



Use of Face Coverings by the General Public

V1.3. 19th April 2021

Version	Date	Changes from previous version	Drafted by
1.3	19.04.2021	<p>Updated to reflect NPHEP recommendation that use face coverings be replaced with face masks for some vulnerable and high risk members of general public</p> <p>Updated to reflect the NPHEP advice regarding exit of contacts from restricted movement if day 10 test has a 'not detected' result</p>	AMRIC Team
1.2	21.09.2020	<p>Change to title to refer to face coverings rather than masks to reflect the subject matter more correctly and use of the term face-covering throughout where this is the intended meaning</p> <p>Revision to how the virus is spread to make clear the difference between the maximum incubation period and infectious period because these are now different (the first is 14 days and last is 10 days)</p> <p>Revision of working to make it clear that wearing a face covering is now a requirement in Ireland in certain settings</p> <p>Revision to include visors as a face covering option</p> <p>Clarification that some children under 13 may choose to wear a face mask</p> <p>Update on duration of self isolation for community cases of COVID-19</p>	AMRIC Team
1.1	18.05.2020	Clarification	HPSC
1.0	15.05.2020	Initial Guidance	AMRIC Team

Introduction

This guide was written to give people information about the use of face coverings in everyday life. The guidance is not for healthcare settings. There is guidance for [the healthcare setting on the HPSC website](#).

Information about the disease

COVID-19 is the name given by the World Health Organization (WHO) to the infectious disease that was first noticed in China in late 2019. The disease is caused by a virus that spreads from person to person. The proper name of the virus is SARS-CoV-2 (pronounced sars-co-v-two). A virus is a type of microorganism or a bug. A virus is too small to see, even smaller than bacteria. A virus grows inside a living person or animal. This virus seems to have crossed over from an animal to people in late 2019 and has now spread very widely among people all over the world. It is common that viruses change as they spread, and SARS-CoV-2 variants have been recognised to be emerging, with different abilities to spread between people.

How is the virus spread

This virus is shed from the nose and mouth of people in droplets of water when they talk, cough, sneeze or laugh.

Droplets from the mouth and nose come in a very wide range of sizes. Some droplets are so big you can see them. If someone has ever sneezed in your face you can feel the bigger droplets hit you. Many of the droplets are much too small to see but are still many times the size of a virus and may carry virus within the droplets. Some very small particles of water (called aerosol) can stay in the air. They can spread over a long distance and can be inhaled.

The droplets can land in the mouth or eyes of a person standing nearby. The risk of virus spread as a result of droplets landing directly in the eyes, nose or mouth is much lower if people keep a safe distance between each other. If there is more than 2 metres distance between people the chance of spread by droplets landing directly in the eyes, nose or mouth is very low.

Droplets carrying virus also land on surfaces like table tops, door handles and many other things that you touch. When you touch these things, the virus can get on your hands. Droplets will land directly on your hand if you cover your mouth and nose with your hand when you cough or sneeze. This is why we now advise that you use a tissue and bin it, and if you do not have a tissue use the crook of your elbow not your hand. If you have the virus and you cough or sneeze the droplets onto your hands you will put the virus onto everything you touch including other people you shake hands with or touch. The virus cannot infect people through the skin but if virus is on their hand and they put their hand to their eyes nose or mouth the virus can attach to the mucous membrane and start infection. A gloved hand can carry the virus to your eyes, nose and mouth just as easily as a bare hand.

In some situations there is a risk of spread of virus indoors in aerosols. This is why it is generally recommended to keep rooms and vehicles as well ventilated as is practical taking account of the weather, comfort and security concerns.

When the virus gets into a new person it starts to multiply quite quickly. The period of time between when a person catches the virus but **before they get symptoms** is called **the incubation period**. The incubation period is usually about five days after they catch the virus but it can be up to 14 days. So the maximum incubation period is 14 days.

The period of time **after the person gets symptoms** or a positive test and during which they can spread infection to other people is called the **infectious period**. For most people the **infectious period** is 10 days.

The most common symptoms are fever, cough and shortness of breath but there are many other less common symptoms. Some people get no symptoms or have such mild symptoms that they hardly notice it.

