

ADVICE FROM THE COVID-19 ADVISORY SUB-GROUP ON EDUCATION AND CHILDREN'S ISSUES

Face-coverings in College and University

November 2020

Key Points

- The sub-group has been asked to look at the issue of face-coverings in colleges and universities. The sub-group acknowledges that the issue of how to mitigate the transmission of COVID-19 in higher and further education settings goes beyond face coverings, but wider consideration of the issues around higher and further education is outwith the remit of the sub-group.
- In the week commencing 21st September there was a sharp spike in occurrence of cases in the 18-19 year age group, with very high rates observed as shown by the [Public Health Scotland report](#). Rates remained high for several weeks, but have subsequently declined to be more in keeping with other adult age groups. Cases in other adult age groups rose through the course of October, reaching the highest levels in the week commencing 25th October. In the first two weeks of November, case rates stabilised across adult age groups, and some moderate declines were observed as noted in the [PHS COVID-19 Profile](#) and [PHS Daily Case Trends by Age and Sex](#)
- Colleges and universities should consider first whether remote or blended learning arrangements can be put in place. Where face to face on-campus learning is required, mitigation measures should be put in place to manage risk. Where students are required to be on campus, it is important that the need for compliance with existing mitigations should be reinforced, and proper risk assessments undertaken. At present, these include minimising the number of people on campus, enhanced hygiene, two metre physical distancing, and the use of face coverings in communal areas and where two metre distancing cannot be guaranteed.
- Students attending college or university create connections between multiple groups and, as such, could have an impact on community transmission. [Evidence from the USA](#) has demonstrated that outbreaks on campuses can spread to the wider community.
- [WHO advises](#) that children aged 12 and over should wear a mask under the same conditions as adults, in particular when they cannot guarantee at least a one metre distance from others and there is widespread transmission in the area.
- In Scotland, child case numbers are higher for older children and young people, with most confirmed cases of COVID-19 occurring in the young adult 18-19 age range, followed by the 16-17 age range. Given that college and university students would be aged 16 or older, it would be sensible to take a more precautionary approach to the wearing of face coverings for this group than for younger school-aged children.

- Considering the position on infection and transmission rates in Scotland, the evidence and experience of the return of students to college and university, and recent scientific evidence, the sub-group has concluded that the advice on face coverings in colleges and universities should be brought in line with Public Health Scotland's current advice, namely that face coverings should be worn by adults in all circumstances where they cannot keep two metre distance from other adults and / or young people. The need for compliance should also be strongly reinforced.
- In line with the guidance for schools, enhanced protective measures should also be applied for colleges and universities within a local area that has been designated as at Protection Level 3 or 4. This would involve wearing a face covering in indoor learning and teaching settings, even where 2 metre distancing can be maintained.

Background

The current position in colleges and universities is that face coverings should be worn in communal areas and when two metre physical distancing cannot be guaranteed, but that they are not expected to be worn routinely in learning and teaching environments, where two metre distancing should apply.

The [previous advice](#) from the sub-group on face coverings for senior phase school pupils attending college states:

“Senior secondary pupils attending college or university for courses, or workplaces for training/work experience, should wear face coverings in those settings. This recognises the risk of establishing bridges of transmission between the school and these wider settings where there is greater mixing and potential exposure to coronavirus.”

“There is some evidence of increased risk in each of these settings, and education- and communication-related harms associated with faces being covered would not be incurred.”

This was reiterated in the [updated sub-group advice](#) published on 30 October.

What evidence is there to support (or not) extending the use of face coverings to learning and teaching spaces in colleges and universities? To what extent does it support mirroring the approach taken in schools guidance, where senior phase students and adults are now advised to wear face coverings in classrooms at protective levels three and four?

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) [advised on the use of face coverings](#) according to a risk-based approach, as part of a comprehensive package of public health interventions that can prevent and control the transmission of certain viral respiratory diseases, including COVID19. The best available scientific evidence is that, when used correctly, a face covering may provide some additional protection, especially in crowded and less well-ventilated spaces, and where two metre distancing is not possible. See the news

feature in [Nature](#), the [EMG-SAGE paper](#) of 4 June 2020 and the Royal Society DELVE Initiative paper on [Face Masks for the General Public](#) of 4 May 2020.

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In line with the guidance for schools, enhanced protective measures should also be applied for colleges and universities within a local area that has been designated as at Protection Level 3 or 4. These measures have been designed to enhance protections in areas where evidence suggests there may be higher potential risks as prevalence increases, including for those people who are at the highest clinical risk.

This would involve wearing a face covering in indoor learning and teaching settings, even where 2 metre distancing can be maintained, due to the increased risk involved in the potential for aerosol production during seminars and tutorials as noted in the paper from the [US National Library of Medicine](#) paper of 13 June 2020.

The latest scientific advice identifies that ventilation is an important factor in mitigating against the risk of far-field (>2m) aerosol transmission. The importance of far-field aerosol transmission is not yet known, but evidence [from the Environmental and Modelling Group](#) suggests it is a risk in poorly ventilated spaces. The design of many college and university buildings means that there are often internal teaching spaces, which can be poorly ventilated. There is a need for an appropriate supply of fresh air to assist with minimising the risk of virus infection. Where adequate ventilation cannot be ensured in these enclosed spaces, other mitigations such as the wearing of face-coverings should be considered.

2. To what extent does the evidence support extending the approach only to senior phase school pupils studying in college (which would be broadly in line with our understanding of previous sub-group advice) or more widely across learning and teaching activity?

Given that adult to adult transmission is widely seen as being the main area of risk of transmission of the virus, the advice on face-coverings should apply across college and university learning and teaching activity, and not solely to senior phase pupils studying in college.

3. Are there any specific additional exemptions, alternative mitigations, or advice, that should be applied in learning and teaching spaces (including colleges, universities and senior phase classrooms) to take account of the potential direct or indirect health, psychological and emotional impacts of wearing face coverings in a learning and teaching setting? Do any of these differ according to factors such as age or specific type of educational setting or activity?

For older students the education and communication-related harms associated with faces being covered would not be the same as for younger children. As the use of face-coverings has become more widespread throughout society, there are less likely to be any negative psychological and emotional impacts incurred by wearing a face-covering in learning and teaching spaces.

Other actions might include:

- Maintaining students in consistent groupings
- Maintaining humour and the disposition to comply
- Discussion of why such mitigations matter and apply to social mixing as well, particularly where there are high community levels of COVID-19
- Aiming for consensus among students and staff about which mitigations are necessary, and why

For older age groups, it may be helpful to build on existing student-led approaches to agree on a range of mitigations that could be used for classroom interactions. These are already occurring to some extent in many colleges and universities across Scotland. Teachers and lecturers could encourage classroom discussions on the potential impact of COVID-19 on educational outcomes, but also the potential harm to family and wider friends. Getting classes to problem solve and agree peer-led behavioural contracts would ensure they owned their solutions beyond the use of face coverings i.e. what do they wish to agree to do in relation to hand hygiene, cold or flu symptoms, what they think of conduct outside the classroom, and the need for compliance with test and protect and self-isolation.