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23 June 2020

## COVID-19: INTERIM GUIDANCE ON THE WIDER USE OF FACE MASKS AND FACE COVERINGS IN HEALTH AND SOCIAL CARE

Colleagues

We are writing to you today to ask you to be aware of and, where relevant, takes steps to implement, the interim guidance enclosed with this letter. The guidance is concerned with the wider use of face masks and face coverings in hospitals and care homes in the context of COVID-19.

The guidance enclosed supplements and does not replace any part of current UK PPE guidance which is published on the Health Protection Scotland website, and is available [here](#).

This additional guidance is based on new and emerging evidence for the extended use of surgical facemasks beyond the immediate care setting in hospitals, which was reviewed by the UK Infection Prevention and Control Cell, and was also considered by the SAGE Hospital onset COVID-19 Working Group (HOC WG). The World Health Organization (WHO) has also issued interim [guidance](#) about the use of masks in the context of COVID-19.

The Scottish COVID-19 Nosocomial Review Group (CNRG) has reviewed this national and international evidence and has recommended the steps described in the guidance.

The main purpose of this new measure is to seek to prevent transmission of the virus from the person wearing the facemask. This may be particularly important where a person has contracted the virus, but has not started displaying symptoms (pre-symptomatic); or, is carrying the virus but does not have symptoms (asymptomatic). It will also help reduce the risk of transmission where staff are unable to physically distance from their own work colleagues.

As noted, the continual use of face masks in hospitals and care homes **supplements** [Table 4](#) of the UK wide PPE Guidance. Table 4 provides additional considerations in addition to normal standard infection prevention and control precautions within all hospital and social care



settings where there is evidence of sustained community transmission of COVID-19. It allows hospital and social care staff to individually risk assess the need for them to don PPE when in direct contact of an individual who is **not** currently suspected or confirmed COVID-19.

There will be instances where staff may wish not to wear a mask, or remove it. For example, when communicating with patients who have a cognitive impairment, or people who require to lip read. In circumstances such as this, then the staff member can remove their mask but, must ensure they follow physical distancing protocols. If a mask is removed for any reason, it should be disposed of in the correct waste bin, hand hygiene undertaken and another mask put on.

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.

### **Visitors to health and social care settings**

Again, general infection prevention and control principles apply to those visiting a hospital or care home facility. Those with symptoms of COVID-19 should be self-isolating for 7 days (and longer if they still have a temperature), unless they have a negative test result through Test and Protect. Further information can be found [here](#).

Visits to hospitals or care homes are at present subject to restrictions. The guidance explains that visitors to care homes and hospitals, including those attending for an appointment should now be asked to wear a face covering of the same kind that the Scottish Government has recommended be worn on public transport or in places like shops. Further information on face coverings can be found [here](#).

### **Guidance**

The Scottish Government has been grateful for the considerable number of comments received from stakeholders in relation to drafting this guidance. The comments will be used to inform a FAQ document which will be hosted shortly on the Scottish Government website along with the guidance. Link to guidance available [here](#). We will continue to keep this guidance under review.

Thank you for your continued assistance.

Yours sincerely,



Professor Fiona McQueen  
Chief Nursing Officer



Dr Gregor Smith  
Interim Chief Medical Officer

## COVID-19: INTERIM GUIDANCE ON THE EXTENDED USE OF MEDICAL MASKS AND FACE COVERINGS IN HOSPITALS AND CARE HOMES

### Purpose

1. To provide guidance in relation to the extended use of medical face masks by staff within residential healthcare settings such as **acute adult (inc. mental health) and community hospitals and care homes for elderly where staff are unable to physically distance**. Also, to provide advice about the wearing of face coverings (non-medical face masks) by members of the public who visit these places.

### Background

2. Across health and social care the fundamental principles of infection prevention and control are essential for preventing the spread of COVID-19. Compliance with hand hygiene, respiratory etiquette 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. Alongside this there is UK-wide [PPE guidance](#) for health and social care workers, which was published on 2 April, and updated on 12 June 2020. This guidance reflects the fact that there has been evidence of sustained community transmission of COVID-19 in some areas of the United Kingdom. In light of this, [Table 4](#) of the PPE guidance enables health and social care workers to wear PPE when within 2 metres of the person they are providing care and support to whether or not they are suspected / confirmed COVID-19, according to their own professional judgement. It remains the responsibility of employers to ensure that their staff have the appropriate PPE.

