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| HMPPS Staff Face Mask (FRSM) Strategy |
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| **December 2020**  **Version 1.3** |

Version Control

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| **Date** | **Version Number** | **Amendment** |
| 28.10.20 | V1.1 | Donning and Doffing Guidance updated to Version 5. |
| 05/11/20 | v.1.2 | Model on the response to national restrictions from 04/11/20 was reflected and the requirement for all staff to wear face masks at all times in Red sites during the national restrictions period (until 02/12/20 at the time of drafting) has been included. |
| 02/12/20 | v. 1.3 | Action required by sites, including Red sites, following the cessation of national restrictions and the reinstatement of a tiered approach. |

Executive Summary

This document:

* Presents the background for the decision to widen the use of face masks (FRSMs) for staff in HMPPS settings and when face masks must and can be worn.
* Outlines the case for the decision to introduce Fluid Resistant Surgical Masks (FRSMs) rather than face coverings for staff and who may access them.
* Introduces a three-tiered model for the introduction of staff face masks and describes how that model operates.
* Provides general information about stock and supply, donning and doffing and security.
* Applies to all HMPPS staff including those working in prisons, approved premises, probation (including staff in courts) and the youth estate, as well as IMB members operating within the prison in this capacity.

**Throughout this document, the term ‘face mask’ is used to refer to Fluid Resistant Surgical Masks (FRSMs).**

**The term ‘establishment’ is used to refer to prisons. The term ‘site’ is used to refer to all HMPPS properties including prisons, probation offices and probation teams within courts, approved premises and the youth estate.**

Introduction

The most effective way to prevent the spread of COVID-19 is to maintain social distancing and follow good hand hygiene and cleanliness standards. However, the use of face masks will protect staff and others, particularly in crowded or poorly ventilated areas or wherever social distancing at two metres is hard to achieve.

Wearing of a face mask does not replace the need for social distancing or hand hygiene, the two must be applied together for staff to be protected effectively. In fact, **the wider use of face masks should be seen as an addition to other rules rather than a replacement**. Staff should be continually encouraged to adhere to all HMPPS and Public Health standards.

HMPPS Leadership Team (HLT) have formally commissioned the development of a model to introduce the extended use of face masks for staff into prisons and probation premises. This provides the opportunity to establish a single policy on their use for all staff in HMPPS. This document outlines the model which has been developed in collaboration with key stakeholders. It is based on public health and Health and Safety guidance. Procedures have been endorsed by Prisons Operational Management Committee, Probation Gold and signed off by the HMPPS Leadership Team (HLT). This document introduces a consistent approach across HMPPS whilst ensuring that risks specific to particular settings are managed.

Face mask specification

This model has been developed to build on existing provision. HMPPS has a statutory duty to protect staff from COVID-19 and to provide Personal Protective Equipment (PPE) where heightened risk is identified and cannot be adequately controlled by other means. Having considered the available alternatives, HLT has determined that staff will be issued **FRSMs (Type IIR)** under this model rather than face coverings.

The difference between a face mask and a face covering

A FRSM is defined as a surgical or medical grade face mask worn in clinical or social care settings. A face covering is made to a lower specification from any cloth or textile, covering the nose and mouth. A FRSM meets internationally approved safety standards and meets the specification to be legally defined as Personal Protective Equipment (PPE). It provides protection for both the wearer and other people.

A FRSM represents a better option for a custodial setting and has been adopted recently by the Scottish Prison Service (SPS) for universal staff use for this reason. As FRSMs meet the PPE specification, they are recognised by Test and Trace as a mitigant against contact under two metres. A basic grade face covering is not recognised in the same way. As such, FRSMs can help to prevent high numbers of staff from having to self-isolate after potential contact with a symptomatic individual. HMPPS are making FRSMs available to all staff from October 2020.

This strategy applies to all parts of HMPPS, including private and public prisons, approved premises, probation (including in courts) and the youth estate. This model builds on existing provision in specific parts of HMPPS – probation staff are already able to wear a face covering (lower grade than FRSM) wherever they perceive a risk and FRSMs in certain situations as set out in the PPE and Social Distancing Guidance. Prison staff are required to wear FRSMs for specific tasks as directed by a Safe Operating Procedure (SOP) or equivalent. This strategy incorporates and builds on all previous provision as described below, and aligns the guidance across HMPPS.

