Update on Face Coverings in Healthcare: FAQs Updated 06/07/2021

Below you will find answers to help anyone affected by the new guidance and understand how it applies to staff, individuals receiving care and visitors in a health care or community care setting. To help you find the information you are looking for, the questions have been split up into the following sections:

A. Guidance overview
B. Staff
C. Individuals receiving care and visitors
D. Links to other relevant guidance
E. Additional Considerations

A. Guidance overview

1. Why has the guidance changed?

On 26 October 2020, the Scottish COVID-19 Infection Prevention & Control Addendum for Acute settings was published as an addition to the National Infection Prevention and Control Manual (NIPCM). This addendum was developed in collaboration with NHS boards to provide Scottish context to the UK COVID-19 IPC remobilisation guidance, published on 21 August 2020, as some deviations exist for Scotland, which have been agreed through consultation with NHS Boards and approved by the COVID-19 Nosocomial Review Group (CNRG). An Addendum for Care Homes was published on 16 December 2020, with an Addendum for Community Health and Social Care added on 7 January 2021. It remains the responsibility of employers to ensure that their staff have the appropriate PPE for the tasks they will undertake.

There is scientific evidence about the risk of spread of COVID-19 from people who are not displaying any symptoms but can still be infectious - either because they have the virus but have not yet become unwell –‘pre-symptomatic’- or because they are carrying the virus and have no symptoms – ‘asymptomatic’.

The extended use of FRSMs* (Fluid Repellent Surgical Masks) by health and wider community care workers is designed to protect staff. Because it is often difficult in hospitals and other care settings such as care homes to maintain physical distancing – there is a risk that the infection can be spread from staff to staff.

*Please note that previous versions of this document referenced Type II Fluid Repellent Masks is now changed to FRSM.
The extended use of FRSMs to cover primary care (GP practices, dentists, opticians and pharmacies) and wider community care (including adult social or community care, adult residential and care home settings, and care provided to people in their own homes (including supported living settings) sometimes called domiciliary care) recognises that as NHS services remobilise, an increase in footfall is expected and so there is potential for greater risk of exposure in these areas.

**Updated NHS Grampian Guidance – key changes for non-clinical staff working in all sites - 6 July 2021**

NHS Grampian is now advising all staff working in non-clinical sites to use FRSMs instead of face coverings. Please note that non-clinical use of FRSMs is to provide an enhanced face covering and is not PPE. This change is due to the raising rates of COVID-19 transmission in the community and is additional to the Scottish Government Guidance released on the 23rd of June. Staff who are unable to wear FRSMs, can use face coverings in non-clinical sites.

**Updated NHS Grampian Guidance – key changes for visitors and patients to NHS Grampian sites – 6 July 2021**

NHS Grampian is now advising all visitors (including short stay) and patients to use FRSMs instead of face coverings. Visitors and patients who are unable to wear FRSMs, can use face coverings in non-clinical sites.

The following FAQ has been updated to reflect these changes.

*Scottish Government Guidance sent out on 23th June and 5th July has now been further clarified on 6th July with NHS Grampian local decisions regarding wider FRSM use.*

**Updated guidance - key changes for hospital staff – 5 July, 2021**


This guidance has now been updated to reflect both the 5th July Scottish Government Guidance and enhanced with 6th July NHS Grampian local decision on widened use of FRSMs.

a) The use of FRSMs by clinical and non-clinical hospital staff
b) The importance of FRSMs used by inpatients in hospitals and residents receiving direct care or in communal areas in adult care homes as well as visitors (including short stay and outpatients; and


c) Strengthened wording around the need for outpatients, to wear FSRMs, as well as encouraging individuals being cared for at home and their household to wear face coverings.

Staff in hospitals

In addition to staff providing direct care being required to wear FRSMs at all times while on shift, all staff in non-clinical areas (including office and administration buildings are now recommended to wear FRSMs, at all times whilst at work, except in a limited number of circumstances, such as when working alone or in a closed office in a non-clinical area where all other control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area.

Staff who work solely in non-clinical buildings - such as NHS Board headquarters or other standalone offices now should wear FRSMs. If they are unable to tolerate a FRSM they instead may wear their own face covering.

