

COVID-19: INTERIM GUIDANCE ON THE EXTENDED USE OF FACE MASKS AND FACE COVERINGS IN HOSPITALS, PRIMARY CARE, COMMUNITY CARE AND CARE HOMES

Purpose

1. Initially to provide guidance in relation to the extended use of face masks by health and social care staff, this guidance has been updated to cover primary care and wider community care (including respite, day care and care at home, including domiciliary care), in addition to acute hospitals (including mental health, paediatrics and maternity), community hospitals and adult care homes - in areas where individuals are directly cared for, and areas where they are not - where staff are unable to physically distance. This guidance also outlines advice about the wearing of face coverings or masks by members of the public 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). 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 community care staff can find the latest setting specific guidance relevant to them [here](#). These 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; this includes any scenario where physical distancing from another person is not possible (including colleagues). In other areas of the health or care setting where individuals are not directly cared for, but where physical distancing from other individuals or 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 facemasks 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, strangulation and they are safe without one.

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 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 members of the public who visit these places.

8. In addition to acute hospitals (including mental health, paediatrics and maternity), community hospitals and adult care homes, this guidance has now been extended to include primary care and wider community care settings (including respite, day care and care at home, including 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 where physical distancing is not possible. 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 face mask at all times throughout their shift if they cannot physically distance from another individual. This includes acute hospitals (including mental health, maternity, neonatal and paediatrics), community hospital, primary care, community care (including respite, day care services and care at home, including domiciliary care), or in an adult care home. "Extended" in this regard means that a face mask will be worn throughout the shift, but the face mask must be removed and replaced as necessary (washing hands 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 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. 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 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 possible, the individual being treated/cared for should wear a face mask. Staff are advised not to wear a face visor on its own in place of a face mask, but rather in addition to a face mask where the risk of bodily fluid splashing is anticipated.

12. Any other non-clinical staff members should also wear a face mask if they need to enter an area where direct patient care is undertaken and they are unable to physically distance from other individuals. This might include porters, or other staff members who access an office through a ward or direct care area. In other areas of the health or care setting 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 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 facemask during mealtimes in staff restaurants or when in changing rooms. Again, carrying out physical distancing is essential during these times. 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/base, staff should also wear a face 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:

- Use of face coverings by all outpatients (if tolerated). However, staff working in hospitals, primary and community care (including respite and day care services) and adult care homes should be familiar with the face covering exemptions contained within [national policy](#) and ensure that anyone who is unable to wear one is not forced to do so or refused treatment. 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.
- Use of a face mask by all individuals in the medium and high-risk pathways if this can be tolerated and does not compromise their 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 face mask in this situation. Similarly, if a person is exempt from wearing a face covering or face mask they should not be asked to wear one.

Guidance for visitors (including children aged 5 and over)

17. Members of the public visiting an acute adult hospital (including to attend an appointment), community hospital, primary care premises (GP practice, pharmacy, dentist and optician), or an adult care home are asked to wear a face covering of the same kind that the Scottish Government has recommended be worn on public transport, where it's not always possible to maintain a 2 metre distance from other people.

18. Where visitors decline to wear face coverings, clinicians/ care home managers should apply judgement and consider if other IPC measures, such as physical distancing, are sufficient depending on the patient'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, adult care home or community care setting should provide visitors with a face mask where required.

Supply of facemasks

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. Responsible parties are asked to bring this guidance into effect as soon as is practicably possible during the week commencing 7 September 2020.

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