**HP GUIDANCE**

**USE OF MASKS IN TIMES OF COVID-19**

**For Health Promotion**



NOTES

Version: 17-4-2020

* We will update this HP guidance as soon as we receive new information from experts.
* For suggestions, questions, feel free to contact [msfocb-covid19-hp@Brussels.msf.org](mailto:msfocb-covid19-hp@Brussels.msf.org) or [Jesse.Verschuere@Brussels.msf.org](mailto:Jesse.Verschuere@Brussels.msf.org)
* This guide serves as support for Health Promotion (HP) and Patient and Community Support teams for developing HP activities and designing HP materials. It serves also as support for MSF teams in general for spreading harmonized messages on mask use in times of COVID-19.
* This is a guide. The purpose is not to give the messages outlined below straight to the target population. The formulation of the messages as well the activities to support the diffusion of these messages must be adapted to the context and the target population. Take into consideration literacy levels and how much people understand about how a virus spreads. The language needs to be adapted to the local language, with the words people use. Prioritization of messages, their relevance and communication channels will be also dependent on the context and target population.
* Decide with the team what is the most appropriate way to pass the adapted messages towards your target population (using interactive methods, visual material…).Don’t use images from another country without checking how they are understood and overall don’t forget to pre-testi your tools before launching.
* For face to face HP sessions, it’s important to allow time for questions at the end of each session.
* See also the Do’s and Don’ts document for awareness raising on COVID-19.

**BACKGROUND INFORMATION**

1. **TRANSMISSION AND PREVENTION**

Most of the virus is transmitted through **breathing, coughing and sneezing** which produces droplets and microdroplets that include the virus. [*See more details in COVID-19 HP message guide.*](https://msfintl.sharepoint.com/:w:/r/sites/GRP-BRU-CODIV19-HPField/Shared%20Documents/General/COVID-19%20HP-toolkit_OCB%20v.02/1.%20Essentials%20documents%20-%20check%20me%20first!/Messages%20guide/ENG_COVID19_HP-Messages-Guide/Covid19_HPMessage-guide_Long_ENG.docx?d=w4591a6619c8d4abeb97c67fdb0efafd8&csf=1&web=1&e=ZA2IV8)

People can get infected either directly by the droplets and microdroplets entering their respiratory system (mouth, nose) or indirectly when touching mouth, nose, eyes with their hands that have been in contact with contaminated objects or surfaces.

Therefore, **reduction of transmission** goes through:

- washing hands regularly and whenever needed

- reducing the risk of contact (avoid touching contaminated surfaces and objects; avoid touching face with hands…)

- physical distancing, to avoid being contaminated by droplets (at least 2 meters)

- coughing etiquettes, to reduce the spread of droplet/microdroplets

- reducing the number of contaminated surfaces and objects (cleaning, disinfection, good waste management)

- adequate ventilation to disperse the microdroplets

**- physical barriers such as wearing a mask**.

1. **TYPES OF MASKS AND WHO SHOULD USE THEM**

**We can distinguish 3 different kinds of Masks.**

All 3 types of masks have in common that they **can prevent droplets to be transmitted from the person wearing the mask; in addition,**  they also **prevent people from touching their mouth and nose with their potentially contaminated hands** (which is a very frequent cause of transmission).

The differences between them are explained below.

1. **N95/FFP2 RESPIRATORS**

* **What?**

This is the only type of mask that, in addition to preventing transmission of droplets from the wearer and touching mouth and nose, effectively prevents droplets and microdroplets to reach the mouth and nose of the person wearing it, if it’s worn correctly.

* **For who?**

This mask should **only be used for by Health care workers (HCW)** (clinical and nursing staff, midwives, OT staff etc.) **and frontline workers (FLW)** that are in **direct and close contact** with **people** and **patients**, putting them at risk of infection.

**Cleaners** are at risk of infectious particles introduced into the air by their cleaning which may bypass a mask that is not fitted, so therefore they should also wear a N95/FFP2 respirator.

* **Direct contact** means the HCW/FLW is providing care (examination, nursing, sampling, any type of intervention or procedure) or support (for eating, washing, toilet, movements, cleaning etc.).
* When N95/FFP2 respirators are not or insufficiently available: [*see contingency measures mentioned in OCB position towards masks for COVID-19*](https://msfintl.sharepoint.com/:b:/r/sites/OCB/COVID19-TaskForce/Shared%20Documents/Medical/Medical%20strategies%20and%20positioning/COVID19_OCB-POSITION-on-masks_20200408_EN.pdf?csf=1&web=1&e=qpMK7M)*.*

1. **SURGICAL/MEDICAL MASKS**

* **What?**

**Surgical masks**’main function is to act as a barrier, **reducing the risk of the person wearing a mask in transmitting droplets and microdroplets** (by significantly reducing the ongoing transmission or spread of droplets and microdroplets).

