

## **COVID-19: INTERIM GUIDANCE ON THE EXTENDED USE OF FACE MASKS AND FACE COVERINGS 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 by health and social care staff. This guidance has been updated to cover primary care (GP practices, dentists, opticians and pharmacies) and wider community care (including adult social or community care and adult residential settings<sup>1</sup>, care home settings<sup>2</sup> and domiciliary care<sup>3</sup>), 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. This guidance also outlines advice about the wearing of face coverings or masks by any individuals who visit these places, including children aged 5 and over.

### **Background**

2. 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, ventilation and physical distancing has been and will continue to be critical in all settings at all times. This guidance does not replace these measures, but aims to supplement them.

3. On 21 August 2020, revised UK IPC guidance for the remobilisation of health and care services was published. The revised UK IPC guidance for the remobilisation of health services supersedes the existing UK wide guidance. The new guidance recommends the required level of PPE to protect health and care workers caring for individuals in specific risk assessed care pathways (high, medium, and low risk settings, typically identified in hospital and care home settings). This guidance aligns with Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) detailed in Chapter 1 and 2 of [the National Infection Prevention and Control Manual \(NIPCM\)](#), which has been implemented in Scotland since 2012. Social and wider community care staff can find the latest setting specific guidance relevant to them [here](#). These sector specific guidance documents are being updated to align with the new UK IPC remobilisation guidance. It remains the responsibility of employers to ensure that their staff have the appropriate PPE for the tasks they will undertake.

4. When providing direct care for individuals, health and social care staff should continue to wear a face mask based on the revised UK IPC guidance. In other areas of the health or care setting where individuals are not directly cared for, but where

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<sup>1</sup> 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.

<sup>2</sup> Includes: adult nursing homes and adult residential care

<sup>3</sup> Includes: registered providers, social care staff, local authorities and care staff who support and deliver care to people in their own homes (including supported living settings). Domiciliary care staff provide personal care (and sometimes other nursing and medical support) to people living in their own homes

physical distancing from other individuals or work colleagues is not possible, clinical / care staff should wear a face mask.

5. 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 new WHO guidance reflects 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 areas. On 21 August, WHO also issued Q&A providing [information](#) on when children should wear face coverings and masks. This updated guidance meets all WHO guidance to date and is also consistent with current national Scottish guidelines on face coverings and face masks, 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.

6. The Scottish Government's COVID-19 Nosocomial Review Group (CNRG) considered the new WHO guidance, as well as evidence from the SAGE Hospital-onset COVID-19 Working Group (HOC WG) that the use of face masks can reduce transmission of COVID-19. "Nosocomial" here means a healthcare-associated infection.

7. The review group has attached particular importance to evidence of transmission events, and pre-symptomatic 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 carriage means that someone is incubating the virus but not yet showing any symptoms. This additional guidance document provides advice on the extended use of face masks by staff within health and social care settings where they are unable to physically distance from individuals they care for, or their colleagues. The group has also reached conclusions about the wearing of face coverings by individuals who visit these places.

8. In addition to acute hospitals (including mental health, paediatrics, maternity and neonatal), community hospitals and adult care homes, this guidance has now been extended to include primary care (GP practices, dentists, opticians and pharmacy) and wider community care settings (including adult social or community care and adult residential settings and domiciliary care). The expansion of extended use of face masks to the wider primary and social care settings recognises that, as NHS services remobilise, an increase in footfall is expected and so there is potential for greater risk of exposure. Staff who work in a clinical or care area should wear a face mask at all times. When providing direct care, staff should continue to wear appropriate PPE in line with the UK IPC remobilisation guidance and according to their own professional judgement.

### **The new guidance - staff**

9. It is now recommended that staff providing **direct care** to individuals in the following settings should wear a Fluid Resistant (Type IIR) Surgical Mask at all times throughout their shift. This includes acute hospitals (including mental health, maternity,

neonatal and paediatrics), community hospitals, 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 domiciliary care). “Extended” in this regard means that a Fluid Resistant (Type IIR) Surgical Mask 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](#).

10. The WHO guidance recommends that a Type I or Type II face mask is sufficient outside of direct care scenarios. Type IIR masks, also known as fluid resistant surgical masks (FRSMs) are provided for use by staff, visitors and patients / clients 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).

11. Health and care staff should use their professional judgement, and undertake a risk assessment, in instances where it is necessary to remove the face mask 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. Where bodily fluid contamination is anticipated staff should wear a face visor in addition to a face mask.

12. Any other non-clinical staff members should also wear a Fluid Resistant (Type IIR) Surgical Mask if they need to enter an area where direct care is undertaken. In hospitals, this might include porters, or other staff members who access an office through a ward or direct care area. In other areas of health or social care where direct care is not being undertaken but where physical distancing isn't always possible (e.g. corridors, offices, call centres, shops and other public areas), face masks/coverings should be worn by all staff. It is important that employers continue to seek innovative ways in which their staff can physically distance from each other whilst in their workplace. It is mandatory that all staff wear a face covering when entering hospital shops, in line with national policy, however, face masks can be used instead of face coverings within hospital shops.

13. Staff are not required to wear a face mask during mealtimes in staff restaurants or when in changing rooms but should do so when transiting to these locations and if needing to queue in cafeteria. 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.

14. On arrival at work, staff should also wear a face mask/covering when entering the premises or using services.

15. There will also be instances of staff who may suffer from breathing difficulties, or suffer from genuine discomfort or distress when wearing a facemask. 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.

### **Guidance for individuals (including children aged 5 and over) receiving care**

16. The following information is for individuals receiving care:

- All individuals should wear a face mask/covering (if tolerated) when attending hospitals and primary care settings. Staff working in hospitals and primary care should be familiar with the face covering exemptions contained within [national policy](#) 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.
- All individuals in the medium and high-risk pathways (in hospitals and adult care homes) should use of a Fluid Resistant (Type IIR) Surgical Mask if this can be tolerated and does not compromise care, such as when receiving oxygen therapy, to minimise the dispersal of respiratory secretions and reduce environmental contamination. A discussion should take place with the individual asking them if they are content to wear a mask or face covering, or for people who lack capacity, their legal guardian or a family member. If they refuse, this should only be noted and not enforced. Staff should continue to wear a Fluid Resistant (Type IIR) Surgical Mask in this situation and ensure other IPC measures such as hand hygiene, respiratory etiquette, ventilation and physical distancing are observed. Similarly, if a person is exempt from wearing a face covering or face mask they should not be asked to wear one.
- 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.
- Individuals receiving care are not required to wear a face mask/covering in their own home however, they may choose to and this should be respected. As already outlined, care staff in adult home settings are required to wear a Fluid Resistant (Type IIR) Surgical Mask. Where clinical waste disposal is not available, used face masks should be double bagged and disposed of in domestic waste.

### **Guidance for visitors (including children aged 5 and over)**

17. 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), or an adult care home should wear a face mask/covering of the same kind that the Scottish Government has recommended be worn on public transport.

18. Where visitors decline to wear face masks/coverings, 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.

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

### **Supply of face masks**

20. We have taken account of the need to make sure there is sufficient supply of FRSM before introducing this new measure (see point 9). In anticipation of the change, NSS is increasing FRSM supplies, including to local social care PPE Hubs.

### **Commencement**

21. This guidance comes into effect on Monday 21 September and responsible parties are asked to implement it by 30 September.

### **Review**

22. This guidance was developed in consultation with a wide range of stakeholders, and has been reviewed by the National ARHAI Service NSS. 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  
September 2020