

Update on Medical and Non-medical Face Masks

First Minister

I am following up on your request for an update on the issue of face coverings for the general public. I am now in a position to expand on my advice of 5th June, summarising the emerging evidence on potential benefits and risks and concluding that Welsh Government should support the public's right to choose to wear face coverings in most settings, however providing advice as to when non-medical face coverings or medical face masks could be recommended.

I would re-state that in the past month there has been extensive national and international debate and the emergence of different policy positions across the UK. Little has changed in our understanding of the basic science but the following significant issues have bearing on our choices in Wales

1. The decision in England to mandate the use of face coverings on public transport
2. The policy to extend the use of face masks and face coverings in hospital settings in England
3. The publication of revised interim guidance by WHO (5 June)
4. A better understanding of the public perceptions

Summarising the WHO guidance update;

1. There is no new evidence to suggest that everyone in a hospital or care setting should wear masks.
2. Although there is no new evidence, the WHO has moved to recommending the wearing of non-medical face coverings in the community, by the general public in certain situations, but only for source control and not prevention using a risk-based approach.
3. There is new guidance on non-medical mask features and characteristics, including choice of fabric, number and combination of layers, shape, coating and maintenance.
4. The new document continues to emphasise:

“the use of a mask alone is insufficient to provide an adequate level of protection or source control, and other personal and community level measures should also be adopted to suppress transmission”

5. It is noted that at the present time, the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and there are potential benefits and harms to consider.
6. WHO have recommended that in areas of community transmission, governments should encourage the general public to wear masks in specific situations and settings as part of a comprehensive approach to suppress the risk of SARS-CoV-2 transmission.

7. It is recommended that those with symptoms wear surgical masks and continue to practice self-isolation and hand-hygiene.

Implications

I remain of the view that the evidence of benefits does not justify a mandatory or legislative process and I still see dangers in taking such an approach in Wales.

Public messaging will need to be clear to avoid potential harms from use of face coverings or masks such as public understanding need for social distancing and avoidance of face touching, hand washing and surface cleaning still remains.

The key considerations for a non-medical face covering are filtration efficiency and breathability. Any decision to make non-medical masks mandatory in any part of the community would need to consider material type and combinations, number of layers, shape, fit, storage and maintenance

1. The importance of the hierarchy of measures which must be in place in order to reduce person to person transmission remain. In order of importance and effectiveness these are;
 - a. Elimination of unnecessary activities (encourage work at home)
 - b. Substitution of less risky behavioural patterns (different shift patterns/travel times)
 - c. Engineering controls (better ventilation, rethink seating arrangements, barrier separation of staff and passengers)
 - d. Administration controls (automatic ticket checking, avoid ticket handling/inspection)
 - e. PPE
2. With regard to non-medical masks/face coverings a settings-based risk assessment approach is advised

Use of face coverings (non-medical masks) by the general public

3. The WHO continue to advise that the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and there are potential benefits and harms to consider.
4. However, WHO has updated its guidance to advise that to prevent COVID-19 transmission effectively in areas of community transmission, governments should encourage the general public to wear masks in specific situations as part of a comprehensive approach.
5. This advice needs to be more or less directive depending on the risk from particular settings, the extent to which other mitigations are available and in place, and the level of viral transmission.. My recommendations are set out below:

Risk Level	Setting	Recommendation
Most risky (infected persons likely to be present)	<ul style="list-style-type: none"> Hospitals and care homes (see advice below) 	Recommend medical face masks be worn by vulnerable people
Moderately risky (confined indoor spaces)	<ul style="list-style-type: none"> Public Transport if overcrowded Shops if overcrowded 	Recommend non-medical face masks be worn by the general public
Less Risky (indoor spaces where social distance can be maintained)	<ul style="list-style-type: none"> Public transport which is not overcrowded ie social distancing can be maintained Retail outlets where re-engineering of space has allowed the maintenance of social distancing School and (non-healthcare) work environments with social distance marking Non-clinical areas on healthcare work environments 	Face masks not recommended
Least Risky (outdoor spaces)	<ul style="list-style-type: none"> Parks, gardens Trails, paths, roads 	Face masks not recommended

