated office more than 2m from the nearest colleague and after appropriate hand hygiene	
Break times	✓ should wear a FRSM/face covering at all times when not seated and eating	When seated more than 2m from the nearest colleague and after appropriate hand hygiene	

Guidance for staff on how to support individuals (including children aged 5 and over) receiving care

23. All outpatients must wear a face covering upon entering health and care settings. Face masks are provided at the entrance to hospitals for any individual who requires one.

24. Staff working in health and care settings should be familiar with the face covering exemptions contained within [guidance and regulations](#) and ensure that anyone who is not required to wear one is not forced to do so or refused treatment – this includes women in labour and children aged under 5. Clinical teams may wish to

include a pre- admission/pre- appointment triage question regarding the individual's ability to wear a face covering before they attend for their appointment.

Specific Guidance for hospitals

25. FRSMs must also be made available to and worn by all hospital inpatients (unless exempt) across all pathways, where it can be tolerated and does not compromise clinical care (e.g. when receiving oxygen therapy or when in labour). This also applies to patients who are being transferred or transported to hospital. Staff are encouraged to engage in a discussion with patients as early as possible in the admission process to promote the importance of using facemask and adhering to other COVID19 control measures.

26 In hospital, if a patient declines to wear a FRSM or is unable to tolerate one, the discussion and refusal to wear a FRSM should be noted in their patient/ medical records, each time, and not enforced. First and foremost, it helps ensure that a conversation takes place between the clinician and patient about the importance of wearing a FRSM. Secondly, in the event that there is transmission within a ward, it is helpful as part of outbreak investigation to understand which controls were in place, including mask wearing.

27. It is recognised that it will be impractical for individuals to wear FRSM at all times and these will have to be removed for reasons such as eating, drinking, sleeping or showering. Individuals should be provided with a new replacement FRSM to put on after such activities where removal is required. When sleeping, patient heads should be at least 2 metres apart (i.e. centre of bed to centre of adjacent bed at least 2.7m, $\geq 2.9m$ preferred; centre of patient treatment chair/trolley to centre of adjacent chair/trolley at least 2.5m).

28. This is particularly important when patients are moving outwith their immediate bed space (i.e. within 2m of other people), including when moving around a multi-occupancy room, a ward, department and/or hospital and when transferring between wards, departments and/or hospitals. However, patients should also wear face masks when in bed as much as possible. Even when patients are in single rooms, they should wear a mask whenever anyone enters their room, i.e. including when receiving direct care or receiving visitors.

29. In cases where patients feel they can't tolerate wearing a 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 patients and visitors must wear a face covering or mask when entering health and care settings, unless they are exempt.

30. If someone is not wearing a face covering when they enter your workplace, it's probably because they've forgotten to put it on. Employees should assess whether they feel comfortable and confident to approach patients, and if they do, they can say 'unless you're exempt, you need to wear a face covering in this space/building.'

31. It is recognised that some patients may require respite from wearing a FRSM for long periods of time. If so, they should be supported to do so whilst remaining within their bed space and more than 2 metres from all other patients. They should be encouraged to put on a new FRSM after a reasonable period of respite time. This should be decided on an individual case-by-case basis.

32. In longer stay areas, such as secure care mental health settings, there may be security reasons for patients' faces to be seen at all times. In such areas, carrying out 2 metre physical distancing is essential, as is good hand hygiene and safely optimising ventilation.

Specific guidance for adult care homes

33. FRSMs must also be made available to all residents receiving direct care. Residents in an adult care homes should wear a FRSM (unless exempt) when they are in communal spaces. Residents are not expected to wear a FRSM within their own living spaces such as bedrooms or personal toilets, unless they are receiving direct care or when they are unable to maintain 2 metre distancing. Residents should also wear a FRSM when being transferred or transported to hospital. Wearing of a FRSM within these settings may not always be possible and the guidance states: "if this can be tolerated and does not compromise care". Appropriate physical distancing and wider IPC measures are critical, with the use of FRSMs being a further line of defence.

35. It is recognised that some residents may require respite from wearing a FRSM for long periods of time. If so, they should be supported to do so whilst remaining within their living space or when seated in a communal area and more than 2 metres from all other residents. They should be encouraged to put on a new FRSM after a reasonable period of respite time. This should be decided on an individual case-by-case basis.

36. Staff are encouraged to engage in a discussion with residents as early as possible to promote the importance of using FRSMs and adhering to other COVID19 control measures in order to reduce the risk of transmission.

Specific guidance for an individual's home

37. Individuals receiving care are not required to wear a face covering in their own home but should be encouraged to do so, if at all possible. This includes family members who may be present during the care episode. Where clinical waste disposal is not available at home, used face masks and all waste items that have been in contact with the patient/ individual (e.g. used tissues and disposable cleaning cloths) should be 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 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.

General guidance

38. In summary, all individuals accessing care as a) an outpatient should be asked to wear a face covering (unless exempt); and b) as an inpatient in hospital or resident in a care home receiving direct care or in a communal area- should be asked to wear

a FRSM. For people who lack capacity, a discussion should take place with their legal guardian or a family member.

39. Staff should continue to wear appropriate PPE (including a FRSM) when providing direct care in line with the Scottish COVID19 addendum and ensure other IPC measures, such as hand hygiene, respiratory etiquette, physical distancing are observed and that ventilation is safely optimised wherever possible.

40. In NHS Scotland, FRSMs should be made available to all inpatients and residents. As outlined above, guidance on inpatient mask wearing is also included within the [Scottish COVID-19 Addendum](#).

41. Separate [guidance](#) has been issued for adult social care building-based day services, which outlines that supported people using the service do not need to wear face coverings or masks.

Guidance for staff on how to support visitors (including children aged 5 and over)

42. 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), should wear a face covering of the same kind that the Scottish Government has made mandatory to be worn on most indoor public places and indoor communal spaces, including retail and public transport. Visitors to adult care homes should wear a FRSM, which they will be provided by the care home provider.

43. Where visitors decline to wear face coverings (or FRSMs in care homes), clinicians/ 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.

44. Steps should be taken to communicate in an accessible way to visitors the need to wear a face covering, unless exempt. The hospital, primary care service or adult care home should provide visitors with a face mask where required.

45. 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.

46. GP Practices have the right to remove patients from their list if there is a disagreement between the practice and patient in the application of COVID-19 controls, and an irretrievable breakdown of the relationship.

47. In order to protect patients and staff in high risk settings, 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 FRSMs, (or face covering if a FRSM cannot be tolerated, unless they fall under one of the exemptions specified in the [regulations](#)). This will provide clarity for any long stay and/or overnight visitors who are required to stay in hospital with patient and will align with the guidance on patient and staff wearing of FRSMs.

Supply of face masks

48. We have taken account of the need to make sure there is sufficient supply of FRSMs before introducing new measures. In anticipation of the change, NSS is increasing FRSM supplies.

Commencement

49. This guidance comes into effect on 07 June 2021 and responsible parties are asked to implement it by 25 June 2021.

Review

50. This guidance was developed in consultation with a wide range of stakeholders, and has been reviewed by NSS ARHAI Scotland. The Scottish Government will continue to keep the guidance under review in lieu of any subsequent evidence. This is particularly relevant as we work towards the re-mobilisation of the NHS.

The Scottish Government
07 June 2021