

FAQs about face masks and face coverings

General

Who do the recommendations apply to?

The recommendations apply to everyone working or visiting in a hospital setting.

The use of a surgical face mask applies for all staff when not in patient-facing clinical settings (where appropriate personal protective equipment (PPE) should be used in line with published guidance), including:

- clinical (medical, nursing, allied health, diagnostics etc) and
- non-clinical staff (administration, porters, volunteers, cleaning, estates staff, contactors working on NHS sites, etc).

The use of face coverings applies to all members of the public when in hospital, including those visiting patients or attending outpatient appointments.

This guidance does not cover the use of masks for inpatients nor the use of masks as personal protective equipment. This should be managed in accordance with existing guidance.

What is the difference between a face mask and a face covering?

All surgical face masks are classified as either Type I, IR, II, IIR, and are medical devices provided by the hospital.

Face coverings can be cloth or homemade and should cover the nose and mouth of the wearer.

What supplies of face masks will be made available?

Surgical face masks are available through our PPE deliveries.

Outpatients and visitors

Why are we asking visitors/patients visiting the site to wear face coverings?

Outpatients or visitors coming to the hospital will need to wear face coverings to reduce the risk of transmitting coronavirus to others. Evidence has shown that those infected with COVID-19 can have very mild or no respiratory symptoms (asymptomatic) and potentially transmit the virus to others without being aware of it

Outpatients will be advised of the need to bring a face covering ahead of coming to hospital for planned and outpatient care.

What happens if an outpatient/visitor does not have a face covering when they come to the hospital?

If an outpatient or visitor does not have a face covering when they come to hospital, a face mask should be provided by staff on arrival. Guidance has been produced on this and has been circulated across all areas.

What does this mean for shielding patients?

For those patients who are currently shielding, and who have been provided with a surgical face mask for their appointments, these should be worn. Where not already provided, patients should wear a face covering.

What about cloth/homemade/donated face masks?

Outpatient and visitor face coverings can be cloth and/or homemade (www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering)

All visitors will be expected to comply with two -metre social/physical distancing and the recommended hand hygiene measures.

Where applicable, visitors to high risk COVID-19 areas of the hospital or visitors of patients with confirmed COVID-19 must wear appropriate PPE as per the current IPC guidance <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Does my face covering worn for religious beliefs/cultural practice qualify?

Face coverings worn as part of religious beliefs or cultural practice are acceptable, providing they are not loose and cover the mouth and nose.

What if an outpatient/visitor is unable to wear a face covering?

For some, wearing of a face covering may be difficult, and therefore all other measures must also be considered and introduced e.g. social/physical distancing, timed appointments; being seen immediately and not kept in waiting rooms. Individual risk assessments should be undertaken where required, for example patients with mental health and learning disabilities. Such risk assessments must be documented.

What about the impact of masks on communication for people who are deaf or have a hearing impairment?

The use of face masks due to the coronavirus pandemic may have an impact on patients who are deaf or have a hearing impairment as they can block the face of healthcare workers and prevent the ability to use visual cues such as facial expressions and lip reading.

The Government's PPE procurement team has sourced an initially small number of clear surgical face masks to support communication with patients who may be deaf or hearing impaired. They are working with regions to identify where those are best distributed.

Where clear masks are not possible, the below diagram outlines some good communication tactics to consider supporting patients and visitors who are deaf or have a hearing impairment:

The Impact of Face Masks on Communication

There are 12 million people with hearing loss across UK.



1 in 6 people is living with a hearing impairment.

Many of these people rely on using their residual hearing (with or without a hearing aid) and lip reading to be able to communicate effectively.

Since the Corona Virus, the introduction of face masks have had a debilitating effect on the hearing impaired population.



These masks block faces and prevent our ability to see facial expressions, read lips, and connect.

**Masks + Blocked face
= Increased Miscommunication**

How to support patients with hearing impairments?

- Identify which patient has a hearing loss and ensure a plan is put in place on how you are going to communicate with them.
- If available, wear a see through surgical mask
- Write things down – use a mini white board that can be wiped clean.
- For patients that can use their residual hearing, ensure the environment is quiet, speak loudly and clearly.
- If the patient is a hearing aid user, ensure they are wearing their hearing aid and the battery is working.
- Use gestures and sign language.
- Use apps such as Google Live Transcribe or Otter which convert speech to text on a tablet or smart phone OR Now Interpreter where you can access a BSL interpreter for free for patients who uses BSL.
- Use video calls – staff member can go to a space where they can safely remove their mask and talk to the patient via video calls.

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ENDS