In what situations should face masks be used?

Face masks are one important component of personal protective equipment (PPE) available to help prevent and control the spread of influenza A (H1N1) in health and social care settings.

Standard infection prevention and control precautions aim to minimise exposure to and transmission of a wide variety of micro-organisms and in addition to the use of PPE they include environmental hygiene, hand hygiene, the safe use and disposal of sharps and the management of used waste and linen. These principles should be applied by all practitioners to the care of all patients all of the time.

In addition to the standard infection control precautions, droplet precautions should be used if a patient is known or suspected to be infected with influenza and is at risk of transmitting droplets while coughing, sneezing or talking and during some procedures.

Currently, in community settings and hospitals;

- A fluid repellent surgical face mask (FRSM) is considered sufficient protection unless the healthcare worker is involved in an aerosol generating procedure. All health and social care staff engaged in making initial assessments of possible/probable cases in community must wear surgical masks when working in close contact (within one metre) of a possible or suspected case, or the patient may be asked to wear a FRSM.
- If staff are undertaking essential ‘aerosol generating procedures’ (see below) a respirator i.e. a mask with a ‘filtering face piece’ (FFP3), must be worn.

The facemask will provide a physical barrier to minimise contamination of the nose and mouth with respiratory droplets. It is recommended that following a risk assessment those that are symptomatic should wear a FRSM facemask when being transported around a care facility or between facilities.

There is no benefit in staff who are not in close contact with symptomatic patients wearing a mask. Health and social care providers will need to identify staff that may have close contact with symptomatic individuals and prioritise their supplies of facemasks accordingly.

When should FFP3 respirators be used?

Health and social care workers should wear a FFP3 respirator when carrying out aerosol generating procedures, such as intubation, nebulisation, manual ventilation and suctioning; cardiopulmonary resuscitation and bronchoscopy, on symptomatic patients.

As the pandemic progresses and if stocks of FFP3 respirators are depleted and/or if a FFP3 respirator is not immediately available, the next highest category of respirator (that is, FFP2 or FFP1) available should be worn. However, it should be recognised that current guidance advocates FFP3 respirators as the first choice of protection.

How should FFP3 respirators be fitted?

Fitting the FFP3 respirator correctly is critically important and the manufactures instructions on fit and fit testing should be followed. If a proper fit is not achieved, full protection will not be provided.

To properly fit, the FFP3 respirator must seal tightly to the face, or air will enter from the sides and it will not provide full protection. Beard, long moustaches and stubble may cause leaks around the respirator.

The task of fit testing should not be underestimated as not all makes of FFP3 respirator fit all faces. As part of their employer’s duty of care, all occupational health departments and providers have an obligation to ensure that fit test programmes are in place for all staff that may need to wear an FFP3 respirator. These should be organised well in advance of any influenza pandemic as part of the initial planning.

A fit test programme should not just include an initial fit test, but should also include a fit check each time the respirator is worn. Suppliers of FFP3 respirators may sometimes offer fit testing or train others to fit test.

There will be a very small number of instances in social care settings where healthcare is being delivered where it may be necessary for staff to undertake aerosol generating procedures. An assessment of these circumstances should be made in the period prior to the pandemic phase so that FFP3 respirators can be purchased accordingly and made available to the relevant staff who must also be fit tested and trained.

HSE guidance on fit testing is available on: [www.hse.gov.uk/pubns/fittesting.pdf](http://www.hse.gov.uk/pubns/fittesting.pdf)

What about individual being nebulised in the community?

Nebulisation is classed as an aerosol generating procedure. As such the advice is for symptomatic individuals:

- Avoid nebulisation where a suitable alternative therapy is appropriate.
- In any healthcare setting e.g. hospital or care home, if the patient is not already in a single room, they should be moved to a single room away from other patients/clients for the duration of the procedure. The HCW should wear a fluid repellent surgical mask, start the process, move well away from the patient and/or leave the room if possible. The patient can be asked to start/stop the nebuliser themselves if possible.
- If it is unsafe to leave the patient and the HCW needs to remain within the immediate patient environment they should wear an FFP3 respirator and have been fit tested in advance
- Following completion of nebulisation any non disposable equipment and the immediate patient environment should be cleaned/decontaminated immediately.
How can/should the original batch of non-fluid repellent masks that were delivered be used?

Where non FRSM have been distributed these have now been replaced with FRSMs

With reference to the ‘Frontier’ fluid repellent masks distributed without the familiar BS EN markings - a letter of assurance has been sent to WHS from the company stating that they are confident that the masks tested to American standards would pass the relevant BS EN 14683 bacterial filtration efficiency and splash resistance tests.

Surgical face masks which are not tested and labelled as fluid repellent can still be used in a variety of other care environments and should not be discarded e.g. They can be used for patients with known or suspected swine flu - where the objective is to protect the environment and others from the patient (e.g. used by patient during transportation.)

**DISTRIBUTION AND SUPPLY**

What is the timescale for distribution of facemasks?

The initial consignments of facemasks have now been distributed across Wales. These will be distributed on an ongoing staggered basis from the National stockpile rather than issuing large quantities for stockpiling locally. Partners will need to liaise locally with respect to demand and supply and prioritisation of distribution.

How do we know how many to order?

In terms of how many facemasks should be ordered outside of the stockpile i.e. through the normal procurement process, this has to be agreed at a local level based on an assessment of local need.

How many times can a face mask be worn?

Fluid repellent surgical facemasks (FRSM) are for single use only and should be disposed of after use. They should be changed if they become moist. Respirators (FFP3) are generally single use and disposable after each use although they last significantly longer than a surgical mask. They are designed to be worn for several hours at a time if necessary. There are a small number of re-usable masks on the market that would need to be decontaminated after use but would suggest they are inappropriate for use by healthcare staff in social care settings where the usage is anticipated to be very rare.

What type of facemasks will be distributed?

Both FRSM and FFP3 masks will be distributed from the national stockpile. The vast majority of masks to be delivered to social services will be fluid repellent surgical masks (FRSM).

Will there be guidance on what type of mask to purchase?

As the CMO/CNO letter states, in social care settings FRSMs will mainly be used. These will be no different to the masks currently available through Welsh Health Supplies or local distributors/suppliers of consumables. As the letter also states ‘FRSMs with elastic straps
generally provide a better fit than those with tie fastenings', but there is no one preferred manufacturer.

**Who will store them and where?**

As the letter states 'Facemasks from the national stockpile are being distributed to agreed delivery points. Local Authority Directors of Social Services have been asked to take responsibility for the onward distribution of facemasks. LHB leads will liaise with their contacts within Social Services Departments to agree storage and distribution arrangements

**Who is responsible for distributing to nursing homes i.e. SS or NHS?**

Private health care providers can access the national stockpile of masks for health care workers where there is local agreement and organisations are an active part of the LHB pandemic response. They should be able to access the national stockpile for frontline social care workers (through local authorities) where they have workers in a social care setting (that is, a care home or domiciliary care agency).

Responsibility for distribution will need to be agreed locally between LHBs and Social Services Departments in the light of the pattern of nursing and residential home provision.

**Who is responsible for supplying the independent sector?**

The independent sector can access the national stockpile of masks for social care workers where there is local agreement and organisations are an active part of the Social Services Department and LHB’s pandemic response.

**Will they be available to the voluntary sector?**

Yes, they will be available to the voluntary sector via the Social Services Departments