Under a second strategy being introduced, HMPPS will set out the circumstances in which face coverings should be used by prisoners and service users at all HMPPS properties.The difference between the specification of the coverings for staff and prisoners/service users is due to the requirement for staff to breach social distancing more frequently in the course of their duties. Analysis of prison outbreaks has demonstrated that staff represent our greatest transmission risk and therefore need higher grade FRSM rather than basic face coverings. Equally our compartmentalisation strategy assists with managing the risks associated with high prisoner infection rates. The FRSM is available to staff in two ways under this policy:

**PPE** - in any area where HMPPS has identified a heightened risk associated with a task or location either nationally or locally, we must mitigate this risk for the protection of all staff. We can only protect all staff by mandating the use of a face mask in these circumstances. Therefore, where a mask is required by national or local risk assessment, it is classified as PPE and must be worn.

**Personal choice** – in all other areas (not covered by a national or local risk assessment requiring a FRSM) staff can opt to wear a FRSM. There are many reasons why staff may wish to do this, for instance due to their personal perception of heightened risk or medical vulnerability. Use in these circumstances does not count as PPE as it has not been assessed as a requirement. The equipment is still an FRSM, however its legal status is different when used in this context.

Where use is mandated, staff must wear an FRSM and cannot exempt themselves (please see the Risk Assessment Section under General Guidance for more information). Where use is not mandated, staff can choose whether to wear the mask that is provided to them.

# Staff Face Mask Model

The staff model is comprised of three tiers in recognition of the different levels of authority and risk ownership under which FRSMs can be deployed – **national**, **local** and **individual**. The model is hierarchical, which means it operates top down. Therefore, the instruction at the top holds primacy and must be followed first, the second and third tiers operate below this in descending order.

Al staff must adhere to the requirements in national SOPs to wear FRSMs in particular tasks and locations. Equally, where a Local Operating Procedure (LOP) requires the wearing of a mask for particular tasks or locations, staff must wear one irrespective of the task or location being covered by a national SOP. Where no SOP or LOP covers a task or location, staff can still opt to wear a face mask under the third tier as a personal choice. The personal choice tier does not overrule any local or national requirements. For example, a staff member cannot opt out of wearing PPE whenever it is mandated via a SOP or LOP.

1. **Nationally Determined Use**

The top tier builds on existing national provision. It is reserved for tasks or areas where H&S colleagues have already directed that an FRSM is required as part of a Safe Operating Procedure (SOPs) or Delivery Model. Wherever a national SOP or equivalent requires staff to wear a mask this is a legal requirement and must be followed. Staff cannot opt out of wearing a mask under these circumstances. A full list of the national SOPs and Delivery Models under which staff must wear a mask is provided on the HMPPS COVID-19 operational guidance information page. Further information is also available from the HMPPS COVID-19 regime management team at the following functional mailbox address: [COVID19.Regimes&OpsGuidance@justice.gov.uk](mailto:COVID19.Regimes&OpsGuidance@justice.gov.uk). Probation colleagues can also consult Business Strategy and Change leads in Probation divisions.

To ensure the national tier covers all areas and tasks where FRSMs must be worn, HMPPS H&S colleagues are undertaking a review to ensure there are no gaps or omissions. New or revised SOPs or equivalent documents will be provided as necessary. The national tier largely comprises areas where use of FRSMs along with other items of PPE such as gloves and aprons is already mandated. This tier includes tasks such as searching, escorts, delivering meals, working in an office where you cannot maintain social distancing, prison visits, working with someone who is symptomatic and emergency procedures in probation or approved premises. There is evidence of inconsistent levels of awareness of these requirements across HMPPS. Therefore, all managers must take steps to ensure that all staff are aware of national requirements. This is a legal requirement.

As a result of the cessation of the national restrictions in England and the reinstatement of a tiered approach please note that:

* Governors/Directors in **all sites** should review the current use of: FRSMs for staff; face coverings for prisoners and compliance with the national SOPS, to satisfy themselves that **all their controls** remain adequate and proportionate to the risk.
* As part of the review, Governors/Directors should consider whether the extended use of FRSMs for staff and face coverings for prisoners, that were introduced in additional areas for the duration of the national restrictions, especially the areas listed in 2.1 – 2.3, should be maintained. This is particularly relevant to **red sites**. Advice can be sought from health and safety staff and health colleagues to support the decision making process.
* Governors/Directors must satisfy themselves that their controls are being implemented and enforced.
* Governors/Directors in **red sites** that are subject to an outbreak must work with their OCT to ensure that they enforce any additional usage of FRSMs for staff and face coverings for prisoners that has been identified.