The virus can spread from people before they get sick. It can also spread from people who never get symptoms or have such mild symptoms that they hardly notice it. It is not possible to be sure how important is spread from people without symptoms. Some experts believe spread

from people with no symptoms or very mild symptoms plays a big part in the spread of the virus. Other experts think it plays a smaller part in the spread of the virus.

The potential for spread of COVID-19 in settings where children and young people congregate merits specific consideration. Spread of infection in young children appears to be less common than spread among adults. However, this does not appear to apply to older children/young people in the age 15 to 17. They are equally likely to acquire infection as adults in a setting where people meet together indoors. There is no evidence that children are more likely than adults to infect others. In fact, at present the evidence indicates that children are rarely the source of introduction of COVID-19 infection into a household.

Stopping the spread of the disease

Identifying people with symptoms of infection and making sure they stay away from other people (self isolation) while they are infectious is a very important part of stopping spread of the virus. People with a positive COVID-19 test should self-isolate for the **infectious period**. For most people the **infectious period** is 10 days from the date of onset of symptoms, the last 5 days of which there must be no fever. If the person had no symptoms of COVID-19 and the test result was positive, then the **infectious period** is 10 days from the day sample was taken, the last 5 days of which should be fever free also. If the person has to be admitted to a hospital or lives in a nursing home **the infectious period** is 14 days with no fever for the last 5 days of that period.

Identifying people who have been in contact with a person with COVID-19 (contact tracing) and asking them to self-isolate is an important part of stopping spread of the virus. People identified as Contacts are asked to self-isolate for **the maximum incubation period** which is 14 days unless they have a test at day 10 which is reported as not detecting virus.

Everyone, including people with no symptoms of COVID-19 should maintain a distance of 2 m from other people outside of their household whenever possible.

Hand hygiene is very important in stopping spread of COVID-19. If virus gets on the skin of your hands it does not cause infection if you wash it off your hands before you touch your eyes, nose or mouth. Wearing gloves is not recommended for preventing spread of COVID-19 except in certain healthcare settings.

It is recommended that when more than one person is in a room or vehicle that the room or vehicle should be well ventilated in so far as is practical taking account of weather, comfort and security.

Healthcare workers in Ireland are recommended to wear a surgical mask at work when caring for people and when they are going to be within 2 m of a colleague for more than 15 minutes. There is evidence that wearing a surgical mask reduces the amount of droplets scattered from the nose and mouth. Many experts and many expert groups believe that if everyone wears a face covering when they are within 2 m of other people this can reduce the risk that an infected person wearing a face covering will spread the infection to other people. For this reason, people in Ireland are required to wear a face covering in enclosed indoor public places where it is not possible to maintain a distance of 2m from other people and are advised to wear a face covering in crowded outdoor places also. There is no value in wearing a face covering if you are alone in a room or alone in your car or if you are outside and there is no one close to you. There is no value in wearing a face covering when only in the company of someone with whom you sleep in the same bed or kiss on the lips.

Different types of face coverings

There are broadly four types of face coverings: respirator masks, surgical masks (also called medical masks), cloth masks and visors.

Respirator facemasks are intended to filter out essentially all small particles from the air breathed by the wearer. The terms N95, FFP3, FFP2 and KN95 are some specifications that indicate a mask is a respirator mask. Respirator masks are recommended for use by healthcare workers in very specific situations to protect them from COVID-19 infection. In most healthcare

situations they are not needed. Respirator masks are often expensive. They are only reliable if carefully fitted. Respirator masks are intended for use one time and for discard after use.

Surgical masks are the main type of mask used in healthcare settings to protect healthcare workers caring for a person with COVID-19. People with COVID-19 infection are also asked to wear a mask if they can to reduce the amount of COVID-19 droplets that they scatter. There is some evidence that if everyone uses surgical masks in public places that this may reduce spread of virus similar to the virus that causes COVID-19. Surgical masks are intended for use one-time or single use and for discard after this one-time use.

Non-medical cloth face coverings can be purchased or can be home made. They can be made from many different types of materials and in different designs. Cloth face coverings can be laundered and re-used.

The National Standards Authority of Ireland (NSAI) provide advice on face mask standards available at

<https://www.nsai.ie/about/news/face-masks-meeting-nsai-technical-standards>

Visors are plastic shields worn over the face that should extend from above the eyes to below the chin and should wrap around from ear to ear. They are sometimes used when people find use of masks or cloth face coverings is not very practical. They are generally not considered to provide the same level of protection as a mask or face covering.

