

Technical Advisory Cell – Updated Consensus Statement on Face Coverings DRAFT

- The Technical Advisory Group provided advice on the use of face coverings on 9 June 2020. <https://gov.wales/technical-advisory-cell-use-face-coverings-context-covid-19>
- The possibility of aerosol transmission of SARS-CoV-2 (outside of aerosol generating procedures in healthcare) has recently been formally acknowledged by WHO and hence interest in airborne transmission has increased.
- Following further public and policy interest on the use of face coverings, TAG had further discussion on 17 July, 22 July and 31 July. In addition, a paper from the SAGE Environmental Modelling Group (EMG) on 23 July and a further rapid evidence review from Health Technology Wales have provided further information for TAG to consider an update to the existing advice.
- EMG and NERVTAG have previously recognised the possibility of aerosol transmission of SARSCoV-2. Aerosol transmission can occur when small respiratory aerosols (<10 µm diameter) containing the virus remain in the air and can be inhaled by another person. This is most likely to happen at close range (within 2m) though there is a small amount of evidence that this could happen in an indoor environment more than 2m from an infected person. SARS-CoV-2 is thought to be opportunistically airborne, with a risk of transmission through the air most likely to be within the same room and possibly the immediate neighbouring spaces. Recent analysis of data from the Diamond Princess cruise ship confirms this possibility, albeit recognising the unique built environment of such a vessel.
- The EMG paper suggests that cloth face coverings are likely to have some benefit in reducing the risk of aerosol transmission. Face coverings will reduce the dispersion of respiratory droplets and small aerosols that carry the virus into the air from an infected person. They also provide a small amount of protection for the wearer against exposure to droplets but less protection against small aerosols.
- Health Technology Wales have also updated their rapid review from 8 June 2020 of face coverings [INSERT LINK]. The updated summary from 24 July 2020 advises that the effect of face coverings for source control in asymptomatic individuals is less well studied: retrospective studies suggest their use may reduce COVID-19 transmission, but these findings have very low reliability and did not specify the type of face covering used.

- Face shields/visors are unlikely to be an effective control for aerosol transmission. Face shields provide protection for the wearer against large droplet exposure, including by inoculation through the eyes. However, they are unlikely to provide any protection for the wearer against small aerosols. There is no evidence that face shields/visors are an effective source control for either larger droplets or small aerosols.
- There is growing support from the TAG on the wider use of face coverings in Wales, whilst recognising there remain outstanding questions on the balance of benefit and harms and the importance of reinforcing the importance of key protective behaviours, notably hand hygiene, avoiding touching the eyes, nose and mouth, appropriate social distancing and isolating/testing if symptomatic.
- TAG discussed the benefit of protecting those in high contact professions by the wider wearing of face coverings (e.g. protecting shop workers).
- TAG discussed the benefit of mandatory face mask wearing in areas where there is evidence of sustained community transmission.
- TAG discussed the importance of policy that is tailored to population group and setting in determining potential exclusions (e.g. children and schools).
- PHW report an increase in the use of and acceptability of wearing face coverings from their surveys (corroborated by our survey data from Ipsos MORI and at UK level by ONS).

Recommendations

- Asymptomatic and pre-symptomatic transmission of SARS CoV2 is now known to occur. Thus people without symptoms who are potentially infectious to others may be in public places. For this reason, it is advisable to require face coverings to be worn in indoor settings in addition to good ventilation, social distancing and hand hygiene to interrupt transmission. Wearing of face-coverings will be particularly important in indoor environments with poor ventilation or when large numbers of people congregate in order to reduce the risk of super spreading events.
- Mandating face coverings is advised in certain circumstances e.g. in areas where there is evidence of sustained or growing community transmission.
- Where evidence does not support this requirement or there are practical difficulties, exceptions will be necessary. These would likely include children (under 11), those with certain health conditions and key settings such as schools and restaurants.

- Any communications activity on face coverings should reinforce they are only one of a fuller suite of protective behaviours e.g. hand hygiene, social distancing and isolating/testing if symptomatic.
- The introduction of any new policy on the use of face coverings must have corresponding clear risk communication, including: the place of face coverings in the fuller suite of behaviours noted above and the importance of continued adherence to them to reduce transmission; how to wear a face covering properly; how to dispose of a face covering safely; the risk of cross-contamination and the need for hand hygiene and avoidance of face touching; clarity on the rationale i.e. part of a collective response to prevent spread to others (and ultimately self); and clear advice on exceptions (e.g. children, those with certain health conditions).
- A range of equity/equality considerations should also be considered, including those with specific needs (e.g. the ability to lip read for those with a hearing impairment and younger children in particular) and those who may be disproportionately disadvantaged financially by having to purchase coverings (e.g. those on lower incomes). There is a need to avoid inequalities generated by our interventions.
- The newly formed Risk Communication and Behavioural Insight subgroup should continue to consider the behavioural evidence around face coverings and advise on risk communication as appropriate.
- Further consideration will need to be given to when it would be appropriate to recommend face coverings are no longer required to be worn.