1. **Locally Determined Use**

This level of provision enables senior managers to direct the use of face masks in local areas not explicitly covered by national provision wherever a formal risk assessment process has identified a heightened risk. This may include local outbreaks as part of containment activity or a more routine assessment that recognises the heightened risk in a particular area where the physical fabric inhibits social distancing or there is an identified raised risk.

At the local/establishment level Governors/Directors/Regional Probation Directors or Premises Managers can direct that all staff must wear FRSMs. In order to direct staff to wear FRSMs, a risk assessment must be undertaken and a Local Operating Procedure (LOP) produced with support from the Health and Safety lead. Local Trade Union officials must be consulted as should local healthcare practitioners and other stakeholders such as Disability Support Networks, staff representatives and other support groups where possible.

Deployment under national and local requirements in SOPs and LOPS is a deployment of PPE as defined by health and safety law since the FRSM is a control to an identified risk. Every member of staff must be protected from that risk meaning adherence is mandatory. Local direction can only be introduced where a formal risk assessment has determined a risk exists. Locally determined use applies to all scenarios where the Governor, Director, Regional Probation Director, Head of Service or most senior available manager determines that face masks are required to counter a heightened risk. Examples of areas/scenarios a heightened risk may exist and therefore PPE is required may include:

**2.1 Pressure points** - these are areas such as corridors or prison gates where many people are likely to come into close contact with one another at less than 2m social distance, even for a short duration.

**2.2 Poorly-ventilated areas** - where social distancing is difficult to maintain. Evidence increasingly shows that the risk of infection is much higher in poorly ventilated, crowded areas.

**2.3 Periods of heightened risk** - this may include any circumstances specific to NPS or YCS establishments, related to local community restrictions, positive case(s) in prison and/or any period of live outbreak where an **Outbreak Control Team** (OCT) may determine that masks are required at all times for a finite period.

1. **Individually Determined Use**

This tier allows all staff members to elect to wear face masks in any circumstances where their use is not mandated nationally or directed locally. This tier is an umbrella provision under which all other circumstances where face masks may be desirable for the employee are incorporated. This individually determined use tier covers any scenario where an individual may wish to wear a face mask. This includes a wide spectrum of circumstances, anything from donning a mask temporarily to pass through an area or near another person up to continual use by someone who feels particularly vulnerable or are in a high vulnerability cohort.

This tier is designed to normalise the wearing of face masks across HMPPS at a time of heightened risk in the community and societal use where there is an increasing cultural norm. The use of FRSMs at this third tier is voluntary. As such the FRSM is not counted as PPE at this point. Staff can only opt in and out of wearing a mask as an act of personal choice in areas where the deployment of face masks is not mandated either under a national SOP or local assessment.

General Guidance and Considerations

All sites will need to put local processes in place to support the deployment of face masks in the ways described by this document. Where they do not already exist, they will need to develop local processes in the following areas:

**Management of Stocks of staff face masks**

FRSMs along with other items of PPE are currently provided to every prison and Approved Premises by their local PPE Hub and to probation staff in offender contact centres (OCCs) and probation staff in courts via the NPS PPE Hub infrastructure. Establishments will be required to notify their local PPE Hub of their required numbers of FRSMs. In the first instance a bulk order will be available to establishments, APs and OCCs from the PPE Hubs and this supply will need to be projected to be exhausted before further orders for FRSMs are made.

**Distribution of Face Masks**

Sites/Establishments will require a local mechanism for distributing FRSMs to all staff in a way that ensures that they are able to access them consistently in all areas where they are required. At the same time sites/ establishments must ensure they have robust and secure storage arrangements in place so that users are not able to access inappropriate levels and personally stockpile masks, to the detriment of others locally and nationally.

Issue points will be required and sites will need to make local provision for these. These may take the form of a box with face masks to be dispensed securely in desired places, e.g. reception desks, prison gates, offices etc. There should be a facility to wash hands/use hand sanitizer adjacent to the collection/issue point together with instructional signs requiring staff to clean their hands before collecting and donning the mask.

**Governance of the use of Face Masks**

Sites/Establishments should ensure that comprehensive information is provided to staff on how the FSRM policy operates locally. Signage should be placed in all points where usage is mandated, clearly instructing staff on this point. Staff should also be issued with information on the correct donning and doffing procedures and on how to dispose of masks safely (this is included in the later section of this document). Establishments will need effective local procedures for the disposal of masks and will need to ensure sufficient receptacles are made available in all areas for this.