Patients in hospitals

The wording in the guidance has been strengthened to advise that FRSMs must also be made available to and worn by all hospital in-patients (unless exempt) across all pathways, where it can be tolerated and does not compromise clinical care (e.g. when receiving oxygen therapy or when in labour). This also applies to patients who are being transferred or transported to hospital. Staff are encouraged to engage in a discussion with patients as early as possible in the admission process to promote the importance of using facemask and adhering to other COVID19 control measures.

In hospital, if a patient declines to wear a FRSM or is unable to tolerate one, the discussion and refusal to wear a FRSM should be noted in their patient/ medical records, each time, and not enforced. First and foremost, it helps ensure that a conversation takes place between the clinician and patient about the importance of wearing a FRSM. Secondly, in the event that there is transmission within a ward, it is helpful as part of outbreak investigation to understand which controls were in place, including mask wearing.

Visitors in hospitals

In order to protect patients and staff in high risk settings, long stay and/or overnight visitors, such as birthing partners; parents of children who are in long stay wards;
or appropriate adults or families of patients who have learning disabilities and who are required to stay in hospital with the patient for a prolonged period of time, will be asked to wear FRSMs, (or face covering if a FRSM cannot be tolerated, unless they fall under one of the exemptions specified in the regulations). This will provide clarity for any long stay and/or overnight visitors who are required to stay in hospital with patient and will align with the guidance on patient and staff wearing of FRSMs.

Visitors (including children aged 5 and over)

Any individual visiting or attending an acute adult hospital (including mental health, maternity, neonatal and paediatrics), community hospitals, care home, primary care premises (GP practices, dentists, opticians and pharmacies), should wear FRSMs.

Where visitors decline to wear FRSMs a face covering should be used. Clinicians/ care home managers should apply judgement and consider if other IPC measures, such as hand hygiene, respiratory etiquette, ventilation and physical distancing are sufficient depending on the patient / resident / client’s condition and the care pathway. Steps should be taken to communicate in an accessible way to visitors the need to wear a FSRM, unless exempt. The hospital, primary care service or adult care home should provide visitors with a face mask where required.

The vast majority of people can wear a face covering and if they are not exempt from doing so, then they are legally obliged to do so in the mandated spaces. The obligation to enforce the regulations and the public use of face coverings rests with Police Scotland; however, the support of employers and staff in encouraging the use of face coverings is vital to their success as a public health intervention.

Key changes for use of Face Masks in Social Care Settings including Adult Care Homes

**Guidance Update** - This guidance has been updated and is accessible thorough this link


The guidance has been updated to ensure it accurately communicates that residents are not required to wear a Fluid Resistant Surgical Mask (FRSM) or face
B. Additional information for Staff

Protocol for staff returning to work from shielding
Where you have staff who are returning to work from shielding, and if they are routinely or regularly less than 2m distance from others, you should carry out an individual risk assessment, as per the workplace guidance, which has been published on the SG website, to consider other mitigating measures, such as additional screens, 2m physical distancing, good ventilation and hand hygiene can be implemented.

Every effort should be made by boards and care providers to ensure staff are able to physically distance, for instance staggered start times, working from home. Further shielding advice is available on the Scottish Government website.

What do staff do if they develop irritation or sensitivity to the provided masks?

Please speak to your line manager or a Responsible Person, as per the guidance contained in the Protocol on Managing Skin Care at Work. Please note this is an Intranet link and will not work on non-network devices. It is very important to address skin problems early and if necessary, your manager will make an OHS referral by emailing the skin health surveillance questionnaire directly to OHS at gram.ohs@nhs.scot.

Additional guidance and support for staff can be found here:

Removing your FRSM to take a drink
You can remove your FRSM to take a drink. It is important to keep hydrated throughout your shift, particularly as it can become hot and uncomfortable wearing masks over a long period of time. Staff should observe hand hygiene prior to removing their FRSM and taking a drink. Hand hygiene should be observed after taking a drink and before putting a new FRSM on. We would also encourage employers to plan breaks in such a way that allows 2 metre physical distancing and
in outdoor environments and therefore staff not having to wear a face mask, when on their break.

