

Dear Colleagues,

Health and social care worker access to FFP3 masks, based on staff preference during the transition period.

This guidance outlines the process line managers and staff should follow when requesting access to FFP3 (respirator) masks in place of Type IIR (surgical) masks, based on personal preference. This follows publication of the de-escalation of COVID-19 Infection Prevention and Control (IPC) Measures in Health and Social Care Settings to alleviate System Pressures (DL 2022 (07)).

On 21 December 2021 WHO updated recommendations on the use of FFP2/FFP3 masks by health and care workers in light of the increased transmission of Omicron variant.

The UK IPC cell reviewed the WHO recommendations on mask use by health and care workers, in light of the Omicron variant of concern statement and agreed that no changes were required to the extant UK guidance for Infection Prevention and Control (IPC) for seasonal respiratory infections in health and care settings (including SARS-CoV-2). Therefore this letter does not reflect a change in the IPC guidance, but rather is in response to a conditional recommendation within the WHO updated guidance (21 December) based on the individual staff member's personal preference.

With this in mind, Infection and Prevention Control (IPC) managers do not have a role in the process to allow staff access to an FFP3 mask, if it is being done on the basis of their own personal choice. Rather, an individual risk assessment should be carried out by the line manager, in line with current guidance and with consideration of the staff member's overall health, safety, physical and psychological wellbeing, as well as personal views/concerns about risks.

This guidance also clarifies the process and risk assessments for FFP3 masks for health and social care staff in the following circumstances:

DL (2022) 10

19 April 2022

Addresses

For action

Chief Executives NHS Boards and Local Authorities,
NHS Chairs,
Human Resource Directors,
NHS Nurse Directors,
NHS Medical Directors,
Registered care home providers (adults and older people),
Registered care at home providers,
Supported housing providers.

For information

Infection Control Managers,
Public Health Directors,
Employee Directors,
Workforce Senior Leadership Group,
Chief Officers Health and Social Care Partnerships,
Chief Social Work Officers,
ARHAI Scotland,
Public Health Scotland,
Care Inspectorate,
Scottish Care,
CCPS,
COSLA.

Enquiries to:

Scottish Government
Directorate for Health Workforce
St. Andrew's House
Regent Road
Edinburgh
EH1 3DG

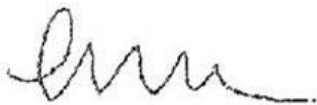
E-mail

- When performing an Aerosol Generating Procedure (AGP).
- When working in the respiratory pathway in a clinical area deemed as having an unacceptable risk of transmission following rigorous application of the Hierarchy of Controls and there is no other suitable area for placement of these patients.

In summary there are now three processes for staff accessing FFP3 masks. These differ depending on the circumstance and staff and line managers should make themselves familiar with the processes. The three are:

- When undertaking an AGP in a respiratory pathway (as before).
- When undertaking an AGP in a non-respiratory pathway and the staff member has concerns about potential COVID-19 exposure to themselves (as before).
- Based on a staff member's personal preference (new).

Yours sincerely,



Gillian Russell
Director of Health Workforce



Donna Bell
Director of Social Care & NCS Development

Health and care worker access to FFP3 masks, based on staff preference during the transition period.

Responsibility for ensuring that staff are given access to FFP3 masks, based on their personal preference, lies with the individual line manager.

An individual risk assessment should be carried out by the line manager, in line with current guidance and with consideration of the staff member's overall health, safety, physical and psychological wellbeing, as well as personal views/concerns about risks. [Wellbeing support services](#) should also be promoted.

Staff should be supported through the process if they request an FFP3 based on their personal preference. The purpose of the risk assessment is not to determine whether staff are allowed or denied an FFP3, rather it is to identify and consider any other concerns they may have.

If there is uncertainty about the impact of a health condition, then further assistance or advice could be sought from:

- referral to employer's occupational health service
- human resources
- trade union representative or professional organisation
- clinician or medical specialist

Where an FFP3 mask is requested, it must be face-fit tested to ensure the correct size is worn and face-fit checked each time it is worn. Staff requesting an FFP3 mask should be given time to attend the face-fit testing appointment.

Personal Protective Equipment (PPE) should continue be worn in accordance with the [Winter \(21/22\), Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum](#).

This guidance does not supersede or provide advice on matters that are governed by Part 1 of the Health and Safety at Work Act 1974, and any legislation or guidance made under, or about, that Act, occupiers liability or other legal obligations on health and social providers to ensure that premises are generally safe for patients, residents, visitors and staff. It is important that health and social care providers seek independent advice on those matters, and if necessary, what the impact of COVID-19 may be, to ensure they are complying with any such legislation or obligations.

Current access to FFP3 masks under the Winter (21/22) Respiratory Infections in health and care settings IPC Addendum

[The Winter \(21/22\), Respiratory Infections in Health and Care Settings IPC Addendum](#) makes Respiratory Protective Equipment (RPE) available to staff in the following areas, provided they are fit tested:

- When performing an AGP on a service user with a known or suspected respiratory infection and those on the non-respiratory pathway where there is no evidence of a negative COVID-19 test in the preceding 72 hours.

- When working within the respiratory pathway where AGPs are being performed unit wide (service users having AGPs undertaken who cannot be placed in single isolation rooms).
- When working in the respiratory pathway in a clinical area deemed as having an unacceptable risk of transmission by organisation.

Staff requesting an FFP3 mask in the non-respiratory pathway would need a personal PPE risk assessment. The IPC manual outlines this process:

Personal PPE risk assessment - Section 5.15.8 [NIPCM - FFP3:](#)

*“*Where staff have concerns about potential COVID-19 exposure to themselves during this ongoing COVID-19 pandemic, they may choose to wear an FFP3 respirator rather than an FRSM when performing an AGP on any patient provided they are fit tested. This is a personal PPE risk assessment.”*

The guidance also makes provision for staff to request an FFP3 mask when working in the respiratory pathway in a clinical area deemed as having an unacceptable risk of transmission by the organisation. This would be initiated by an organisational/environmental risk assessment and rigorous application of the Hierarchy of Controls (HoC). The IPC manual outlines this process:

Organisation/environmental risk assessment - Section 5.3 [NIPCM - HoC](#)

*“Health and care settings must seek to identify and prepare the most suitable clinical/care area for **planned placement** of service users requiring care on the respiratory pathway.*

Prior to determining areas for planned placement of the respiratory pathway, the NHS Board/care organisation must ensure a full structured risk assessment of the proposed area is carried out. This should be undertaken using the hierarchy of controls and recognise that there is lowest risk where elimination can be achieved and highest risk where PPE is the only control in place. Risk assessments should be periodically reviewed as determined by the NHS Board/care organisation to ensure no change to the level of risk.

*If the risk assessment concludes that an unacceptable risk of transmission remains within the environment after rigorous application of the hierarchy of controls (e.g. unable to defer patient care, area poorly ventilated AND overcrowded) and **only** if there are no other more optimal lower risk areas suitable for the respiratory pathway, then the NHS Boards/care organisation should consider utilising the area for this purpose with provision of respiratory protective equipment (RPE) (FFP3 respirators) for the staff working in this area.”*