

### Question submitted to RapidInfo4U

Do I need to wear a mask if maintaining a 2m distance in a treatment room while delivering face-to-face CBT in Primary Care?

### Short Answer

The National Public Health Emergency Team (NPHE) has recommended that healthcare workers use a surgical mask for all patient care activities when a safe distance (2m) cannot be maintained. This implies that when a 2m distance *can* be maintained a mask is not necessary. However, the NPHE guidance does not state this explicitly and does not address the issues of room size/occupancy or duration of contact. The European Centre for Disease Prevention and Control considers maintaining a 2m distance in a closed environment, such as a treatment room, as low-risk for exposure to COVID-19. The HSE Health Protection Surveillance Centre state that in low-risk circumstances, where wearing a mask may impact on patient care, a clear face visor is an acceptable alternative.

### Long answer

#### HSE Health Protection Surveillance Centre Guidance

The most recent COVID-19 guidance from the HSE Health Protection Surveillance Centre (HPSC) was published on September 22<sup>nd</sup> 2020 [1]. This 300+ page document states that the National Public Health Emergency Team (NPHE) has recommended that healthcare workers use a surgical mask for all patient care activities when a safe distance cannot be maintained [1]. NPHE have defined a safe distance, in the context of the COVID-19 pandemic, as 2m. While this guidance implies that if a safe distance *can* be maintained a mask is not required, it does not explicitly state this anywhere in the substantial document.

In July 2020 the HPSC published guidance for infection prevention and control when returning to routine General Practice [2]. It states (p.18):

*PPE is recommended when providing clinical care within a 2m distance of patients. If there are no other indications for transmission-based precautions\* and you are not within a 2m distance of the patient then no PPE is required.*

*\*Transmission-based Precautions are IPC measures which are implemented in addition to Standard Precautions when Standard Precautions alone are insufficient to prevent the onward transmission of specific infectious diseases. They include Contact, Droplet and Airborne precautions.*

This July guidance for General Practice does not state when Transmission-based Precautions should be applied [2]. The more recent HSPC guidance states that Transmission-based Precautions should be applied, in addition to Standard Precautions, to patients suspected or confirmed to be infected with microorganisms transmitted by the contact, droplet or airborne routes and used [1]. Transmission-based Precautions include appropriate use of personal protective equipment (PPE; see table 1 for full details) and, the guidance notes, are “generally not appropriate in settings other than the acute hospital”.

**Table 1**

Transmission-based Precautions taken from *Interim Guidance on Infection Prevention and Control for the Health Service Executive 2020*, p. 107 [2]

<b>Transmission-based Precautions</b>
1. Continued implementation of Standard Precautions
2. Appropriate use of personal protective equipment PPE (including gloves, aprons or gowns, surgical masks or FFP2 respirators and protective eyewear)
3. Patient dedicated equipment
4. Allocation of single rooms or cohorting of patients
5. Appropriate air handling
6. Enhanced cleaning and disinfecting of the patient environment
7. Restricted movement of patients within and between facilities
8. Limit number of healthcare workers caring for the patient to those that are essential

### *HPSC recommended use of Personal Protective Equipment (PPE)*

PPE includes gloves, respiratory protection, face protection, aprons and gowns. The HPSC states that use of PPE should be appropriate to the task undertaken and “ritual” use of PPE should be avoided. The HSPC also outlines the potential harm of using PPE. Masks can interfere with effective patient care and can cause worry or upset, particularly in vulnerable populations such as people with anxiety, learning disabilities or dementia. Selecting appropriate PPE is based the probability of exposure and the route of transmission of the infectious microorganisms.

The HPSC states that in the majority of situations where standard respiratory protection is needed, as in the case of COVID-19, a single use surgical mask (minimum level II barrier) is appropriate. Taking into consideration the potential impact on patient care of wearing a mask the HPSC states:

*A clear face visor that extends from above the eyes to below the chin and from ear to ear is likely to offer significant protection for the wearer and is an acceptable alternative where a risk assessment indicates a low level risk and where wearing of a mask is not considered practical or appropriate.*

### [European Centre for Disease Prevention and Control \(ECDC\)](#)

The risk of infection with COVID-19 depends on the person’s level of exposure. The ECDC define a person in a closed environment (like a CBT treatment room) with a COVID-19 case for less than 15 min *or* at a distance of more than 2m as a low-risk exposure. A closed environment and longer duration of contact increases the risk of transmission. The ECDC states that the 15-minute limit is arbitrarily selected for practical purposes and that public health authorities may consider a *shorter* duration of contact with a case for contact tracing purposes. The ECDC define a person in a closed environment with a COVID-19 case for 15 minutes or more and at a distance of less than 2m as a high-risk exposure. Therefore, according to ECDC guidelines

delivery of a CBT session in a closed environment, maintaining 2m distance, for more than 15 minutes would constitute a minimum of a low-risk exposure.

## Conclusion

The HSPC guidance implies that when a 2m distance can be maintained a mask is not necessary. However, the HSPC does not state this explicitly and does not address the issues of room size/occupancy or duration of contact. The ECDC defines maintaining a 2m distance in a confined treatment room as low-risk for exposure to COVID-19. The HSPC states that a clear face visor offers significant protection and is an acceptable alternative where a risk assessment indicates a low-level risk and where wearing of a mask is not considered practical or appropriate. Wearing a face visor may be an appropriate alternative to a mask while delivering face-to-face CBT as it provides protection and avoids the potential harms caused by a face covering.

## *Disclaimer*

This document has not been peer-reviewed; it should not replace individual clinical judgement. The views expressed in this document are not a substitute for professional medical advice. The content of this document is correct as of 30/09/2020.

## ***Rapid Evidence Search & Summary (RESS)***

Our team of multidisciplinary researchers and clinicians in conjunction with the University of Limerick Library and Information Services have developed a detailed protocol for conducting a Rapid Evidence Search & Summary (RESS) to answer questions submitted to RapidInfo4U. Our RESS protocol uses PICO or PEO methods to refine your question and follows a detailed search procedure capturing guidance documents from governments, institutions and professional bodies; searching clinical and COVID specific repositories; and identifying the most recent reviews and RCTs in the scientific literature using established databases.

Dr Liz Kingston, member of the RapidInfo4U Panel of Experienced Clinicians and Lecturer at the University of Limerick, with a clinical speciality in infection prevention and control was consulted as part of this RESS.

## References

1. Health Protection Surveillance Centre (2020). *Interim Guidance on Infection Prevention and Control for the Health Service Executive 2020 v1.2*. HSE: September 2020.  
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/Interim%20HSE%20Guidance%20on%20IPC.pdf>
2. Health Protection Surveillance Centre (2020). *Guiding principles for Infection Prevention and Control when returning to routine General Practice during pandemic COVID-19 v2.1*. HSE: July 2020. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/adviseriskassessmentandmanagementofpatients/Guiding%20principles%20IPC%20GP.pdf>
3. European Centre for Disease Prevention and Control (2020). *Public health management of persons having had contact with cases of novel coronavirus in the European Union*. ECDC: February 2020. <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-public-health-management-contact-novel-coronavirus-cases-EU.pdf>