Extended Use of Face Mask Guidance in Social Care Settings including Adult Care Homes

1. Summary

The key points of this guidance are:

1. Face masks are the final layer of protection from COVID-19, the other layers of protection include physical distancing, hand hygiene, enhanced cleaning, and good ventilation remain paramount.
2. Remember “hand hygiene” – every time you change or touch your mask or face covering
3. All staff providing direct care should wear a Fluid Resistant Surgical Mask (FRSM) throughout their shift as per the guidance
4. All staff working in non-direct care roles such as domestic, administration, or management, whom work in offices, laundry or kitchen areas, should wear face coverings when working within 2 metres of another person, and should wear an FRSM if in contact with care home residents
5. In office areas where there is good ventilation and 2 metres physical distancing face coverings are not required
6. Residents in a care home are not required to wear a FRSM or face covering within the care home, which is first and foremost their own home. It is a residents choice whether to wear one as an additional layer of protection, and all times the needs and choices of care home residents should be the primary consideration.
7. Individuals receiving care within their own home are not required to wear a FRSM or face covering within their home. It is their choice whether to wear a face covering, when care staff are providing care within their home.
8. Visitors to care home should continue to follow Open with Care - supporting meaningful contact in care homes: guidance, and Open with Care: Supporting Meaningful Contact and activities in and aware from Care Homes, Supplementary Information

2. Purpose

The purpose of this guidance is to provide:
a) guidance to the social care sector, visiting professionals, residents and service users and their family and friends on the wearing of face masks when in social care settings
b) clarity to social care staff and visiting professionals on the type of masks or face coverings they should be wearing, when and where these should be worn within the social care setting and when exemptions can apply as set out in Coronavirus (COVID-19): face coverings guidance
c) further guidance to support the Scottish COVID-19 Care Home Infection Prevention and Control Addendum and the Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum related to the use of face masks.

3. Key Changes

This guidance has been separated from the document previously named Coronavirus (COVID-19): guidance on the extended use of face masks and face coverings in hospitals, primary care, wider community care and adult care homes.

Within this document clarity is provided on the recommendation for residents in adult care homes to wear fluid repellent surgical mask (FRSM) masks in some circumstances. This includes the factors care homes may wish to consider and in what circumstances the encouragement to wear a mask is recommended as a final layer of protection for residents within their homes. This document also clarifies when wearing a FRSM may not be appropriate and signposts to national guidance on when people are exempt from wearing a face covering.

4. The Layers of Protection

The National Infection Prevention and Control Manual: Scottish COVID-19 Care Home Infection Prevention and Control Addendum section 6.12 provides details on what is known as the hierarchy of controls, which can also be known as layers of protection.

As per the Addendum personal protection equipment (PPE) is the last control measure for COVID-19 and other mitigation measures as per the hierarchy of controls must be implemented and adhered to wherever possible including 2 metres physical distancing, hand hygiene, enhanced cleaning and appropriate ventilation. Face masks should therefore be the final layer of protection considered when assessing the actions and controls that should be implemented to mitigate against the risk of COVID-19 transmission.

Wearing a face mask or covering provides source control. It minimises the risk of infectious droplets reaching an individual in close proximity.

If this mask is a Fluid Repellent Surgical Face Masks (FRSM) it is a medical grade masks which provides a high level of protection to the wearer from any infectious droplet that they may come into contact with.

Where masks or face coverings are worn by both parties the risk of transmission is minimised.

5. Health and Social Care Staff Working within Social Care Settings

All health and social care staff within adult care homes and visiting professionals to adult care homes should follow the guidance contained within the

Social care staff in other social care settings including children’s residential settings should follow guidance contained within the National Infection Prevention and Control Manual: Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum.

The information contained in this guidance is supplementary to and should be read in conjunction with the National Infection Prevention and Control Manual Addendum relevant to the social care setting.

Staff Providing Direct Care

Staff providing direct care to individuals in 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, except when they are on a break and as per the safety measures detailed in this guidance document.

It is important the FRSM is worn correctly and is appropriately fitted to the face.

A helpful poster, which contains key points and advice on how to wear a face mask, can be accessed via this link HPS Website - COVID-19 - wearing a face mask poster (staff) (scot.nhs.uk)

As FRSM should be worn throughout the entirety of a shift, except when on a break as per the recommended safety measures. However it must be removed and replaced as necessary (observing hand hygiene before the mask is removed and before putting another mask on), including if it becomes contaminated, damaged or moist.

Health and social 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.

