

Procedure for the use of surgical/medical facemasks for all hospital staff and face coverings for visitors to prevent nosocomial COVID-19 transmission

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1. Procedure Statement

This procedure applies to all members of staff both clinical and non-clinical, and all visitors within all Trust buildings. The term visitor is inclusive of patients, patient representatives, visiting workers and external contractors. The procedure is to be applied when not otherwise required to use personal protective equipment (PPE) precautions. It is also to be applied if car sharing or travelling between sites via the shuttle service.

2. Scope

This procedure applies to all areas of the Trust. This includes the Queen Elizabeth Hospital, Heartlands Hospital, Good Hope Hospital, Solihull Hospitals and all satellite clinical areas and clinics.

3. Introduction

The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces.

There is some evidence that the use of surgical face masks can reduce the transmission of COVID-19. Evidence of reducing transmission from infected individuals is stronger than the evidence for face masks preventing the wearer from becoming infected. Staff should not be at work if they are symptomatic, so this guidance aims to reduce risks of transmission from people who are asymptomatic or pre-symptomatic for COVID-19.

Recent point prevalence data from surveillance studies of NHS HCWs in hospitals and ONS data suggest that the rate of COVID-19 positivity is around 10-20 times higher than in the general population at present.

The WHO suggests that the extended use of facemasks should be considered when the risk of exposure to COVID-19 is higher due to local outbreaks/clusters of infection, or for those working in close contact with the public, or in confined or busy spaces such as public transport.

This guidance is in addition to the existing COVID-19 IPC guidance, which recommends PPE in clinical settings. This guidance concerns use beyond clinical environments where PPE measures may be required, including but not restricted to public areas such as corridors, communal areas, meeting rooms.

4. Usage of surgical masks and face covering for Staff in all hospital settings

Evidence has shown that those infected with COVID-19 can have very mild or no respiratory symptoms (asymptomatic) and potentially transmit the virus to others without being aware of it therefore:

- All Trust staff (regardless of clinical or non-clinical role) whilst on Trust premises and when not otherwise required to use PPE precautions must wear a surgical facemask to prevent the spread of infection from the wearer. Alcohol hand gel/ hand washing facilities will be available to use prior to donning (putting on).
- When travelling to the clinical area at the start of or end of your shift, it is acceptable to wear a face covering rather than a surgical facemask. This is the only exception for staff to wear a face covering as opposed to a surgical facemask.
- All staff using the shuttle service between hospital sites must wear a surgical facemask.
- Any members of staff that are not from the same household and car share must wear a face covering for the duration of the journey.
- Staff working alone in an office will **not** be expected to wear a mask, however on leaving the office and moving through the hospital building e.g. on an errand, or for meal breaks, you should put on a surgical mask.
- Any member of staff who does not usually wear a face-covering/mask to undertake their role can remove it once reaching their place of work if they are able to maintain social distancing in their department and a departmental [social distancing checklist](#) has been completed. If this is not possible they should continue to wear the face-covering/mask. A specific (e.g. office) work place checklist may be completed; if this demonstrates robust and reliable COVID-19 prevention measures, including but not necessarily limited to social/physical distancing, hand hygiene and frequent surface and equipment decontamination, then facemasks for HCWs may **not** be needed. **Such checklists and/or risk assessments must be documented.**
- All clinical/ward-based staff should continue their current PPE practice, appropriate to their job role.
- All staff must wear a face-covering/mask at all times in all communal/public areas even if they are able to observe social distancing for example corridors.
- All staff must wear a face-covering/mask at the end of their working day when leaving their workplace and exiting the building.
- When leaving a clinical area after prolonged patient care you should change your face mask. This is because you have been wearing a mask to protect yourself when providing direct patient care. This should be removed when you leave the clinical area; and hand hygiene performed, prior to putting on a new surgical facemask.

