

Question submitted to RapidInfo4U

What is the current best practice when working as a CBT therapist in primary care? In light of the new strains of Covid 19 and the most recent information, is it still recommended to wear a face shield and maintain 2 metres distance from the patient? What is a safe session duration?

Answer

Recent updates of Irish guidance have reiterated that masks must be worn in healthcare facilities when a distance of 2 metres cannot be maintained. However, the guidance does not specifically address if masks need to be worn if persons are greater than 2 metres apart. Surgical masks are recommended for health workers within primary care practices while face coverings are recommended for patients entering a primary care practice. An updated rapid evidence summary by the HSPC indicates that face coverings are preferable to visors/shields to reduce transmission of COVID-19, though the evidence is of low quality. However, there are circumstances where a face covering may not be appropriate and may affect quality of care. In these circumstances a visor/shield may be used provided that it extends from above the eyes to below the chin and from ear-to-ear. The role of room ventilation is increasingly acknowledged and some guidance exists on increasing ventilation though this is dependent on context. Recommendations are not made about safe session duration.

Details of answer

RapidInfo4U answered a similar question in September 2020 about precautions needed for face-to-face Cognitive Behavioural Therapy (CBT) in primary care which can be viewed [here](#). The answer drew on sources of evidence from the HSE Health Protection Surveillance Centre Guidance and European Centre for Disease Prevention and Control. Updates to guidance since September are outlined. Some additional guidance is now provided in relation to ventilation and the use of face coverings which is further detailed below.

Overarching guidance on infection prevention

In October 2020, the European Centre for Disease Prevention and Control (ECDC) published a document on infection prevention and control measures for primary care [1] which can be viewed [here](#). This document identifies a number of precautions to reduce transmission of COVID-19 in indoor settings:

- Glass or plastic should be considered in consultation rooms. If not possible, then face shields/visors for protection of eyes. However, physical distance (at least 1.5 metres and preferably 2 metres) should still be respected even with the use of panels or face shields/visors.
- Face masks should be strongly considered for both patients and healthcare staff at all times.
- Hand hygiene and respiratory hygiene should be practiced and appropriate signs/posters available to indicate how to correctly perform these processes.
- Frequently touched surfaces should be cleaned regularly
- Natural ventilation or mechanical ventilation will also reduce the risk of transmission of COVID-19.

An update of the HSE Health Protection Surveillance Centre's (HSPC) Interim Guidance on Infection Prevention and Control was published in January 2021 [2]. This document can be accessed [here](#). The document identified standard precautions for infection prevention and control. Standard precautions include hand hygiene, regular cleaning of frequently touched surfaces, appropriate ventilation, and respiratory hygiene and cough etiquette. A HSPC document 'Managing Risk of Transmission of Respiratory Viruses Including COVID-19 in General Practice' [3] also recommends following standard precautions. In addition, the document states: 'where care that meets the needs of the patient can be delivered without face-to-face consultation this eliminates the risk of transmission of viral infection in the GP surgery' and before scheduling face-to-face appointments, it is important to consider the

patient's individual risk of harm from COVID-19 or risk of exposure in travelling to/from the practice in order to decide on the best way to deliver care.

The HSPC guidance highlights that the National Public Health Emergency Team (NPHE) recommend 'mask use when within a distance of 2m of a person using healthcare services or other healthcare worker'. It does not explicitly say that a mask should not be worn when greater than 2m apart. Acknowledging that a mask may present a barrier to effective care in some circumstances, it references a HSPC document which indicates that while a visor does not provide a comparable level of protection in comparison with a face covering, it may be used in circumstances where a mask is not practical. This report is further detailed below.

[Masks, face coverings and face shields/visors](#)

All sources emphasise that face coverings must be used in conjunction with other precautions and public health measures. An update of mask use for COVID-19 has been published by the World Health Organisation [4] in December 2020 which can be accessed [here](#). This document states that in areas where there is known or suspected community transmission, medical face masks are recommended for health workers for any activity in any common area within health facilities. Other staff or visitors should wear a mask at all times (medical or non-medical). A surgical mask is a type of medical mask. The HSPC [3] recommends that surgical masks are used by healthcare workers/staff in primary care settings when within 2 metres of a patient and that face coverings are used by patients when entering the practice.