There will also be instances of staff who may suffer from breathing difficulties, or suffer from genuine distress when wearing a FRSM. In these it instances consideration should be given to an occupational risk assessment. Further guidance on this be accessed via the following link Coronavirus (COVID-19): guidance on individual occupational risk assessment - gov.scot (www.gov.scot)

Staff in Non-direct Care Roles

Staff who work in a kitchen, laundry room or office within a care home and do not provide direct care to residents or clients, do not need to wear an FRSM however
they should wear a face covering at all times, when working within 2 metres of another person.

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 wear a FRSM instead of a face covering when interacting with or in the same room as residents and staff who provide direct care to the residents.

Employers will decide locally how best the guidance should be applied by staff in their facility/workplace.

**All Staff Working in Social Care Settings**

Face coverings/ FRSMs should be worn in communal workplace areas such as corridors, changing rooms and staff social spaces.

Social care staff are not required to wear an FRSM or face covering during mealtimes in staff dining areas or communal break areas when seated at a table. However, they should do so when queueing, entering or leaving the canteen or communal break area (in line with other hospitality venues guidance). 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.

**6. Care Home Residents**

Residents in a care homes are **not** required to wear a FRSM or face covering within the care home, which is first and foremost their own home. It is a resident choice whether to wear one. However, as adult care homes are homes to multiple vulnerable people and have a higher level of visitors both social and professional; as well as a variety of staff carrying out duties in the home, adult care home residents may benefit from wearing an FRSM as a final layer of protection in certain circumstances. The circumstances include when a resident is within 2 metres of another person, particularly if there is a suspected or confirmed outbreak within the home.

FRSMs are also recommended as an additional layer of protection when a resident is being transferred or transported to hospital, unless there are other control measures in place such as internal screens, which follow appropriate cleaning regimes and separate the resident from others, and the member of care staff supporting the resident is wearing an FRSM.
Appropriate physical distancing and wider Infection Prevention and Control measures such as hand hygiene remain critical, with the use of FRSMs being a further line of defence.

Residents in an adult care homes are encouraged to wear a FRSM, where this can be tolerated and will not negatively impact on their health or wellbeing or compromise the level of care provided to them, when they are in communal spaces without physical distancing measures in place or when receiving direct care- when this will not compromise the care activity taking place.

Details of when people are exempt from wearing face coverings are set out Coronavirus (COVID-19): face coverings guidance. However for the avoidance of doubt, if a person is exempt from wearing a face covering or care staff who support the residents do not think the face mask will be tolerated by the resident, or that it may negatively impact on care, they should not be asked or encouraged to wear one in any setting within the care home. Additionally, a resident does not have to wear a face mask if they choose not to.

Care homes are best placed to decide on whether to recommend a mask and may wish to consider the following:

- Whether wearing a mask will risk causing distress to the resident for example in instances where the resident has cognitive impairment or breathing difficulties
- Whether it will hinder the residents ability to communicate and therefore negatively impact on their quality of life
- Whether wearing a face mask risks hindering care staff’s ability to recognise signs of distress in the resident
- Whether wearing a face mask risks other health issues such as dehydration (for example if the resident cannot remove the face mask themselves to consume drinks), mental health and damage or inflammation to residents skin or if wearing a face mask will increase the risk of a fall

Care homes should also consider where FRSM, as the additional layer of protection, is likely to provide the most benefit to care home setting. Care homes may wish to consider the following when making this decision.

- The outbreak status within the home
- The community prevalence within the local area
- Whether the activity the resident is partaking in is inside or in an outside space. For example, outside spaces with no restrictions have maximum air circulation and therefore as the higher level of protection is in place.
- The environment within the room, including whether other layers such as adequate ventilation and physical distancing has been implemented
- Whether the person within close contact of the resident is wearing Personal Protective Equipment such as an FRSM

Staff are encouraged to engage in a discussion with residents on the use of FRSMs as an further layer of protection available to them and other residents within the home, in addition to other COVID-19 control measures. It will be helpful to record the discussion and decision in the care plan so that temporary staff are aware of the
decision and the residents wishes, as well as evidencing the conversation has taken place.

At all times when discussing and deciding whether the residents should be encouraged to wear face masks as an extra layer of protection, the needs and choices of care home residents should be the primary consideration.

7. Care Home Visitors
For visitors to care homes, FRSM are recommended, please see Open with Care Guidance on the Scottish Government website and Open with Care: Supporting Meaningful Contact and activities in and aware from Care Homes, Supplementary Information

8. Specific guidance for an individual's home (care at home support)

All social care staff including care at home and personal assistances should wear FRSM throughout their shift as detailed in section 4. Wearing an FRSM gives the client and the carer a level of protection and FRSMs should be used in conjunction with other infection prevention control measures.