**If your glasses steam up when wearing an FRSM**
The nose strip on the FRSM has been changed to improve the fit around the nose. This will help minimise the risk of your glasses steaming up. You may also wish to change your FRSM more frequently. Additional Guidance is available to assist staff to try different ways of donning the mask and achieve a comfortable fit.

**Mask wearing in a GP practice or in the community**
The guidance covers the use of FRSM in primary care (GP practices, dentists, opticians and pharmacies) and wider community care (including respite, day care and care at home, including domiciliary care), in addition to acute hospitals (including mental health, maternity, neonatal and paediatrics), community hospitals and adult care homes, in direct care settings. It outlines that staff engaged in direct care should wear a FRSM at all times throughout their shift.

**Mask wearing for out of hours and primary care services who work out of hospital outpatient departments**
We are asking all staff to follow the guidance and wear a FRSM as outlined above.

**Face masks and work in the community visiting clients at home**
Yes, you will be required to wear an FRSM at all times when in the client’s home. If you are involved in direct care, you will be required to wear a FRSM and other PPE as per the Scottish IPC COVID-19 addendum. Individuals receiving care are encouraged to wear a face covering in their own home. However, they may choose not to do so and this should be respected.

As the person providing care will have a FRSM, this will provide both protection to the wearer and client, and provide source control.

**Work in the community visiting clients at home, other household members and mask wearing**
Other household members should be encouraged to wear a face covering in their own home when they are present during a care episode. Staff should continue to wear a FRSM and ensure other IPC measures such as hand hygiene, respiratory etiquette, ventilation and physical distancing are observed.

**FRSM wearing for receptionists and clinicians working in outpatient departments in acute hospitals**
Receptionists should wear a FRSM at all times throughout their shift in outpatient departments in acute hospitals.
Care homes
Care home staff who provide direct care to residents should wear a FRSM at all times within the care home.

Staff who work in a kitchen, laundry room or office within a care home and do not provide direct care to residents should wear a FRSM or face covering at all times. The exception to this is when staff are working alone in a closed office, or where all other control measures are in place, i.e. good ventilation; 2 metre physical distancing between staff; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area. Staff who work in non-direct care roles should be provided with and wear a FRSM instead of a face covering when interacting with or in the same room, living or communal area as residents and staff who provide direct care to the residents.

Health centre/doctors surgeries
If you work in an office/reception, or other non-clinical area where there are no patients, it is still recommended that you wear a FRSM at all times, whilst at work, except in a limited number of circumstances, such as when working alone in a closed office or in a non-clinical area where all other control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area.

Medical conditions which make it difficult to wear a FRSM
If you have a medical condition which makes it difficult to wear a FRSM then please discuss this with your line manager in the first instance to ensure that you have the support you need and that you are confident that you are appropriately protected. You will not be forced to wear a face mask/covering.

Where this applies to a visitor wearing a face covering/FRSM, health boards and care homes will need to mitigate the risks and put appropriate measures in place. A risk assessment tool and guidance have been developed to enable a conversation between yourself and your manager.

Wearing your own face covering at work (in primary and community care)
Those involved in direct care must wear a FRSM throughout their shift as noted above. It should be noted that face coverings are not appropriate for clinical care areas. It may also be difficult for uniformed staff to safely store, launder and easily access their own face coverings for use whilst on duty and may not be appropriate to wear the same face covering that you wear on public transport.

Travelling to work on public transport
Your health board will not provide face coverings for you to wear if you travel to work on public transport. Individuals can choose which type of face covering they wish to
wear outside of work. Face coverings are also provided by some transport providers. However, it is mandatory to wear a face covering, at this time.

**Waste bins for disposal of FRSMs**
All staff who have been working in clinical areas should dispose of the mask, wipes, and gloves in the designated orange waste bags on location. Visitors or staff not directly involved in treating patients can dispose of their surgical face mask after use in the lidded black bag waste bins on leaving the healthcare premises.

Where FRSMs need to be disposed of in a non-clinical area (e.g. administration buildings, offices, canteens, and rest areas/change rooms accessed via public corridors) they should be disposed of in a lidded black bag waste bin. Wipes and gloves may also be disposed of in black waste bags (no lidded bin required) in non-clinical areas.