All staff and establishment management teams have a responsibility to ensure FRSMs are used responsibly and not excessively within their establishments. H&S colleagues have advised that a **FRSM can be worn for 4 hours continually** and whilst we need staff to feel safe at all times, we can only do so by safeguarding a continuous supply. Establishments must therefore introduce systems to monitor usage and challenge inappropriate use such as wearing several masks or stockpiling.

Establishment/sites also need to ensure that requirements under the nationally determined or locally determined tiers are adhered to locally. Sites/establishments must identify relevant staff and ensure they attend, where applicable, the PPE awareness training that is being provided. Establishments are encouraged to educate staff in the importance of adherence and a national educational campaign is being launched alongside the implementation of this policy. This will focus on the need for personal responsibility and the importance of adhering to social distancing, hand hygiene and face mask requirements. Separate guidance is being drafted about how to manage staff who consistently fail to follow health and safety guidance in respect of COVID-19 - related safe operating practices.

Social responsibility is required in the management and use of face masks as these ultimately are part of the UK resilience to managing the COVID emergency.

**Local risk assessments**

Existing SOPs state that individual risk assessments must be undertaken for staff in the clinically vulnerable categories to establish a COVID-19 secure working environment. Sites must ensure that individual staff risk assessments are updated and that reviews take account of the local and national requirements for masks to be worn in the respective establishment. Any issue that impairs an individual’s ability to adhere to the national or local face mask requirements should be discussed during these reviews and reasonable adjustments should be agreed locally where face mask requirements cannot be met in the usual way. In cases where this is applicable, it may be necessary for those staff members to be risk assessed out of specific roles or tasks. Similarly, consideration should be given to relevant equalities concerns and some adaption to accommodate needs, for example religious requirements, may be necessary.

As stated above wherever the face mask is mandated, whether nationally or locally, this is PPE and an individual cannot exempt themselves from it under normal circumstances. If a member of staff relies on the ability to lip read, a reasonable adjustment must be made to enable effective communication.  If no reasonable adjustment is viable and a member of staff needs to remove their mask to communicate with a person who lip reads, this should be done in the safest way possible by maintaining social distancing of at least 2 metres.

**Third Party provision**

External partners and contractors such as Community Rehabilitation Companies (CRCs), Prisoner Escort and Custodial Services (PECS), and Electronic Monitoring Services (EMS) are required to adhere to the HMPPS approach towards face masks. Where face masks are mandated for use during an at-risk activity or for use in an at-risk area, identified in SOPs, LOPs and/or Exceptional Delivery Models any staff member from any third party organisation on a premises managed by HMPPS undertaking those tasks or working in the specified area must comply with the relevant control measures. External partners retain the duty to undertake their own risk assessments in relation to their staff and to take suitable measures as required. This process must involve consultation with HMPPS locally to inform decision making and ensure consistency in relation to the use of FRSMs.

Where the use of FRSMs has been mandated by HMPPS for particular activities or for use in a particular area in a SOP, LOP or in an Exceptional Delivery Model, HMPPS will provide them to third party providers only where this has resulted in an addition to the third party providers existing provision.

Unless arrangements are already in place nationally for the provision of FRSMs to relevant third party providers it is important that local third party providers/charitable organisations (such as Family Service Providers) inform Governors when additional requirements to wear FRSMs are introduced that are over and above the existing provision for their staff/volunteers. This will enable the establishment COVID contact point to include any additional requirements for FRSMs into their monthly PPE Hub order.

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|  | **Situations where HMPPS will issue Covid Face Masks For 3rd Party Services\*** | | |
|  | **Routine business activities of 3rd party requiring PPE from their own Risk Assessment** | **Requirement due to 3rd Party’s own Covid Assessment** | **Additional requirements for FRSM arising from HMPPS Covid SOP, LOP or Exceptional Delivery Model** |
| Healthcare Providers | X | X | X |
| Non H/C Commercial Third Party Providers | X | X | **√** |
| Charitable Organisations | **√** | **√** | **√** |
| HMIP/PPO/IMB/Other Non-commercial services | **√** | **√** | **√** |

**\*** unless there are specific contractual arrangements that already exist identifying responsibility for additional supply

**Communication**

Sites must develop a local communications strategy that clearly outlines all local requirements and procedures in relation to the deployment of face masks locally. This should include, but not be limited to guidance on the application and removal of masks (e.g. during staff search), secure storage and safe disposal. National guidance is provided below on the donning and doffing procedure, security guidance and frequently asked questions (FAQ). This will be supplemented by further national communications in the coming weeks.