For COVID-19 surgical masks are also used to protect the person from droplets and helps **avoid touching their mouth or nose**.

Wearing a surgical mask does **not prevent microdroplets from reaching the upper airways of the person who wears it.**

* **For who?**

1. Surgical masks should be worn by **HCW/FLW who are not in direct and close contact with patients** or **people** (in contexts with local transmission), and **who can perform their duty while keeping distance**. The ideal distance is 2 meters. If this is not possible, it’s important to ensure good ventilation of the working area. As it is often not possible to guarantee the continuous distance at all times, surgical masks will significantly reduce the risk of transmission of droplets by the person who wears the mask.
2. If possible, surgical masks should also be worn by **HCW/FLW that are in contact with objects** coming from infected patients, such as staff in laundry, kitchen, lab…
3. If possible, surgical masks can also be worn by **COMMUNITY WORKERS**, in addition to their practicing of regular handwashing and keeping of 2 meter distance with the community members they follow. Attention must be paid to how the community will receive community workers wearing masks.[[1]](#footnote-1)

**AS THERE ARE OVERALL SUPPLY SHORTAGES OF SURGICAL/MEDICAL MASKS, THEY SHOULD BE RESERVED FOR HCW AND FLW.**

* When surgical masks are not or insufficiently available: [*see contingency measures mentioned in OCB position towards masks in times of COVID-19.*](https://msfintl.sharepoint.com/:b:/r/sites/OCB/COVID19-TaskForce/Shared%20Documents/Medical/Medical%20strategies%20and%20positioning/COVID19_OCB-POSITION-on-masks_20200408_EN.pdf?csf=1&web=1&e=qpMK7M)

1. **PATIENTS AND VULNERABLE PEOPLE** should also be given a surgical mask (unless they aren’t sufficiently available for HCW / FLW -> in that case they should receive a cloth mask (see below). This includes:
   1. Patients and caregivers entering a health facility. Masks should be worn to prevent onward transmission (patient could be recognized as a COVID-19 suspect or transmitting while asymptomatic) or to protect the patient by reducing the risk of infection in the health facility – touching face, etc.
   2. Patients with mild/moderate COVID-19 managed outside of a health facility (at home or in a specifically designated structure) to protect their family/fellow residents. If sufficient supply, caregivers can also receive surgical masks. In case of not sufficient supply, look for cloth masks (as caregivers may be asymptomatic) (see below).
   3. As a reminder, TB patients should ideally wear a surgical mask in order to prevent transmission of TB to other family member or people living in the same house. However, in times of COVID and as TB is a risk factor for Covid-19 complications, it is advised that TB patients and their family /other members living in the same house wear surgical masks (when available) to prevent COVID transmission. When there is not sufficient supply of surgical masks, then it is advised to use cloth masks (see below)

*For how to put on a surgical mask correctly, see* [*video in COVID HP toolkit*](https://msfintl.sharepoint.com/:w:/r/sites/OCB/COVID19-TaskForce/Shared%20Documents/Medical/COVID%20%26%20Vulnerable%20people/COVID19_Inclusion-of-disabled-people_guidance_MSF-Norway_en.docx?d=w6def2bcc4a0740a0b619bcdc39c1a348&csf=1&web=1&e=sttyQG)

1. **COMMUNITY MEMBERS** can also be given a surgical masks to prevent transmission of droplets (although not as effective as N95), **but only if there are sufficient surgical masks for HCW/FLW**. If not, cloth masks should be given.
   1. Masks are useful in the **general population** if feasible and supply allows. The distribution of surgical masks to these groups community must be **CONDITIONAL** on (1) **enough supply for HCW/FLW** and (2) accompanying distribution with the necessary **health promotion** on use and implementation of other infection control and prevention measures.
   2. If mass distribution/use of masks is not possible for the general population, due to supply shortages, priority should be for the **most vulnerable** groups, e.g. seniors in elderly homes, and patients in nursing or rehabilitation homes. Those who cannot easily practice other prevention measures should also fall into this vulnerable group. E.g. those living in an IDP camp, prison or densely populated areas may not be able to practice physical distancing, those without good water supply and soap won’t be able to do regular hand hygiene, etc.

For general community, cloth masks can be given as an alternative, see below.