- For health care workers and other staff members who visit the clinical area for short periods with minimal patient contact the surgical facemask can be sessional and worn across multiple clinical areas.
- When taking your break in social areas such as the canteen or staff room, you should continue to maintain social/physical distancing measures. If eating/drinking, you should remove your mask and dispose of as clinical waste. Do not place the face mask on dining tables or nearby surfaces. Once you have finished eating/drinking you should put a new facemask on to return to your clinical area or workplace. Supplies of facemasks and alcohol hand rub will be available in staff canteen areas.
- A supply of surgical masks will be available on entry to Trust buildings. Alcohol hand gel will be available to use prior to donning (putting on). There will be clinical waste bins and alcohol hand gel facilities at all exits to ensure that staff are able to remove masks, dispose of them and decontaminate their hands.

5. Usage of surgical masks and face coverings for all visitors (including patients) in all hospital settings

- All visitors to hospital settings including outpatients should wear a form of face covering to prevent the spread of infection from the wearer.
- Staff should use any opportunity to inform patients of the rationale for face coverings.
- A face covering is not a medical /surgical mask. If patients/visitors do not have a face covering on arrival to a Trust building they will be provided with a surgical face mask on entry.
- For those patients being shielded, and who have been provided with a surgical facemask for their appointments, these should be worn. Where not provided, patients should wear a face covering.
- Patient and visitor face coverings can be cloth and/or homemade <https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering>.
- All visitors will be expected to comply with 2 metre social/physical distancing and the recommended hand hygiene measures.
- Where applicable, visitors to high risk COVID-19 areas of the hospital or visitors of patients with confirmed COVID-19 must wear appropriate PPE as per the current IPC guidance <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- For some visitors/patients, the wearing of a face mask may be difficult, for example those who lack capacity and do not tolerate a mask. Therefore other measures must be followed, including social/physical distancing, timed appointments; being seen immediately and not kept in waiting rooms.
- Visiting workers and contractors from outside the Trust will be required to wear a surgical face mask whilst working within Trust buildings.

6 Implementation and communication

- This procedure is to be implemented with immediate effect.
- The requirement of visitors/patients to wear a face covering when visiting the hospital site will be communicated through appointment letters, social media, local news stations/papers. Also through signage displayed at entrances to the site throughout wards and departments.
- All staff have a responsibility to communicate to patients and visitors the requirements for a face covering or surgical facemask. They should also assist patients and visitors with the application of a surgical facemask, including advocating hand hygiene, and the correct disposal of surgical facemasks when leaving the premises.

7. Monitoring

All clinical staff need to take responsibility for supporting those who do not routinely wear PPE to don and doff their mask correctly.

8. References

NHS England (2020) **Operational Guidance on the use of surgical facemasks for all hospital staff (when in non-clinical areas) in response to preventing nosocomial COVID-19 transmission**

WHO (2020) **Advice on the use of masks in the context of COVID-19**
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

9. Associated Policy and Procedural Documentation

COVID-19 Guidance for infection prevention and control in healthcare settings
<https://www.uhb.nhs.uk/coronavirus-staff/downloads/pdf/guidance-infection-prevention-control-healthcare-settings.pdf> [accessed 10/6/2020]

Appendix A

Frequently asked questions

Why is a recommendation now being made for all hospital staff to wear a surgical facemask in non-clinical and social areas?

To help prevent spread of infection from the wearer: A surgical facemask worn in this context will help to reduce directly transmitting SARS-CoV-2 from the wearer to others and indirectly transmitting the virus to others from contaminated environmental surfaces. Evidence has shown that those infected with COVID-19, can have very mild or no respiratory symptoms (asymptomatic) and potentially transmit the virus to others without being aware of it.

How do we ensure visitors/patients visiting the site all have face coverings?

The need for visitors/patients to wear a face covering when visiting the hospital site should be communicated through appointment letters, social media, local news stations/papers and through signage displayed at entrances to the site throughout wards and departments. Staff should use any opportunity to inform patients of the rationale for face coverings. A face covering is not a medical/surgical mask. If patients and/or visitors do not have face coverings, the Trust will provide a surgical facemask on entry to the hospital/building.