Choice of type of masks for use in the Community

There are certain groups of people for whom the use of surgical face masks rather than cloth face coverings is now recommended by NPHET.

Surgical masks rather than cloth face coverings are now recommended to be worn by people who are in vulnerable, high risk and very high-risk cohorts and older age groups when in crowded outdoor spaces or confined indoor community spaces. This is as an additional form of protection for the wearer against inhalation of or contact with infectious particles.

In addition, it is recommended that surgical masks be worn by those people with a confirmed COVID-19 diagnosis during their infectious period, by those people who have symptoms suggestive of COVID-19 and those who are household contacts of confirmed COVID-19 cases. This is as a form of barrier to limit potential emission of infectious particles.

These recommendations do not apply to residential care facilities, nursing homes or hospitals as the requirements for these groups of people are addressed in specific guidance for those settings.

Surgical masks are not recommended for use by other members of the public.

Minimising the number of people you meet with especially indoors, and maintaining distance are key protection measures. Wearing a cloth face covering or mask does not substitute for the need to minimise social contacts and keep a safe distance. People who use disposable face coverings or surgical masks will require a sufficient supply of them to avoid re-use. Surgical masks are not intended for re-use. Those who choose to use cloth face coverings will require a number of them and each one should be laundered before re-use. It is important that face coverings and surgical masks are stored safely before use and disposed of properly in the case of disposable face coverings and surgical masks or in the case of cloth face coverings, stored safely and laundered regularly to ensure that they are clean. People who use visors should check if the visor is reusable and if so that they know how to clean it. Note that visors are generally not considered to provide protection equivalent to a cloth face covering or mask.

It is important also for members of the public who use face coverings to know that their use is not appropriate for some people. Children under 13 years do not need to wear a face covering but some older children may choose to do so. Cloth face coverings or masks may make it very difficult to communicate with some people. If a mask cannot be used a visor may be an option. Some people may find that wearing a cloth face covering or surgical mask causes problems with skin, with their airway or cause anxiety or discomfort that they cannot tolerate. Prolonged use of cloth face coverings can be associated with discomfort and with damage to the skin of the face. Limiting use of face coverings to those situations where the person is in a public indoor space where a distance of 2m cannot be maintained will help to reduce the risk of discomfort and skin irritation associated with their use.

If you use a surgical mask:

Do

Remember that proper hand hygiene is essential and remains a priority.

Check that you know how to put on the surgical mask so that it completely covers your nose and mouth.

Carry unused surgical masks in a sealable clean waterproof bag (for example a zip lock bag).

Dispose of used surgical masks in refuse bin.

Practice fitting and removing the surgical mask so that you are comfortable applying and removing it readily.

When you are about to enter a situation where surgical mask use is recommended put on a clean one and ensure it is covering your nose and mouth.

Once the surgical mask is in place, try not to touch the front of it.

Leave the surgical mask in place until you have left the situation where its use is needed or the mask is damaged or wet.

If your surgical mask is wet or soiled remove it and replace with a fresh one.

When you remove the surgical mask do so without touching the front of it and place it in the bag for used face coverings or discard it in a refuse bin.

Clean your hands as soon as possible after removal of a surgical mask.

Dispose of used surgical masks that are no longer required.

Be aware that face covering use is not practical for everyone and that children under 13 year are not required to wear a face covering or surgical mask.

If you use a surgical mask:

Do not

Apply a surgical face mask to a small child where there may be a risk of choking.

Wear a surgical mask if you have special needs or a disability that means that use of a face covering creates specific risks.

Use surgical mask instead of self-isolation.

Use surgical mask instead of keeping your distance of 2 m from other people whenever possible.

Use surgical mask instead of hand hygiene.

Wear a surgical mask when you are alone in a room or in your car or in an open space away from other people.

Allow other people to use a surgical mask you have used.

Lower the surgical mask to speak, eat, and smoke or vape. If you need to uncover your nose or mouth remove the mask and place in the bag for used masks or discard safely in a refuse bin.