1. **CLOTHS MASKS**

* **What?**

Cloth masks constitute a **physical barrier** reducing the onward transmission of droplets, as well as preventing the person who wears it from **touching their mouth or nose**. It **does not prevent microdroplets** to reach the upper airways of the person who wears it.

Cloth masks **do not have the same efficacy** as surgical masks, and are even less efficient than N95/FFP2 masks. The capacity of cloth masks in preventing transmission is linked to their shape, use and material. If ideally everybody would wear a cloth mask properly, then transmission would be reduced.

**Main specificities that will improve protection:**

1. **Shape**: should cover mouth and nose and be as close as possible to the skin.
2. **Material**: must be 3 layers
3. **Use:** must be worn correctly (*See more details in COVID TF SharePoint page - Cloth Mask)*

* In order to cover nose and mouth well, strings should be firmly attached. Inside layer should be on the face.
* Always wash your hands with soap and water before and after putting on and taking off your mask
* Avoid touching the front (=outer surface) of the mask, as this area is exposed.
* Sufficient reserve of clean masks should be available (at least 2 cloth masks per person) so you can clean your mask every day
* When not used, the mask should be folded inside out – the outer surface folded inward and against itself. This protects the inner surface from contamination.

* Store it in a clean sealable paper bag or breathable container[[2]](#footnote-2).
  + If you want to eat or drink, do not keep the mask around your neck but put it carefully in a container meant only for that purpose. Wash your hands before eating or drinking
  + The mask should be washed and changed regularly
  + Change your mask at least once a day, and more frequently if the masks gets wet/dirty or soiled.
* **For Who?**

Currently both CDC and WHO recommend the use of cloth masks for **the greater public** to reduce the spread of the virus especially in areas of significant community-based transmission.

For MSF this means:

* Defining which contexts/settings to prioritize the use of cloth masks
* Preparing community health promotion on why, when and how to use the mask as well as how to maintain them. Work must be done to prevent rumors and stigmatization, consider community perceptions, assessments, etc.
* Supporting and promoting cloth mask production locally (in line with the specifications as explained above)
* Ensuring the necessary mitigation measures are in place for possible risk factors linked to wearing masks.
* **In order of priority (although a combination of factors may apply) :**
* HCW/FLW whenever there are shortages of surgical/medical masks.
* Patients and their caregivers (in or out of a health structure), in case there are shortages of surgical /medical masks.
* Any setting where the other prevention measures will be either difficult to implement or perceived as insufficient:
  + IDP/Refugee camps, slums, prisons
  + Closed settings such as senior homes/rehabilitation centers
* People at risk of developing the severe disease:
  + Elderly
  + Those who have chronic disease (respiratory, cardiovascular, diabetes, obesity, TB and their caregivers/those living in the same house throughout the TB treatment)
  + People who are immuno-depressed (HIV/AIDS (especially if they are not virally suppressed and if they have a low CD4 count<200), malnutrition, malignancy)
* People at risk due to their frequent contact with people as for example:
  + Taxi drivers
  + Sex workers
  + Shop keepers
* General population, healthy < 65 years old with no underlying health conditions
* **Mitigating factors:**
* Strong community engagement and health promotion to support good perception and adequate use of masks. Incentives to communities to produce their own cloth masks might have an empowering effect on their self-esteem and self-efficacy for acceptance and correct use of cloth masks
* Support for storage of masks between uses
* Access to water & soap for washing the masks

**CLOTH MASK PROMOTION FOR GENERAL POPULATION**

1. **Is it relevant for your context?**

MSF teams should only consider cloth mask promotion for greater public, if it’s considered as having an added value as an infection prevention measure in the given context. This will depend on a number of variables, which should be assessed and balanced, before taking a decision.

The **2 main criteria** are:

* + Whether or not there is local transmission happening in your context
  + Whether or not the supply of surgical masks is sufficient in your context

Based on this, you can distinguish 3 different scenario’s:

* Scenario 1: Local transmission is happening in your context, meaning there are new infections from your area, and **surgical masks are limited.** Consider promoting cloth masks, in order of priority (see above) and as complementary prevention measure, if necessary conditions are met and following correct messaging.
* Scenario 2: Local transmission is happening in your context, meaning there are new infections from your area, and there is **sufficient supply of surgical masks**. Consider promoting use of surgical masks and **not cloth masks**, in order of priority (see above) and as complementary prevention measure, if necessary conditions are met and following correct messaging and prioritization of distribution discussed above. Below message should be adapted for use of surgical masks. Focus on correct use and safe disposal of masks (no washing or re-use). This scenario is currently not really common.
* For scenario 3: There is no local transmission, meaning there are no infections coming from your area. Focus should be on handwashing and physical distancing. It’s not recommended and relevant to prioritize promotion of masks for general population.