For those patients being shielded, and who have been provided with a surgical facemask for their appointments, these should be worn. Where not provided, patients should wear a face covering.

Where face coverings are worn as part of religious beliefs, providing they are not loose and cover the mouth and nose this will be acceptable as face covering.

Can I or can patients or visitors wear a cloth / homemade / donated facemask?

Patient and visitor face coverings can be cloth and/or homemade <https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering>. All visitors will be expected to comply with 2 metre social/physical distancing and the recommended hand hygiene measures.

Visitors to high risk COVID-19 areas of the hospital or visitors of patients with confirmed COVID-19 must be offered and wear appropriate PPE as per the current IPC guidance <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

HCWs should comply with the guidance on wearing a surgical face mask (as appropriate when in clinical/ non-clinical areas) whilst at work.

What if a patient/visitor is unable to wear a face covering?

For some, wearing of a face mask may be difficult, for example those who lack capacity and do not tolerate a mask. Therefore other measures must be followed, including social/physical distancing, timed appointments; being seen immediately and not kept in waiting rooms.

Will contractors and visiting workers from outside the Trust be expected to wear a surgical facemask?

Yes. Contractors visiting workers from outside the Trust will be required to wear a surgical face mask whilst working within Trust buildings.

Do I need to wear a mask when car sharing with my colleagues?

Yes, personal face covering are recommended when travelling to and from work and travelling with those who do not live in the same household as you.

Do I need to wear a mask if I work in an office on my own?

No, if you are working alone you will not be expected to wear a mask but when you leave the office, move through the hospital building e.g. on an errand, or for meal breaks, you should put on a surgical face mask.

If you share an office with others, you should wear a surgical facemask. A specific (e.g. office) work place social distancing checklist may be performed; if this demonstrates robust and reliable COVID-19 prevention measures, including but not necessarily limited to social/physical distancing, hand hygiene and frequent surface and equipment decontamination, then facemasks for HCWs may **not** be needed. **Such checklists and/or risk assessments must be documented.**

What if I am already wearing a facemask for sessional use, do I need to change my mask?

Yes, if you are leaving a clinical area after prolonged patient care. This is because you have been wearing a mask to protect yourself when providing direct patient care. This should be removed when you leave the clinical area; and hand hygiene performed, prior to putting on a new surgical facemask.

For HCSW and other workers, e.g. porters, who visit the clinical area for short periods with minimal patient contact, the surgical facemask can be sessional.

What is classified as prolonged patient care?

Prolonged patient care refers to a period of time when a health care worker is undertaking duties in a specific care setting/exposure environment, for example

on a ward round, or providing on going care for in-patients over a prolonged period. This does not include short interactions with patients.

What happens when I go to the hospital restaurant/staff room wearing my face mask?

You should continue to maintain social/physical distancing measures. If eating/drinking, you should remove your mask and dispose of it as clinical waste. Do not place the face mask on dining tables or nearby surfaces. Once you have finished eating/drinking you should put a new facemask on to return to your clinical area or workplace. Supplies of facemasks and alcohol hand rub will be available in staff canteen areas.

How will staff have access to facemasks when they arrive for work and dispose of them after work?

A supply of masks will be available to staff as they arrive on the premises. Alcohol hand gel will be available to use prior to donning (putting on).

There will be clinical waste bins and alcohol hand rub facilities at all exits to ensure that staff are able to remove masks, dispose of them and decontaminate their hands.

When travelling to the clinical area at the start of or end of your shift it is acceptable to wear a face covering rather than a surgical facemask. This is the only exception for staff to wear a face covering as opposed to a surgical facemask.

Will wearing a facemask in a non-clinical area protect me from getting COVID-19?

The purpose of wearing a facemask in non-clinical areas is to prevent transmission from asymptomatic staff to others who they may come into contact with.

Symptomatic staff are to be excluded from work.