Areas that do not have lidded black bag waste bins for mask disposal can order these bins from Linton (Environmental Hygiene) on PECOS using SKU code 1010STSC.

If the community health and care setting does not have a clinical waste contract, or for care at home, ensure all waste items (including PPE) that have been in contact with the patient/individual (e.g. used tissues and disposable cleaning cloths) are disposed of securely within disposable bags. When full, the plastic bag should then be placed in a second bin bag and tied. These bags should be stored in a secure location in the home, for 72 hours before being put out for collection. It is not appropriate for waste bags to be carried on public transport, so a discussion should take place with clients to establish a secure location within the home. Hands should be washed or decontaminated with soap and water, or alcohol based hand rub, before and after touching/removing a face mask.

**FRMS supply and stock levels**
There will be enough FRSMs for everyone to wear. National procurement have confirmed there is plentiful stock available to meet any increase in demand through this change of policy.

**Obtaining FRSMs**
FRSMs can be ordered through PECOS using SKU 249824 or from NDC via your Ward Product Specialist.

If staff have any issues accessing supply please contact Logistics Customer Service - gram.logscustserv@nhs.scot
Staff members wearing FRSMs and physical distancing

a) in hospitals
You will be required to wear a FRSM at all times regardless if you are in a clinical or non-clinical area (including communal areas such as canteens and rest rooms), except in a limited number of circumstances when working alone in a closed office, or in a non-clinical area where all other control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities; and regular cleaning of the area.

b) in community, primary care, adult care homes
If you work in a direct care role you will be required to wear a FRSM at all times regardless of your ability to physically distance from others.

If you are in a non-clinical/non-direct care area/ or not providing direct care to an individual, a FRSM will be required, except in a limited number of circumstances, when working alone in a closed office, or in a non-clinical area where all other control measures are in place, i.e. good ventilation; physical distancing, with staff 2 metres apart; easy access to hand washing and/or hand sanitising facilities.

Community nurses will be able to remove FRSMs, when travelling between locations, unless car sharing, and should wear a face covering if travelling on public transport.

c) in care at home
If you work in a direct care role you will be required to wear a FRSM at all times regardless of your ability to physically distance from others. If you are providing non-direct care, a FRSM will be required (or face covering if you so wish), except in a limited number of circumstances, when working alone in a closed room, or in a room where all other control measures are in place, i.e. good ventilation; physical distancing, with individuals 2 metres apart; easy access to hand washing and/or hand sanitising facilities.

Care at home staff will be able to remove FRSMs when travelling between locations, unless car sharing, and should wear a face covering if travelling on public transport.

Ensuring that FRSMs are being worn in corridors where social distancing cannot be achieved
We expect all staff to act as good role models and comply with the guidance provided. There is no plan to formally ‘police’ compliance. However, the Care
Inspectorate and Healthcare Improvement Scotland, as part of their inspections process in care homes and hospitals, will observe compliance of this guidance.

**Face fit testing and FRSMs**
All testers should wear a FRSM when carrying out face fit testing as this role will prevent you from physical distancing.

**Face covering/ FRSM wearing during mealtimes**
Staff are not required to wear a FRSM during mealtimes in staff restaurants or break areas but should do so when not seated at a table, such as when queueing, entering or leaving the canteen/communal break area (in line with other hospitality venues).

Again, carrying out physical distancing is essential during these times as is hand hygiene, using alcohol rub where hand washing facilities are not available. During breaks, and where possible, consideration should be given to facilitating the use of outdoor spaces, which provide a safer alternative than enclosed indoor spaces. Alternatively, consideration should be made to the staggering of staff breaks etc.

**Face coverings/FRSMs in other communal workplace areas**

a) in hospitals
FRSMs should be worn at all times.

b) in community, primary care and adult care homes
FRSMs should be worn in communal areas, during your shift. On Thursday 15 October 2020, the First Minister announced that the wearing of face coverings was to become mandatory in communal workplace areas, such as corridors, changing rooms, canteens and social spaces.

**Car sharing with colleagues**
Wherever possible, car sharing should be avoided with anyone outside of your household or your extended household.