Place used surgical masks on surfaces that are likely to be touched by other people in public places (for example on tables).

Discard surgical masks in public places other than into refuse bins.

Criticise or judge people who are not able to wear a face covering or surgical mask.

When using a cloth face covering:

Do

Remember that proper hand hygiene is essential and remains a priority.

Check that the cloth face covering is made from a fabric that you are comfortable wearing and conforms to NSAI standards.

Check that the cloth face covering is suitable for laundering at a temperature of at least 60 degrees Celsius.

Check that the cloth face covering is easy to fit and completely covers your nose and mouth.

Carry the unused cloth face covering in a sealable clean waterproof bag (for example a zip lock bag).

Carry a second readily distinguishable sealable clean waterproof bag for storage of used face coverings.

Practice fitting and removing the face covering so that you are comfortable applying and removing it readily.

When you are about to enter a situation where face covering use is required put on a clean one and ensure it is covering your nose and mouth.

Once the face covering is in place, try not to touch the front of it.

Leave the face covering in place until you have left the situation where its use is needed or the face covering is damaged or wet.

If your face covering is wet or soiled remove it and replace with a fresh one.

When you remove the face covering do so without touching the front of it and place it in the bag for used face coverings.

Clean your hands as soon as possible after removal of a face covering.

Launder used face coverings on the evening of use at a temperature of at least 60 degrees Celsius.

Check face coverings regularly for wear and damage and dispose of face coverings that are damaged.

Dispose of face covering that are no longer required.

Be aware that face covering use is not practical for everyone and that children under 13 year are not required to wear a face covering.

Be aware that face coverings can pose a strangulation hazard and, in that context, may not be appropriate for use in certain settings.

When using a cloth face covering:

Do not

Apply a cloth face covering to a small child where there may be a risk of choking.

Wear a face covering if you have special needs or a disability that means that use of a face covering creates specific risks.

Use face coverings instead of self-isolation.

Use face coverings instead of keeping your distance of 2 m from other people whenever possible.

Use face coverings instead of hand hygiene.

Wear a face covering when you are alone in a room or in your car or in an open space away from other people.

Allow other people to use a face covering that you have used (until laundered).

Lower the face covering to speak, eat, and smoke or vape. If you need to uncover your nose or mouth remove the face covering and place in the bag for used face coverings.

Place used face coverings on surfaces that are likely to be touched by other people in public places (for example on tables).

Discard face coverings in public places other than into refuse bins.

Criticise or judge people who are not able to wear a face covering.

If you use a visor:

Note

Visors are generally not regarded as providing protection equivalent to a cloth face covering or surgical mask and should only be used if there is a practical problem with using a cloth face covering or mask

If you use a visor:

Do

Remember that proper hand hygiene is essential and remains a priority.

Make sure you know if it is suitable for re-use and if so how to clean it.

Make sure it covers all your face from above the eyes to below the chin and wrapping around from ear to ear.

Carry the unused visor in a clean sealable clean waterproof bag.

Carry a second readily distinguishable clean waterproof bag for storage of used visor.

Practice fitting and removing the visor so that you are comfortable applying and removing it readily.

When you are about to enter a situation where a face covering use is required put on a clean visor.

Once the visor is in place, try not to touch the front of it.

Leave the visor in place until you have left the situation where its use is needed or the visor is damaged.

If your visor soiled remove it and replace with a fresh one.

When you remove the visor do so without touching the front of it and place it in the bag for used visors.

Clean your hands as soon as possible after removal of a visor.

If the visor is reusable clean it at least daily.

Check re-usable visors regularly for wear and damage and dispose of them if they are damaged.

Dispose of visors that are no longer required.

If you use a visor:

Do not

Use a visor instead of self-isolation.

Use a visor instead of keeping your distance of 2 m from other people whenever possible.

Use a visor instead of hand hygiene.

Wear a visor when you are alone in a room or in your car or in an open space away from other people.

Allow other people to use a visor that you have used (until cleaned).

Raise the visor to speak, eat, and smoke or vape. If you need to uncover your nose or mouth remove the visor and place in the bag for used visors.

Place used visors on surfaces that are likely to be touched by other people in public places (for example on tables).

Discard visors in public places other than into refuse bins.

Criticise or judge people who are not able to wear a visor

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