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Dear Colleagues

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

I would like to first of all take this opportunity to thank you and your teams for your continued support in this matter. My reason for writing is to make you aware of an update to the Guidance on the Extended Use of Face Masks. The Covid- 19 Nosocomial Review Group (CNRG) has attached particular importance to evidence of transmission events and pre-symptomatic or asymptomatic 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. This additional guidance document provides advice on the extended use of face masks by staff within health and social care settings. The CNRG has also reached conclusions about the wearing of face coverings by individuals who visit these places. The updated guidance is available at the following link

[Coronavirus \(COVID-19\): interim guidance on the extended use of face masks and face coverings in hospitals, primary care, wider community care and adult care homes - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/healthandcare/coronavirus/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)



This guidance supplements and does not replace any of the guidance in the National Infection Prevention and Control Manual and its Addendums, which are available [here](#).

This guidance has now been updated to reflect a) the wider use of FRSMs by **clinical and non-clinical hospital staff** b) the importance of FRSMs used by inpatients in hospitals and residents receiving direct care or in communal areas in adult care homes as well as long stay/overnight visitors; and c) strengthened wording around the need for outpatients, to wear face coverings, as well as encouraging individuals being cared for at home and their household to wear face coverings.

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. This is particularly relevant in the context of remobilising services within health and care settings and as further scientific evidence emerges. The guidance is consistent with other relevant guidance (including national guidance on public use of face coverings).

Key Updates

Staff in hospitals

In addition to staff providing direct care being required to wear FRSMs at **all times** while on shift, all staff in non-clinical areas of **hospitals** are now recommended to wear FRSMs, at **all times** whilst at work, except in a limited number of circumstances, such as when working alone or in a closed office in a non-clinical area where all other control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area.

Staff who work solely in non-clinical buildings - such as NHS Board headquarters or other standalone offices – and who do not enter buildings where patient care is provided, would not be expected to wear FRSMs, but instead may wear their own face covering. Staff members who work in non-clinical buildings but as part of their job role will enter buildings where clinical care is provided, would be expected to change to a FRSM if they do enter a building where care is provided.

Patients in hospitals

The wording in the guidance has been strengthened to advise that FRSMs must also be made available to and worn by all hospital in-patients (unless exempt) across all pathways, where it can be tolerated and does not compromise clinical care (e.g. when receiving oxygen therapy or when in labour). This also applies to patients who are being transferred or transported to hospital. Staff are encouraged to engage in a discussion with patients as early as possible in the admission process to promote the importance of using facemask and adhering to other COVID19 control measures.

In hospital, if a patient declines to wear a FRSM or is unable to tolerate one, the discussion and refusal to wear a FRSM should be noted in their patient/ medical records, each time, and not enforced. First and foremost, it helps ensure that a conversation takes place between the clinician and patient about the importance of wearing a FRSM. Secondly, in the event that there is transmission within a ward, it is helpful as part of outbreak investigation to understand which controls were in place, including mask wearing.

Residents in adult care homes

FRSMs must also be made available to all residents receiving direct care. Residents in an adult care home should wear a FRSM (unless exempt) when they are in communal spaces. Residents are not expected to wear a FRSM within their own living spaces such as bedrooms or personal toilets unless they are receiving direct care or when they are unable to maintain 2 metre distancing. Residents should also wear a FRSM and when being transferred or transported to hospital. Wearing of a FRSM within these settings may not always be possible and the guidance states: "if this can be tolerated and does not compromise care". Appropriate physical distancing and wider IPC measures are critical, with the use of FRSMs being a further line of defence.

Long stay/overnight visitors in hospitals

In order to protect patients and staff in high risk settings, long stay and/or overnight visitors, such as birthing partners; parents of children who are in long stay wards; or appropriate adults or families of patients who have learning disabilities and who are required to stay in hospital with the patient for a prolonged period of time, will be asked to wear FRSMs, (or face covering if a FRSM cannot be tolerated, unless they fall under one of the exemptions specified in the [regulations](#)). This will provide clarity for any long stay and/or overnight visitors who are required to stay in hospital with patient and will align with the guidance on patient and staff wearing of FRSMs.

Visitors (including children aged 5 and over)

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), should wear a face covering of the same kind that the Scottish Government has made mandatory to be worn on most indoor public places and indoor communal spaces, including retail and public transport. Visitors to adult care homes should wear a FRSM, which they will be provided by the care home provider.

Where visitors decline to wear face coverings (or FRSMs in care homes), 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.

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

The vast majority of people can wear a face covering and if they are not exempt from doing so, then they are legally obliged to do so in the mandated spaces. The obligation to enforce the [regulations](#) and the public use of face coverings rests with Police Scotland; however, the support of employers and staff in encouraging the use of face coverings is vital to their success as a public health intervention.

Individuals receiving care at home

Individuals receiving direct care are not required to wear a face covering in their own home but should be encouraged to do so, if at all possible. This includes family members who may be present during the care episode. Where clinical waste disposal is not available at home, used face masks and all waste items that have been in contact with the patient/ individual (e.g. used tissues and disposable cleaning cloths) should be disposed of securely within

disposable bags. When full, the plastic bag should then be placed in a second bin bag and tied. These bags should be stored in a secure location for 72 hours before being put out for collection.

The Scottish Government has been grateful for the considerable number of comments received from stakeholders in relation to drafting this guidance. The comments have been used to update the FAQ document which is hosted on the Scottish Government website, along with the guidance. We will continue to keep this guidance under review.

Thank you for again for your continued assistance.

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Chief Nursing Officer