Where car sharing cannot be avoided, individuals should adhere with the guidance below to reduce any risk of cross transmission:

- staff (and students) **must not** travel to work/car share if they have symptoms compatible with a diagnosis of COVID-19,
- ideally, no more than 2 people should travel in a vehicle at any one time
- use the biggest car available for car sharing purposes,
- car sharing should be arranged in such a way that staff share the car journey with the same person each time, to minimise the opportunity for exposure. Rotas should be planned in advance to take account of the same staff commuting together/car sharing as far as possible,
• the car must be cleaned regularly (at least daily) and particular attention should be paid to high risk touch points such as door handles, electronic buttons and seat belts. General purpose detergent is sufficient unless a symptomatic or confirmed case of COVID-19 has been in the vehicle in which case a disinfectant should be used,
• occupants should sit as far apart as possible, ideally the passenger should sit diagonally opposite the driver,
• windows in the car must be opened as far as possible taking account of weather conditions to maximise the ventilation in the space,
• occupants in the car, including the driver, should wear a FRSM provided it does not compromise driver safety in any way,
• occupants should perform hand hygiene using an alcohol based hand rub (ABHR) before entering the vehicle and again on leaving the vehicle. If hands are visibly soiled, use ABHR on leaving the vehicle and wash hands at the first available opportunity,
• occupants should avoid eating in the vehicle,
• passengers in the vehicle should minimise any surfaces touched – it is not necessary for vehicle occupants to wear aprons or gloves,
• keep the volume of any music/radio being played to a minimum to prevent the need to raise voices in the car,

Adherence with the above measures will be considered should any staff be contacted as part of a COVID-19 contact tracing investigation.

For the most up to date guidance, please refer to Section 5.12 of Scottish COVID-19 Addendum (which aligns with addendums for community health and care, including care at home; and care homes).

Definition of "direct care"
When we talk about “direct care”, we are referring to a staff member’s role, rather than distinct activities. This would include anyone who is providing care to a patient, resident or client. Staff in this situation should continue to wear appropriate PPE in line with the Scottish COVID19 addendums and according to their own professional judgement.

FRSM wearing and providing people at home with non-personal care tasks
If you provide non personal care and you can maintain 2 metre physical distancing, from others in that area, and the room is well ventilated, you do not have to wear a FRSM (but may wish to do so). However, you should wear a face covering as a minimum requirement.

Providing support and wearing a face covering whilst travelling between people's homes
If travelling between people’s homes using public transport, or placed in a situation where physical distancing is not possible in line with wider national guidance, personal face coverings should be worn. If you are travelling alone between people’s homes, you do not have to wear a face covering.

When in the presence of someone you are supporting, and you are unable to maintain 2 metre physical distancing, a FRSM should be worn. This must be removed and replaced as necessary (observing hand hygiene before the mask is removed and before putting another mask on), and as recommended during the shift, including e.g. if it becomes contaminated, damaged or moist.

C. Individuals receiving care and visitors

Visitor face coverings and physical distancing
Any individual visiting or attending an acute adult hospital (including mental health, maternity, neonatal and paediatrics), community hospitals, primary care premises (GP practices, dentists, opticians and pharmacies), is asked to wear a FRSM.

For visitors to care homes, please see Open with Care Guidance on the Scottish Government website.

Long stay and/or overnight visitors, such as birthing partners; parents of children who are in long stay wards; or appropriate adults or families of patients who have learning disabilities, and who are required to stay in hospital with the patient for a prolonged period of time, will be asked to wear a FRSM, (or face covering if cannot be tolerated, unless they fall under one of the exemptions specified in the regulations).

The hospital, primary care service or adult care home should provide visitors with a FRSM where required.

Mask wearing for in-patients receiving care in bed
All individuals in all pathways in hospitals should use a FRSM if this can be tolerated and does not compromise care, such as when receiving oxygen therapy, during labour, or fall under one of the exemptions specified in the regulations. The expectation would be that patients would be required to wear a FRSM in bed, where patients in bed are 2m or more apart, but is particularly important where patients are moving about the ward or between different areas.

