

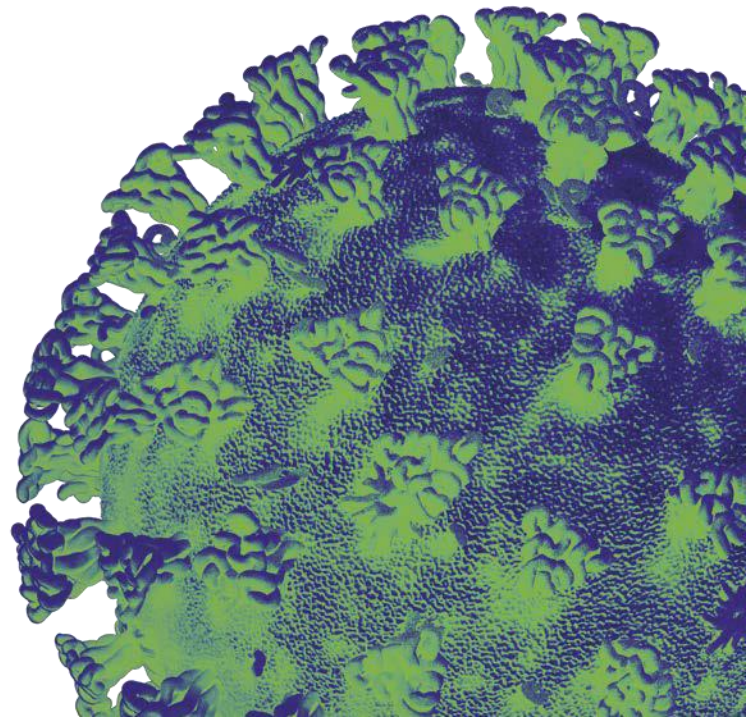
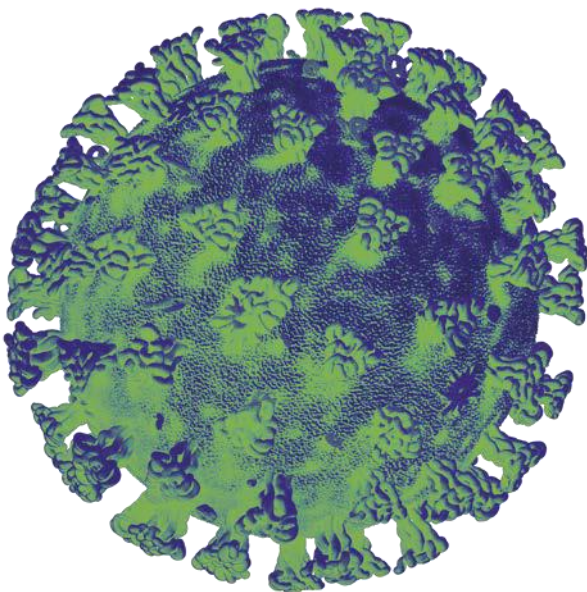
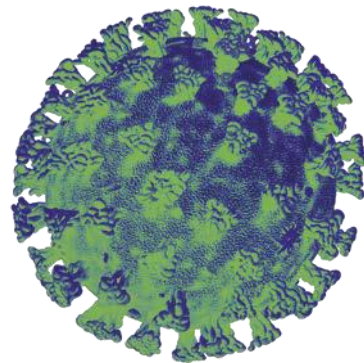


Llywodraeth Cymru
Welsh Government

Technical Advisory Cell

Use of face coverings in the context of COVID-19

8 June 2020



Technical Advisory Group: Use of Face Coverings in the context of COVID-19

- In light of changes to policies in England and by the World Health Organisation on the use of medical masks (herein face masks) and face coverings for the COVID-19 pandemic, Welsh Government Technical Advisory Group supported by Health Technology Wales has considered the available evidence and guidance. If further important scientific evidence emerges this advice will be updated.
- Face masks and face coverings are different, and this difference should be emphasised in advice given to the public, and a consistent use of vocabulary ensured in communications from government. 'Face coverings' is an alternative term for a "non-medical mask" as referred to in the WHO guidance. They are made from a variety of woven and non-woven fabrics.
- A face covering serves a different purpose to a facemask. A face covering principally acts to **protect others** by retarding the transmission of small droplets containing viral particles into the environment. Well-fitted medical face masks serve to **protect the wearer** from infection and others from transmission if the wearer is infectious.
- Face coverings are likely to benefit others, as much as or more than they do for the wearer.
- Public risk and science communication should provide clear, practical and understandable advice on when to wear face coverings and how to make, source, wear and clean or dispose of coverings.
- The use of face coverings does not remove the need for hand washing, social distancing and other personal actions that are currently recommended to prevent transmission. Face coverings may provide an additional measure that collectively could reduce infection risk, but their use does carry a risk of behavioural change that will more than negate any benefit they may offer.
- Other control measures to reduce exposure are more impactful (e.g. physical barriers, social distancing, good sanitation, regular handwashing). In general, the use of face coverings may represent a measure that could supplement other control measures to provide a benefit to reduce transmission.
- **It is extremely important that any communication of advice relating to face coverings emphasises that other measures such as social distancing remain of critical importance and should not be relaxed when wearing a face covering.**
- A homemade or purchased face covering **might** reduce the transmission of SARS-CoV2 from one person to another if made, worn, handled and cleaned or disposed of properly.

- Scientific evidence is not robust on the benefits of face coverings, with mainly observational findings supporting the role in preventing transmission. It should be noted that this has not been extensively studied to date, and further studies are expected.
- Not all face coverings will have the same benefit. There will need to be clear guidance for homemade and purchased face coverings to ensure that they meet a minimum standard. WHO has recommended a **minimum of three layers** in a face covering, with an appropriate material to ensure good filtration and breathability.
- Members of the public should be encouraged to wear face coverings only where it is difficult or not possible to observe social distancing (e.g. public transport, busy shops).
- Face coverings should be considered when in settings where other control measures other control methods for reducing exposure are not effective (e.g. elimination, substitution, engineering or administrative controls).
- Evidence suggests that asymptomatic, mildly or pre-symptomatic individuals are involved in disease transmission. Wearing a face covering is not a substitute for individuals that are symptomatic. Symptomatic individuals should still self-isolate (7 days) or undergo household quarantine (14 days) and seek testing.
- The strength of the public position on wearing face coverings in public may need to be escalated or de-escalated.
- Some people should not or cannot wear face coverings (e.g. elderly people with cognitive impairment, young children), and this should be made clear. Similarly the disadvantages of wearing face coverings should be communicated (e.g. difficulty for those who are deaf or have hearing impairments, skin problems, false sense of security).
- Face coverings are not subject to standardised tests and with a range of combinations of fabrics and materials in use have a variety of filtration levels and breathability. The WHO guidance includes a new standard, and tables of filtration efficiency of different materials used in non-medical masks / face coverings.