**Security considerations**

The Security, Order & Counter-Terrorism Directorate (SOCT) has developed guidance in relation to the deployment of face masks to staff in HMPPS prison premises. This guidance is attached below.



NPS staff should continue to refer to existing guidance written for the probation setting.

**Donning and Doffing Guidance, including safe disposal procedures**



FAQs

1. **Does this strategy and the guidance within it apply to me?**

This strategy applies to all prison and probation staff, both operational and non-operational. It applies to all staff working in the offices and in administration roles too.

1. **What is the difference between face masks and face coverings?**

A face mask refers to a surgical or medical grade mask worn in clinical or social care settings. A face covering is made of cloth or other textile, covers the nose and mouth, and through which you can breathe. We are making Fluid Resistance Surgical Masks (FRSMs) available to staff. They are items of PPE (even if not used as PPE in a legal sense) and provide protection for both the wearer and others. Their use is recognised by Test and Trace as a mitigant against contact under two metres (and as such FRSMs can help to prevent members of staff from having to self-isolate after contact with a symptomatic individual). A basic grade face covering is not recognised in the same way.

1. **Why are we only just being told to wear face masks now?**

The most effective way to protect yourself and others is to maintain a distance of 2m and to regularly wash your hands with soap and water. Using alcohol-based hand sanitiser can be used if soap and water are not available. All staff should be adhering to these controls wherever possible as they will keep you and others safe from the virus.

Prison and probation staff have been required to wear face masks in certain situations in line with SOPs since the beginning of the pandemic, and their use has already been extended in probation settings. The requirements for the use of face masks and other PPE to complete certain tasks identified in SOPs remains in place.

The purpose of this strategy is simply to allow sites to increase the number of situations where face masks are used and to give staff the ability to make personal decisions about whether to wear a face mask in situations where they are not mandated. We have taken this decision because there are an increasing number of outbreaks and we want to ensure that staff, prisoners and service users feel and are kept as safe as we can. During the first wave of COVID-19, there were considerable national pressures on the supply of masks and other PPE and their use was restricted to the highest priority situations; the greater availability and security of supply of masks means that their wider use can now be put in place.

1. **How long are face masks effective?**

A Fluid Resistant surgical face mask can be worn for 4 hours continuously before being changed.

1. **When should I change my mask and where can I access them?**

You should change your face mask every 4 hours. On leaving your place of work or when taking your break, you should dispose of the mask in the bins provided and use a new mask when re-entering the prison/probation setting or returning to your post. You should also change your face mask if you have been in contact with a confirmed or suspected COVID-19 case or if the mask becomes wet, contaminated or damaged.

1. **How do I safely put the mask on and take it off?**

Donning and doffing procedures are included within this guidance.

1. **Can I change my mask whenever I want to?**

We want all staff to feel safe but we do not have an unlimited resource of masks, and if we do not use them sensibly, we may run out. We ask all staff to wear masks responsibly and use them for the full four hours whenever they can safely do so – e.g provided they haven’t been contaminated or damaged.

1. **Is wearing a face mask compulsory?**

Yes, in areas where face masks are mandated at either a national (in SOPs) or local level (in LOPs), they are compulsory. This is a Health and Safety rule and therefore this must be followed to protect yourself and others.

1. **How do I know where wearing face mask is mandatory and where it is not?**

Sites are required to publish local guidelines and signage about where staff are required to wear a mask. Some areas are mandated nationally (this is the existing provision), and all sites also have the authority to conduct local risk assessments where the design of the building/tasks required mean that wearing a face mask would be compulsory. This should be stated in the Local Operating Procedure (LOP).

1. **The guidance says I have individual choice to wear a mask. Does this mean I can wear one whenever I like?**

In areas/tasks where there is no national or local requirement to wear a mask, staff are able to make an informed decision about whether to wear a mask. Staff have a personal responsibility to ensure that these are worn in an appropriate manner, to ensure that precious PPE stocks are not overused. You may also be required to remove your mask for identification purposes, such as when coming through the gate into the establishment. You cannot refuse to do this, but should try and maintain a social distance when removing your mask

1. **Are there exemptions from wearing masks?**

No. Unlike face coverings that are used elsewhere, exemptions are not applicable to surgical grade face masks where it has been mandated that they are worn e.g. in a SOP or a LOP. This is because they are worn as items of PPE, and you must wear them where required. This is to keep you and those around you safe from COVID-19. Where FRSMs are mandatory, the disclosure of a medical exemption or other relevant needs, should lead to a local risk assessment undertaken by a manager with a consideration of reasonable adjustments. Where the use of masks has not been mandated in a SOP or a LOP it is up to individuals whether they choose to wear a mask or not.