In cases where patients feel they cannot tolerate the wearing of a FRSM, the option of wearing a face covering should be available to them. The minimum requirement set out in the extant national guidance is that all outpatients and visitors must wear a face covering or mask when entering health and care settings. This aligns with the
health protection regulations which set out the mandatory requirement for individuals to wear face coverings or masks in indoor communal spaces in workplaces, including in health and care settings. The regulations, including the full list of exemptions, can be accessed via the following link:

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 (legislation.gov.uk)

It is recognised that some patients may require respite from wearing a FRSM for long periods of time. If so, they should be supported to do so whilst remaining within their bed space and more than 2 metres from all other patients. They should be encouraged to put on a new mask after a reasonable period of respite time. This should be decided on an individual case-by-case basis.

Care home residents
The guidance has been updated to ensure it accurately communicates that residents are not required to wear a Fluid Resistant Surgical Mask (FRSM) or face covering within the care home, which is first and foremost their own home. It is a resident choice whether to wear one. However, as adult care homes are homes to multiple vulnerable people and have a higher level of visitors both social and professional; as well as a variety of staff carrying out duties in the home, adult care home residents may benefit from wearing an FRSM as a final layer of protection in certain circumstances. The circumstances and factors adult care home should consider before recommending masks as an extra layer of protection to residents are detailed in the document, with the needs and choices of adult care home residents as the primary consideration.

Face mask wearing for those receiving care at home
Individuals receiving care at home should be encouraged to wear a face covering, if at all possible. If they choose not to do so, this should be respected. Where clinical waste disposal is not available at home, used face masks should be double bagged and disposed of in domestic waste, after having been stored securely for 72 hours.

Patients and visitors attending for appointments
The guidance asks that all patients attending clinics, and all hospital visitors should wear a FRSM when attending. A face covering can be used if necessary.

Children over the age of 5 years old should also wear a FRSM or face covering when visiting or attending a hospital, or any other health service or social care service, in line with national policy, and based on the WHO guidance published on 21 August 2020.

Communicating information about face coverings to patients
NHS Grampian encourages the inclusion of generic information on physical distancing and use of face coverings in appointment letters and other communications.

Other communication methods could include using social media to promote this requirement and clear signage at entry points.

**Face mask replacement for members of the public**

If you are a member of the public and have worn your own face covering to hospital, the hospital will supply you with a FRSM. Face masks will be available in all wards and departments, or a replacement mask can be provided on request.

**Refusal to wear a FRSM or face covering in hospital**

*a) Refusal from an individual receiving care in hospital*

A discussion should take place with the individual asking them if they are content to wear a FRSM, or for people who lack capacity, their legal guardian or a family member, unless they are exempt from wearing one. If they refuse, this should only be noted in their patient/ medical records each time, and not enforced. Staff should continue to wear a FRSM in this situation and ensure other IPC measures such as hand hygiene, respiratory etiquette, ventilation and physical distancing are observed.

In cases where patients feel they can’t tolerate the wearing of FRSM, the option of wearing a face covering should be available to them. The minimum requirement set out in the extant national guidance is that all outpatients and visitors must wear a face covering or mask when entering health and care settings. This aligns with the health protection regulations, which set out the mandatory requirement for individuals to wear face coverings or masks in indoor communal spaces in workplaces, including in health and care settings. Read the regulations, including the full list of exemptions.

*b) Refusal from visitors and outpatients in hospitals*

Politely encourage all individuals to comply with the request to use a FRSM, offer them a FRSM to wear, and, where necessary, highlight the benefits of wearing a face covering at a minimum. The hospital, primary care service or adult care home should provide visitors with a FRSM where required.

Where visitors decline to wear FRSMs or face coverings, clinicians should apply judgement and consider if other IPC measures, such as hand hygiene, respiratory etiquette, ventilation and physical distancing are sufficient depending on the patient / resident / client’s condition and the care pathway.
The vast majority of people can wear a face covering and if they are not exempt from doing so, then they are legally obliged to do so in the mandated spaces. The obligation to enforce the regulations and the public use of face coverings rests with Police Scotland; however, the support of employers and staff in encouraging the use of face coverings is vital to their success as a public health intervention.

c) Refusal from visitors to care homes
Politey encourage all individuals to comply with the request to wear the provided a FRSM, and, where necessary, highlight the benefits of wearing including the protection provided to the wearer.