- Clear guidance should be provided to ensure that face coverings meet a minimum standard, as well as advice about how they should be worn and washed or disposed.
 - Clear guidance should be provided on who should not or cannot wear face coverings (e.g. elderly people with cognitive impairment, young children).
 - The use of a face covering should not be seen as a substitute for observing other infection control measures including self-isolation, hand washing and social distancing.
6. The Nosocomial transmission group has considered the use of medical and non-medical face masks by members of the public in health and social care settings and recommends

- Medical masks should in the main still be for use by health and social care workers in direct care of patients / residents.
- However, in line with latest WHO guidance, advise that medical masks should be recommended / offered to those in the WHO vulnerable group for their protection when they are visit a health and care setting where social distancing / other Infection Prevention and Control measures, cannot be guaranteed, usually as a result of direct care. This would apply whether they are patients or visitors.
- People in a vulnerable group should exercise caution and avoid visiting care home relatives or going to supermarkets except for allocated times with low store density for vulnerable groups etc. but if they do need to attend an out-patient appointment or diagnostic procedure then they should use a medical mask. NHS organisations would need to provide medical masks to vulnerable patients. The need for vulnerable patients to attend health and care settings should be minimised and visitors to wards should remain limited.
- The group did not support the need for hospital staff to wear medical masks in non-clinical areas.
- Unlike in England, NHS organisations in Wales are under a legal duty to implement social distancing measures for employees wherever possible and we have provided detailed operational guidance on the estates and environmental measures required to achieve this. In non-patient facing areas staff need to be supported to social distance effectively potentially with re-arrangements of office spaces and tea rooms for example.
- There is still room for improving the use of PPE and its correct removal with hand hygiene as current recommendations.

Additional considerations

7. WHO has clear specifications requiring a minimum three layer of material construction. Clear messaging on WHO guidance for face coverings will need to be conveyed to the public.
8. It is important to reiterate that public guidance should also include messaging around;
 - The continued need for social distancing and hand hygiene and recognition that these are more important than face coverings
 - Not touching your face is important but is more difficult when wearing a face covering
 - Donning and doffing are the most dangerous times to spread infection
 - Keeping Wales tidy and safe when removing face coverings, there is a particular risk to children and animals if they become litter
9. There will be some issues of equity and diversity which will be difficult to mitigate including the needs of children who often give regard to facial expressions when being spoken to, and those of the hearing impaired who need to lip read.

Dr Frank Atherton

CMO

8th June 2020

Choice of Vulnerable groups

WHO advised by Chris and Nocosomial group.

Vulnerable groups

WHO Advice on the use of masks in the context of COVID- 19	WG Extremely vulnerable / shielding	Clinically vulnerable
<p>Vulnerable populations:</p> <ul style="list-style-type: none"> • People aged ≥60 years • People with underlying comorbidities, such as cardiovascular disease or diabetes mellitus, chronic lung disease, cancer, cerebrovascular disease, immunosuppression 	<p>1.Solid organ transplant recipients</p> <p>2.People with specific cancers:</p> <ul style="list-style-type: none"> ◦People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer ◦People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment ◦People having immunotherapy or other continuing antibody treatments for cancer ◦People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors ◦People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs <p>3.People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe Chronic Obstructive Pulmonary Disease (COPD)</p> <p>4.People with severe single organ disease (e.g. Liver, Cardio, Renal, Neurological).</p> <p>5.People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell).</p>	<ul style="list-style-type: none"> •are 70 or older •are pregnant •have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis) •have heart disease (such as heart failure) •have diabetes •have chronic kidney disease •have liver disease (such as hepatitis) •have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy) •have a condition that means they have a high risk of getting infections •are taking medicine that can affect the immune system (such as low doses of steroids) •are very obese (a BMI of 40 or above)

	<p>6. People on immunosuppression therapies sufficient to significantly increase risk of infection.</p> <p>7. Pregnant women with significant heart disease, congenital or acquired.</p> <p>8. Children up to the age of 18 with significant heart disease, congenital or acquired.</p>	
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