The HSPC carried out a brief evidence summary of visors compared to face coverings in October 2020 for prevention of transmission in the general public [5] which can be accessed [here](#). The review compares face coverings (non-medical masks) and visors and does not focus on medical/surgical masks because 'surgical masks are not currently recommended for use outside of health care settings'. Limited good quality evidence was found for public settings. However, the report states that the general consensus is that 'cloth face coverings are

preferred to visors’, highlighting that other international guidance does not recommend the use of visors alone. However, evidence was found that visors offer protection against droplet exposure compared to no face covering.

Therefore, the report concludes the following: ‘When considering the options of cloths face coverings compared with visors, expert opinion and international guidance generally favours cloth face coverings’ in particular ‘where the wearer is at a higher level (standing) than those potentially exposed at a lower level (sitting)’. Visors reduce exposure droplets to a certain extent and could be an alternative for people who

- Have breathing difficulties
- Are unable to remove masks/face coverings without help
- Anyone with particular needs who may feel upset or very uncomfortable wearing the mask/face covering
- In settings where people who have learning difficulties or hard of hearing or deaf are present.

The visor must extend from above the eyes to below the chin and from ear to ear. Recommendations are made around the proper use of face coverings and visors in the [report](#).

Heating, Ventilation and Air-Conditioning (HVAC) Systems

The HSPC guidance document on managing COVID-19 transmission in general practice recommends to ‘increase natural ventilation in so far as practical’ [3]. Increased guidance is emerging on heating, ventilation and air-conditioning systems in preventing spread of COVID-19 given emerging evidence of its role in reducing transmission of COVID-19. A document published by the European Centre for Disease Prevention and Control [6] (access [here](#)) recommended the following actions around ventilation, emphasising that other precautions must still be followed such as physical distancing, hand hygiene, respiratory hygiene, use of face masks where appropriate:

- Heating, ventilation and air-conditioning systems should be maintained according to manufacturer's instructions.
- Depending on the setting, natural or mechanical ventilation may be used to increase the number of air exchanges per hour to reduce the risk of transmission.
- The guidance states that 'specific recommendations for natural ventilation through opening windows and doors should be developed on an individual basis, taking into account the characteristics of the room (volume, size and function of openings, occupancy rates), the activities taking place in the room, the climatic and weather conditions, as well as energy conservation and the comfort of the user.'

The HSPC also published an update on ventilation in non-healthcare settings in January 2021 [7] which can be accessed [here](#). The main recommendations were

- Regular maintenance of HVAC systems
- Use of appropriate filters as per manufacturer's specifications to increase total airflow and outside air fraction
- Disable air recirculation systems where possible
- Extend operating hours
- Avoid the use of ceiling mounted, desk and portable fans where possible

Conclusion

Recent updates of Irish guidance have reiterated that masks must be worn in healthcare facilities when a distance of 2 metres cannot be maintained. However, the guidance does not specifically address if masks need to be worn if persons are greater than 2 metres apart. Surgical masks are recommended for health workers within primary care practices while face coverings are recommended for patients entering a primary care practice. An updated rapid evidence summary by the HSPC indicates that face coverings are preferable to visors/shields to reduce transmission of COVID-19, though the evidence is of low quality. However, there are circumstances where a face covering may not be appropriate and may affect quality of care. In

these circumstances a visor/shield may be used provided that it extends from above the eyes to below the chin and from ear-to-ear. The role of room ventilation is increasingly acknowledged and some guidance exists on increasing ventilation though this is dependent on context. Recommendations are not made about safe session duration.

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 02/02/2021.

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.

References

1. European Centre for Disease Prevention and Control (2020). COVID-19 infection prevention and control measures for primary care, including general practitioner practices, dental clinics and pharmacy settings: first update. ECDC: October 2020.
2. Health Protection Surveillance Centre (2021). Interim Guidance on Infection Prevention and Control for the Health Service Executive 2021 v1.3. HSE: January 2021.
3. Health Protection Surveillance Centre (2020). Guidance on Managing Risk of Transmission of Respiratory Viruses Including COVID-19 in General Practice v3.0. HSE: November 2020.
4. World Health Organisation (2020). Mask use in the context of COVID-19: interim guidance. WHO: December 2020.

5. Health Protection Surveillance Centre (2020). Efficacy of visors compared with masks in the prevention of transmission of COVID-19 in non-healthcare settings. V1.0. HSPC: October 2020.
6. European Centre for Disease Prevention and Control (2020). Heating, ventilation and air-conditioning systems in the context of COVID-19: first update. ECDC: November 2020.
7. Health Protection Surveillance Centre (2021). Guidance on non-healthcare building ventilation during COVID-19. V2.0. HSE: January 2021.