Where visitors decline to wear a FRSM, care home managers should apply judgement and consider if other IPC measures, such as hand hygiene, respiratory etiquette, ventilation and physical distancing are sufficient depending on the patient / resident / client’s condition and the care pathway. It may also be an option to support the use of face coverings as an alternative to FRSM where a FRSM cannot be tolerated by the visitor.

The vast majority of people can wear a FRSM or face covering and if they are not exempt from doing so then they are legally obliged to do so in the mandated spaces. The obligation to enforce the regulations and the public use of face coverings rests with Police Scotland; however, the support of employers and staff in encouraging the use of face coverings is vital to their success as a public health intervention.

Do they have to evidence reasons for exemption?
No. Staff, patients, and members of the public who attest that they are unable to wear a mask or face covering will not be asked to provide any evidence of their reason for exemption.

What happens if someone refuses, do security have to authority to stop them entering the building?
Where possible, staff shall invite each person entering a designated site to sanitise their hands and don the provided FRSM. In buildings where it is not possible to have staff or security monitoring the donning of the mask, clear signage will be provided. Access to facilities will not be denied to those who are unable to wear a face covering or the provided mask.

If an individual receiving outpatient care or a visitor refuses to wear a FRSM or face covering
Politey encourage all individuals to comply with the request to use a FRSM, offer them a FRSM to wear, and, where necessary, highlight the benefits of wearing a face mask/covering. The hospital, primary care service or adult care home should provide visitors with a FRSM where required.
Where visitors decline to wear FRSM or face coverings, clinicians / care home managers should apply judgement and consider if other IPC measures, such as hand hygiene, respiratory etiquette, ventilation and physical distancing are sufficient depending on the patient / resident / client’s condition and the care pathway.

D. Links to other relevant guidance

Unpaid carers
Separate guidance has been created for unpaid carers.

Safer Workplaces
NHS Grampian guidance and documents have been created and can be found at the following link:


E. Additional Considerations

Help with putting on and removing FRSMs if assistance is required.
This poster on how to don or doff the FRSM will be located at each mask holding point at the entrance of the buildings where this guidance applies. If you, a visitor, or patient has difficulty donning the mask, they should take it with them and ask an available member of NHS staff to assist before entering a clinical area.

If someone is not wearing a FRSM or face covering and is observed not to be adhering to the 2 metre physical distancing rules?
Everyone will be encouraged to wear a FRSM to keep themselves and others safe. If they are unable to wear a FRSM, they must ensure complete adherence to physical distancing and other hygiene measures such as frequent hand washing, and any other instructions from clinical staff and consider the use of a face covering.
Should staff be repeatedly observed to be ignoring physical distancing during their working day, their Manager, or those who witness the breaches should remind the staff member of the importance of physical distancing if they feel comfortable in doing so. If reminding that member of staff does not result in compliance with physical distancing, their Manager should consider progressing to the NHS Scotland Conduct Policy, using the Early Resolution process.

I have communication challenges, that requires me to lip read, can I ask for the mask to be removed?
Yes, if it is safe to do so. The person wearing a face covering or face mask needs to understand the risk of doing so. If they choose to do so, then the person should wash their hands, physically distance and remove their mask. If physical distancing is not possible, then the person should keep the mask on, and alternative
communications methods used – such as writing information down or text to speech software.

If a staff member needs to lip read then, it is acceptable that only the staff member wear a FRSM (which has protective and source control properties). The advice is not to use visors on their own as an alternative to face masks. Face visors are designed to reduce the risk of splashes from bloods and bodily fluids and are usually worn with facemasks in a healthcare setting. In addition, it is important to note that employers are responsible for ensuring that staff wear the correct PPE for the tasks they need to undertake.

The Scottish Government is working with businesses on the supply of transparent masks for health and care settings. Work is underway to get transparent facemasks upgraded and fit for purpose. There is no exact timescale for this work to be complete. Visitors to hospitals and care homes can use transparent face masks as a face covering. However, these are more expensive, and visitors should not be forced to wear them.