4. 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.

5. The Scottish Government's COVID-19 Nosocomial Review Group (CNRG) has 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.

6. The review group has attached particular importance to evidence of transmission events, and pre-symptomatic carriage of COVID-19 in patients, residents and staff in acute hospitals and care homes for the elderly in Scotland, where there have been clusters of nosocomial infections. Pre-symptomatic carriage means that someone has the virus but not yet showing any symptoms. **As a result, the group has concluded there is now enough evidence to issue advice supplementary to the 2 April 2020 (updated on 12 June) guidance. This additional advice is about a medical face mask being worn at all times by staff within residential healthcare settings like acute adult (inc. mental health) and community hospitals and care homes for the elderly. The group has also reached conclusions about the wearing of face coverings by members of the public who visit these places.**

7. The review group considered the position of primary care and care at home but concluded that, for now, as there has been no evidence of transmission events in these areas, no supplementary guidance is necessary. Any new evidence will be considered as it emerges and appropriate changes to this guidance will be made. The UK-wide PPE guidance for Health and Social Care as well as the HPS guidance for Primary Care remain the relevant guidance. Workers continue to be able to wear appropriate PPE according to their own professional judgement.

8. This guidance does not change advice for domiciliary or unpaid carers providing personal care, including unpaid carers living in a different household. Guidance on this is available [here](#):

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

9. **It is now recommended that staff working in a clinical area of an acute adult (incl. mental health) or community hospital or in a care home for the elderly should wear a medical face mask at all times throughout their shift.** In relation to care homes, it is expected that this advice will be relevant in the first place to care homes for adults and older people. "Extended" in this regard means that a medical face mask will be worn throughout the shift, but the face mask can be removed and replaced as necessary (washing your hands before the mask is removed), and as recommended during the shift, including e.g. if it becomes contaminated, damaged or moist.

10. The WHO guidance recommends that a type I or II medical mask is sufficient in these circumstances, to reduce the onward transmission of COVID-19 between staff. However, this guidance is supplementary to the UK wide PPE guidance, which staff should follow when treating adult patients within Scotland's hospitals or adult residents in care homes. At present, the national stockpile is delivering type IIR masks via NHS National Services Scotland (NSS), which are fluid resistant and therefore exceed the WHO minimum standard in providing a protective function for staff as well as source control.

11. Staff who do not work within a clinical / care area (e.g. offices, call centres, shops, canteen staff within hospitals) should not in general be required to wear a medical face mask on the premises. However, where these staff are ward-based, then they should also wear a medical face mask where they are unable to physical distance from others. It is important that employers continue to seek innovative ways in which their staff can physically distance from each other whilst in their workplace. Staff should also consider wearing a non-medical fabric face covering out-with the clinical areas, when not on duty, where it is not possible to observe physical distancing measures, in particular hospital shops, in line with national guidance.

12. Staff should use their professional judgement, and undertake a risk assessment, in instances where it is necessary to remove the medical face mask for a short period of time, and 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 medical face masks are not worn, carrying out physical distancing is essential. If staff are required to work or visit a clinical area within a hospital, then they too should wear a medical mask.

13. 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.

14. Staff are not required to wear a medical face mask 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 staggering of staff breaks etc.

### **The new guidance – visitors**

15. Members of the public visiting an adult hospital (including to attend an appointment) or a care home for the elderly 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.

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

### **Supply of facemasks**

17. We have taken account of the need to make sure there is sufficient supply of facemasks before introducing this new measure. In anticipation of the change, NSS is increasing supplies, including to local social care PPE Hubs. NSS is delivering type IIR masks.

### **Commencement**

18. Responsible parties are asked to bring this guidance into effect as soon as is practicably possible, and by 29 June 2020.

### **Review**

19. This guidance was developed in consultation with a wide range of stakeholders, and has been reviewed by HPS. 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.

20. The Scottish Government will keep the need for this guidance under review, including with respect to the extent to whether there continues to be geographical evidence of sustained community transmission of the virus.

The Scottish Government  
23 June 2020