Individuals receiving care within their own homes, are not required to wear a face covering, however it may be beneficial for them to wear a covering as an added layer of protection for care staff, when care activities require carers to be within 2 metres of their clients.

Individuals receiving care and family members who may be present during the care episode, should be encouraged to wear face coverings, when the carer is likely to be within 2 metres of the individual receiving care or family members, where it can be tolerated and will not impact on the level of care provided to the client. This is because the maximum level of protection that can be provided to all, when activities are taking place in an inside environment without physical distancing, is when all parties wear masks or face coverings.

Carers are encouraged to discuss infection prevention and control layers of protection with individuals receiving care and their family members (where appropriate) prior to attending the home and should consider ventilation, appropriate physical distancing and minimisation of the number of people in contained spaces such as bedrooms.

Face coverings for clients and family members should also be considered and discussed as a final layer to these other precautions and it will be helpful to record the discussion and decision in the care plan so that temporary staff are aware of the decision on this, as well as evidencing the conversation has taken place.

Used face masks and all waste items that have been in contact with the client (e.g. used tissues and disposable cleaning cloths) should be disposed of as per the guidance in the Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum.
Hands should be washed or decontaminated with soap and water, or alcohol based hand rub, before and after touching/removing any items of Personal Protective Equipment including face masks.

9. Guidance for adult social care day services

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.
Additional Information

This section provides additional information in response to frequently asked questions. It will be updated regularly to reflect further questions asked by the sector.

Reason for the guidance

On 5 June 2020, the World Health Organisation (WHO) issued ‘Mask use in the context of COVID-19’ 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 and also recommends face masks in settings where physical distancing cannot be maintained and the individual is at increased risk of infection and/or negative outcomes.

The difference between fluid resistant surgical masks (FRSM) and face coverings

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.

FRSM are Fluid Resistance Surgical Masks, they are surgical or medical grade masks that provide protection to the wearer as well as others. Staff in direct care roles should wear this type of mask and where agreed residents in adult care homes are currently recommended to wear this type of mask rather than a face covering, as they protect the wear in environments where physical distancing and other layers of protection may not be possible or may be difficult to control.

Face coverings are recommended in other settings where physical distancing and other layers of protection are easier to implement and control such as in offices.

Information for staff removing FRSMs or face coverings during their shifts

Carers, nursing staff and other care providers should wear a FRSM throughout your shift but can remove their masks in the following situations:

- in compassionate situations, for example palliative care, to enhance communication- but remember hand hygiene before and after touching the mask and appropriate physical distancing
- during breaks when social distanced from other. When taking breaks in communal areas masks should be kept on except when eating and drinking while seated at a table
- to take a drink during your shift. 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
When removing your mask always remember to observe hand hygiene prior to removing their FRSM, and before putting a new FRSM on.

Office based, kitchen, laundry, domestic staff or staff or contractors within the care home working in non-direct care roles, should wear a face covering when working within 2 metres of another individual. Where staff in these roles wear face coverings they can remove the face covering in the following situations:

- during breaks when social distanced from other. When taking breaks in communal areas masks should be kept on except when eating and drinking while seated at a table
- to take a drink during your shift. 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
- When removing your mask always remember to observe hand hygiene prior to removing their FRSM, and before putting a new FRSM on

**Adult care home residents wearing FRSMs**

- This guidance includes a recommendation for residents of adult care homes to wear FRSMs in specific situation where there may be an increased risk of transmission and where the resident may want an additional layer of protection
- There is not a requirement for residents to wear FRSMs and resident can make their own decision if they wish to wear a FRSM when receiving close personal care or when within 2 metres of others
- If a resident is sitting in a communal area which has physical distancing measures in place, such as when seated watching television in a communal room, the recommendation on wearing face masks is likely to be less appropriate as other layers of protection are in place. However, if a resident still wants to wear a face mask in these situations they should be supported to do so
- The use of face coverings by residents may be more relevant if there is an outbreak of COVID-19, but this would be discussed with each individual (or their power of attorney or designated representative) and their choice would be the primary consideration

**Mask wearing in outside environments**

- Maximising ventilation and circulation of air is the third layer of protection
- Outside environments with no restrictions will have maximum airflow
- Where individuals are engaging in activities such as socialising, in outside spaces with no restrictions, mask wearing is less likely to be appropriate, as the higher level of protection (maximising airflow) is in place.
- Physical distance should be maintained