

MEMORANDUM E ()

**FROM: ROBIN SWANN
MINISTER FOR HEALTH**

DATE: 22 June 2020

TO: EXECUTIVE

Face coverings:

1) To date, Department of Health advice has been that members of the public should consider wearing face coverings when in enclosed settings where social distancing cannot be maintained for limited periods of time, examples being public transport or retail environments.

2) Wearing of face coverings provides a degree of protection from the spread of the virus in respiratory droplets produced by the wearer. There is limited protection to the wearer from droplets spread by other people. Impact of face coverings on the spread of the virus are greatest when a high proportion of individuals use them on all appropriate occasions.

3) It is also possible that use of face coverings may also have negative effects, providing a false sense of confidence that leads to less social distancing and less caution around hand and respiratory hygiene etc.

3) Use of face coverings by the NI population is currently at a very low level and unlikely to have any significant impact on community transmission of the virus. While the prevalence of the virus is at a low level wearing of face coverings may not make much difference to spread. However, in the presence of increased transmission as indoor interactions increase face coverings have the potential to be more important.

4) We have continued to keep emerging evidence about the benefits of face coverings under review. While there remains a dearth of clinical trials demonstrating benefit on transmission, indirect evidence (including laboratory experiments and ecological / epidemiological studies) increasingly points towards overall benefit.

5) In light of evolving evidence and proposals to increase indoor interactions, we believe that messaging should now shift to a strong recommendation that members of the public should wear face coverings when in enclosed settings where social distancing cannot be maintained for limited periods of time. This would include not only public transport or retail environments, but also any other settings where interactions with individuals from other households take place, including domestic settings and healthcare environments.

6) Recommendations should be accompanied by strong public health messaging, to include information about how to obtain or make face coverings, how to put coverings on and take off safely, how to dispose of or launder coverings safely, and the limited protection offered by coverings and the importance of adhering to social distancing and other measures. This should also include messaging highlighting individuals who by virtue of age, disability or underlying health conditions should not use face coverings.

6) We do not believe that scientific evidence on its own is currently strong enough to mandate wearing of face coverings, but recognise that mandatory use of face coverings may become a policy decision in certain settings. If further scientific evidence emerges or public use of face coverings remains low despite education and communication, it may become necessary to reconsider whether more widespread mandatory use would be warranted.