1. **I work in an office on my own, do I need to wear a mask?**

No, there is no requirement for you to wear a mask while you are either on your own, or if a 2m distance can be kept between you and the other staff in the office. However local operating procedures (LOPs), written following a local risk assessment, may identify that masks are required in certain offices and staff may now choose to wear a mask if it is their preference to do so.

1. **My face has become itchy when wearing the mask and the skin under the mask is irritated, what should I do?**

The face masks are the same ones being worn by NHS staff for long periods of time. We appreciate that wearing them for a long time may sometimes be uncomfortable, but it is important in controlling the spread of the virus.

1. **Can staff wear their own homemade face coverings if they would be more comfortable?**

In general, no. Please see the response to question 2.

1. **There are problems with glasses misting up for those staff who wear them, how can this be addressed?**

You should ensure that the mask fits snugly around the face and nose. If necessary, tighten using the ear loops to help fit and ensure the flexible band that fits over the bridge of the nose is snug.

* Ensure your glasses are over the mask
* Wash your glasses lenses in soap and water and gently dry with a soft, clean cloth.

1. **Are there different sizes, for those with smaller faces?**

The masks are one size and can be tightened to fit your face using the ear loops and by ensuring that the flexible band that fits over the nose is snug.

1. **Are there plans to provide prisoners, residents in APs, and service users with masks as well?**

A policy is currently being developed which would provide prisoners with appropriate face coverings. This will be published in due course.

1. **If a prisoner or service user asks me why I am wearing a mask, and they are not, what should I say?**

You can tell them that HMPPS are currently reviewing the position for prisoners and service users, and more information will follow soon. The reason that staff have been provided with face masks first is because we are more likely to bring the virus into the site, as we are going out into the community more than prisoners and sometimes even service users. Due to our duties, staff are also more likely to have to breach social distancing to carry out their roles. Staff wearing face masks protects prisoners and service users, as masks not only protect the wearer but the people around them.

1. **Can visors be worn rather than the mask?**

Public Health England and Public Health Wales have advised HMPPS that visors are not as effective as face masks for providing protection for others. At this time, HMPPS would not consider visors an effective means of controlling the spread of COVID-19.

1. **Do contractors and partner agency staff have to wear masks?**

Staff employed by third sector companies will continue to work to risk assessments made by their employer but are asked to consider the current HMPPS policy to ensure as much consistency as possible. Therefore, if their employer required that they wear a mask they must wear them, and if they are not deemed to be necessary then they will not be required to wear them. All third party staff will have to follow other COVID-19 safeguards as set out by sites (including prisons, APs and probation offices), such as one way systems and social distancing rules.

1. **When I wear a mask I experience headaches and dehydration. What can I do to prevent this?**

There is no evidence that when wearing a mask properly it causes headaches or dehydration. You must ensure that you fit your face mask properly and that you remain appropriately hydrated throughout your shift as you would even if you were not wearing a mask. If you feel unwell while wearing the mask, you should speak to your line manager in the first instance.

1. **The masks have been removed from their original sealed packaging and placed in an open box so that staff members can take one. Is this safe?**

While the masks do not need to be sterile, they also should not be handled by others before use. Where they are supplied in individual packaging, they should be kept in this. Where they are not, and are supplied in a multi-pack, staff should only handle one mask at a time, and should wash their hands with soap and water or hand sanitizer before taking a mask and putting it on.

1. **If I am wearing a mask, do I need to socially distance?**

It is essential that you maintain a 2 metre distance at all times wherever possible, even when wearing a mask. It may be difficult, at times, to maintain a 2 metre distance, such as going through security checks at the beginning of your shift or in small areas such as wing offices. Face masks are an additional layer of protection rather than a replacement for social distancing and are expected to adhere to this guidance.

1. **Do I need to wear a mask outside?**

When you leave your workplace, there is no requirement to wear a mask in open air spaces. If you are supervising outside exercise, supervising outside contractors or working in a work party in the open air whether face masks have to be worn will be decided locally.