For scenario 1, there are **additional contextual factors that will need to be assessed through community consultation**, in order to determine the relevancy of promoting cloth mask use for a greater public:

* How is the **understanding of transmission** of COVID-19, as well the main **prevention** measures? How are these applied?
* *There might be other, more urgent operational priorities in terms of prevention*
* Is cloth mask use considered as **relevant** by communities? For which reasons?
* *If not perceived as a need by communities, promotion of cloth mask use might not be very efficient*
* What is the **position of MoH** regarding cloth mask use for greater public?
* *Important to harmonize and align our messages on prevention with the MoH messages. Contradicting messages would cause confusion, generate distrust and hamper credibility, and as such work contra productive.*
* What is the **position of other actors** (NGOs, Civil Society, Community Based Organisations,…) on cloth mask use for greater public? If yes, are they already working on this? Do they use the same recommendations? Is there **space to collaborate**, contribute? What would be the **added value** of MSF actively investing in this?
* *Importance of harmonization of messages and interventions + rationalization of efforts and resources.*
* How **feasible** is it for community members to follow the advices on how to make, use and wash the masks? Do the involved communities have the **necessary resources**? What is the access to water for washing hands and laundry? What is the access to materials to make a cloth mask?
* *Promotion of mask use might require a series of additional interventions to ensure that the preconditions are met!*

1. **HP Message on cloth mask use for greater public**

**For scenario 1**, the message could be:

**Community members that are moving in public places or are in contact with at risk people** (elderly – chronic pathologies…) should wear a mask to prevent spreading the virus. Wearing the mask will also help avoid infection through preventing the hands to reach mouth and nose (as they are covered by the mask). Remember that people can be infected with COVID-19 ***without showing symptoms*** and can still transmit the virus.

For community members, wearing a **cloth masks** can be a better option than wearing no mask at all **if:**

1. **They are made following to the right specifications**
2. **They are correctly used (see above)**
3. **They are regularly changed and washed at least once a day (see above)**

**If these conditions are not met, cloth masks can be part of the problem and become a medium for infection.**

**Remember that HAND HYGIENE AND PHYSICAL DISTANCING REMAIN THE MAIN AXES OF TRANSMISSION REDUCTION.** **Wearing a mask should not replace these measures, but further supports protection for the community.**

1. **HOW TO WEAR THE CLOTH MASKS?**

* The mask should completely cover your nose, mouth and chin
* The mask should be as close as possible to your nose and ears
* The inside and outside faces of the mask should be clearly identified (e.g. different fabrics used)
* There should be 2 pairs of ties

1. **HOW TO MAKE IT?**

**There are 3 kinds of cloth masks with 2 different shapes. There should be a minimum of 3 layers**of closely woven **cotton material.** Stretch fabric such as t-shirting material should not be used.

(*See more details in COVID TF SharePoint- Cloth Mask*)

1. **HOW TO USE IT?**

* Always wash your hands with soap and water before and after you put on and taking off your mask
* Sufficient reserve of clean masks should be available (at least 2 cloth masks per person) so you can clean your mask every day
* Avoid touching the front (=outer surface) of the mask.
* When not used, the mask should be folded inside out – the outer surface folded inward and against itself. This protects the inner surface from contamination.
* Store it in a clean sealable paper bag or breathable container.
  + If you want to eat or drink, do not keep the mask around your neck but put it in a container meant only for that purpose. Wash your hands before eating or drinking
  + The mask should be washed and changed regularly
  + Change your mask at least one a day, and more frequently if the masks gets wet/dirty or soiled.

1. **HOW TO WASH IT?**

Wash your mask every day. The mask can be washed at 60° C if you have access to a laundry machine. You can also wash it in a bucket of soapy hot water (between 30 - 60 °C according to fabric). If you cannot measure the water temperature, test the water with your elbow or wrist; it should feel hot and difficult to tolerate but without getting burned. Rinse the mask in water, dry it in the sun and iron it.

*For visual tools on mask use, see the HP COVID-19 toolkit.*

1. In case of negative perceptions, we need to balance the exposure risk toward the risk of rejection/non-acceptance of community workers, in order to decide whether or not to wear a mask. [↑](#footnote-ref-1)
2. A container that ensures air permeability, to avoid humidity [↑](#footnote-ref-2)