Wearing a facemask is only one infection prevention and control measure that can help to limit the spread of COVID-19. Other measures include: compliance with social/physical distancing (2 metres); frequent environmental cleaning; hand and respiratory hygiene.

If I have already tested positive for COVID-19 do I still have to wear a surgical facemask?

Yes - there is no evidence that having had COVID-19 means that you are immune, you may still be able to pass it on to others. It is also an important signal

to colleagues and our patients and visitors that we are taking IPC measures seriously across the Trust to reassure the public.

What if I have a long term problem/breathing difficulties/claustrophobia and worry wearing a mask may make it worse?

Please discuss this with your line manager and occupational health department who will provide individual advice.

I work in an elective area (non-COVID); do I need to wear a surgical facemask?

This recommendation is for all HCWs.

How do I put on and take off my mask?

It is important that healthcare workers do not touch the front of the face mask, or the part of the face covering that has been in contact with their mouth and nose. When wearing a face mask, staff are to ensure that it covers their nose and mouth at all times and is not allowed to dangle around their neck as this can be a source of cross infection.

Once removed, surgical facemasks are to be disposed of in the orange clinical waste, hand hygiene performed and any surfaces cleaned that the face mask has touched. A used surgical facemask should not be put back on after removing – this is to prevent cross infection.

Surgical facemasks should be removed and discarded if they are soiled, damaged, or hard to breathe through; they should also be discarded when they are removed from the face/nose (e.g. for eating or drinking).

All clinical staff are asked to support other staff members who are not used to routinely wearing a facemask.

What about the impact of masks on communications?

See good communication tactics in Appendix C.

CORONAVIRUS – Covid-19

PPE requirements

Context	Disposable Gloves	Disposable Plastic Apron	Long sleeved fluid repellent disposable gown	Fluid resistant surgical mask (no need to change between patients)	FFR2 respirator or loose fitting powered hood	Eye protection
Performing a single aerosol generating procedure	✓ Single use	X	✓ Single use	X	✓ Single use	✓ Single use
All staff in high risk areas - ITU, ED rooms, theatres, where aerosol generating procedures regularly performed	✓ Single use	✓ Single use	✓ Sessional use	X	✓ Sessional use	✓ Sessional use
Direct patient contact (all patients regardless of COVID status) (within 2m)	✓ Single use	✓ Single use	X Wear a gown in 2 nd / ³ rd stage labour vaginal delivery	✓ Sessional use	X	✓ Sessional use
NO direct patient contact but on any ward/ clinical area	X	X	X	✓ Sessional use	X	X
Domestic in all areas (except in high risk areas)	✓ Single use	✓ Single use	X	✓ Sessional use	X	✓ Sessional use
Transfer of patients	✓ Single use	✓ Single use	X	✓ Sessional use	X	If splash risk

REMEMBER HAND HYGIENE INCLUDING WASHING UP TO THE ELBOWS

The Impact of Face Masks on Communication

There are 12 million people with hearing loss across UK.



1 in 6 people is living with a hearing impairment.

Many of these people rely on using their residual hearing (with or without a hearing aid) and lip reading to be able to communicate effectively.

Since the Corona Virus, the introduction of face masks have had a debilitating effect on the hearing impaired population.



These masks block faces and prevent our ability to see facial expressions, read lips, and connect.

**Masks + Blocked face
= Increased Miscommunication**

How to support patients with hearing impairments?

- Identify which patient has a hearing loss and ensure a plan is put in place on how you are going to communicate with them.
- If available, wear a see through surgical mask
- Write things down – use a mini white board that can be wiped clean.
- For patients that can use their residual hearing, ensure the environment is quiet, speak loudly and clearly.
- If the patient is a hearing aid user, ensure they are wearing their hearing aid and the battery is working.
- Use gestures and sign language.
- Use apps such as Google Live Transcribe or Otter which convert speech to text on a tablet or smart phone OR Now Interpreter where you can access a BSL interpreter for free for patients who uses BSL.
- Use video calls – staff member can go to a space where they can safely remove their mask and talk to the patient via video calls.

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