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Covid-19 Public Health Directorate
Covid Ready Society
4 August 2020

PS/First Minister
PS/Deputy First Minister
PS/Cabinet Secretary for Health and Social care

COVID-19: EXPANDING MANDATORY FACE COVERINGS TO INDOOR PUBLIC PREMISES AND UPDATING GENERAL PUBLIC GUIDANCE

Purpose

1. To provide advice on expanding the mandatory use of face coverings to indoor public premises and seek immediate clearance to amend The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 accordingly, and also to expressly exclude visors from the definition of face covering set out in those regulations.

Timing

2. Urgent. UKG has announced that it intends to make face coverings mandatory in a wider range of places from 8 August. In order to make the same provision in Scotland, amending regulations must be made by Friday 7 August.

Scientific Evidence and Public Health Rationale

3. As we address our ambition to eliminate Covid-19 in Scotland and given the possibility of a second wave in Autumn 2020, physical distancing and good hand and respiratory hygiene remain the key public health measures to prevent the spread of the virus.

4. There is some evidence that face coverings prevent transmission of the virus in certain circumstances, particularly poorly ventilated and (crowded) enclosed spaces. However, they should be used in addition to and not instead of the core public health measures as laid out above.

6. There are three possible routes of transmission of COVID 19: droplet, contact and aerosol.

1. Droplet transmission includes respiratory droplets when a person coughs or sneezes directly onto the mucous areas of individuals. The approximate travel of droplet is on average 1 metre.
2. Contact transmission occurs when droplets land on surfaces within the immediate environment. If these surfaces are not cleaned then these can spread directly (by hands) or indirectly (touching equipment/surfaces) to the nose, mouth, or eyes.

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3. Aerosol transmission is transmission via fine particles containing the virus that are suspended in air. There is evolving evidence that aerosol transmission may play a role in some conditions such as in poorly ventilated and crowded environments because droplets travel more than 2 metres.

7. Some people can have the virus but not display symptoms (asymptomatic infection) or have a period where they are infectious before they show coronavirus symptoms (presymptomatic infection). As the evidence suggests that face coverings provide some level of protection against transmission from the wearer to other people in close proximity, our policy to date has focussed on wearing a face covering to protect others.

8. Advice from SAGE and emerging scientific evidence (**ANNEX B**),¹ suggests that the wearer too can be protected from contracting the virus which may be present in the air via aerosol transmission. Face coverings create a barrier to the nose and mouth where viral droplets may be ingested or airborne droplets breathed in. However, the evidence is not yet substantial and SAGE suggest aerosol transmission is '*unlikely to be the dominant transmission route*'.

"In light of the WHO's recent communications on the risk of airborne spread, SAGE noted that its papers and guidance have consistently acknowledged that shorter-range aerosol transmission is a risk, especially in poorly ventilated settings featuring a highly-infectious person. The contribution of aerosol transmission relative to droplets and fomites remains unknown, but aerosol is unlikely to be the dominant transmission route. Research is underway on this subject and a UK research consortium has been formed."

ACTION: EMG to review advice on Covid-19 airborne transmission risks in light of new evidence, data and medical input: this review to consider face coverings, school and university settings, and winter challenges

SAGE 9 July 2020

9. Provided that they are the right quality (WHO recommends three layers)² and are worn correctly (snugly over the mouth and nose), face coverings may offer some protection by limiting transmission of virus from the wearer and some evidence suggests it may also prevent transmission to the wearer.

'The effectiveness of face coverings depends on how they are used, worn, touched and disposed of.'

CMO Advisory Group 12 June

10. The consistent scientific and clinical advice is that face coverings should only be part of an approach which combines multiple public health measures to limit transmission.

¹ <https://www.ox.ac.uk/news/2020-07-08-oxford-covid-19-study-face-masks-and-coverings-work-act-now>

² file:///C:/Users/U443570/Downloads/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf

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