USE OF PPE & CLOTH FACE COVERINGS FOR UN PERSONNEL IN NON-HEALTHCARE SETTINGS
IN AREAS OF COVID-19 COMMUNITY TRANSMISSION

8 June 2020

Introduction

Personal protective equipment (PPE) (e.g. medical masks\(^1\) and N95 or equivalent respirators\(^2\)) should be prioritised for health care workers/carers of COVID-19 patients. Additionally, medical masks are shown to be effective as source control for symptomatic COVID-19 patients.

In this context, this document provides **guidance on the use of PPE and cloth face coverings for all UN personnel who engage in work tasks that require close and frequent interaction with people whose infectious status is unknown\(^3\).**  (Such individuals could include uniformed personnel, security personnel, patrol units, receptionists, drivers, personnel involved in food distribution, humanitarian workers…etc.) Please note that all task-specific requirements and existing SOPs for wearing protective equipment and taking general precautions would still apply, and should not be superseded by this guidance.

This guidance focuses on **personnel working in a non-healthcare setting, and in areas of significant community transmission of COVID-19\(^4\).**

The recommendations in this document should be adapted to the context in which you are working, and you should take into account your local health authorities’ advice. Where cloth masks and other PPE are mandated by the government, all UN personnel should abide by such regulations. The implementation of this guidance should also abide by the findings of the risk assessment done in your duty stations as part of response to COVID-19.

Evidence for Masks Use

COVID-19 is thought to spread via two main routes of transmission\(^5\) – respiratory droplets and contact (directly with the patient or indirectly with fomites/environment). In settings in which procedures that generate aerosols are performed, airborne transmission may be possible and this is an ongoing area of study.

Studies show that **an infected/ill person who wears a medical mask\(^1\) can prevent the spread of infectious droplets from that infected person to someone else.** WHO\(^6,7\) states that at present there is no high quality or direct scientific evidence on the effectiveness of universal masking of healthy people in the community to prevent infection from respiratory viruses including COVID-19. However,

---

1. Medical masks are also known as “surgical” or “procedure” masks
2. E.g. N95 or FFP2 or FFP3 respirators
3. Such persons may not be a confirmed or suspect case of COVID-19.
5. Respiratory droplets are generated when an infected person coughs or sneezes. Any person who is in close contact (within 1 m) with someone who has respiratory symptoms (coughing, sneezing) is at risk of being exposed to potentially infective respiratory droplets. Droplets may also land on surfaces where the virus could remain viable; thus, the immediate environment of an infected individual can serve as a source of transmission (contact transmission).

In summary, WHO advises that:

- In settings with known or suspected widespread transmission with limited or no capacity to implement public health measures or in high density population where public health measures described cannot be implemented (eg. Camp-like setting, refugee camps, other cramped conditions) then non-medical mask should be considered for a potential benefit of source control.

- In other situations where physical distancing cannot be achieved such as general public transport, or specific working conditions where the individual is in close contact with others, a non-medical mask can be considered.

- For high risk populations where physical distancing cannot be achieved and risk of infection or outcome of infection is high the WHO says to consider medical masks in these individuals in addition to those with symptoms (source control).

Universal Precautions for UN Personnel Working in Non-Health Care Settings

Use of PPE or masks is insufficient by itself and should not be relied on alone as a primary prevention strategy. All UN personnel working in close contact with others should follow the following standard precautions which include hand hygiene, cough etiquette and physical distancing to reduce the risk of exposure to the virus, including:

- **Hand hygiene**: Perform hand hygiene frequently. Perform hand hygiene with alcohol based hand rub (minimum 60% alcohol) for at least 20 seconds, or with soap and water for at least 40 seconds. Do not touch your face with unwashed hands.

- **Physical distancing**: Avoid close physical contact with others, including shaking hands and hugging. Maintain physical distance of at least 2m distance between yourself and others, especially those with respiratory symptoms (e.g., coughing, sneezing). Whenever possible, install physical barriers such as plexiglass. Place physical barriers to help maintain at least a 2m distance such as tables, chairs, cordon of areas. Use signs/stickers to show appropriate distancing.

- **Respiratory hygiene (cough etiquette)**: Cover their nose and mouth with a bent elbow or paper tissue when coughing or sneezing. Dispose of the tissue immediately after use, and perform hand hygiene.

Recommended PPE and Cloth Face Coverings for UN Personnel According to Activities

The following table outlines recommendations related to use of PPE and cloth face coverings for UN personnel who come into contact with the general public as part of their work duties. The recommendations consider both standard precautions principles, as well as specific COVID-19 related masks/PPE guidance from WHO.
Note that PPE shortages are anticipated in every category during the COVID-19 response, and PPE should always be critically reserved for healthcare workers and symptomatic patients.

Please note that all task-specific requirements and existing SOPs for wearing PPE and taking general precautions would still apply, and should not be superseded by this guidance.

**Table 1: Recommended PPE and Cloth Face Coverings According to Activities Undertaken**

<table>
<thead>
<tr>
<th>Category No.</th>
<th>Activities Undertaken by Personnel</th>
<th>Type of PPE / Cloth Face Covering Required to Reduce COVID-19 Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Able to maintain at least 2m distance from others</td>
<td>No PPE required. Cloth face covering can be considered for use. (Not generally needed if maintaining 2 meter distance).</td>
</tr>
<tr>
<td>2</td>
<td>Not able to maintain at least 2m distance from others No physical contact with others</td>
<td>Cloth face covering can be considered for use.</td>
</tr>
<tr>
<td>3</td>
<td>Not able to maintain at least 2m distance from others Have direct physical contact with others</td>
<td>Cloth face covering and gloves can be considered as local supply allow.</td>
</tr>
<tr>
<td>4</td>
<td>Not able to maintain at least 2m distance from others Anticipate splashes or exposure to bodily fluids.</td>
<td>Cloth face covering, medical mask, eye protection, and gloves and can be considered as supply allows and as per one’s risk assessment of situation.</td>
</tr>
</tbody>
</table>

**Specifications for Cloth Masks**


**Alternatives to Cloth (non-medical) Mask:** In the context of non-medical mask shortages, face shields may be considered as an alternative noting that they are inferior to masks with respect to prevention of droplet transmission. Shields would need to have a proper design that covers the side of the case and goes below the chin.
Management of Masks

Always remember that mask usage cannot replace other critical public health measures like physical distancing and hygiene.

If an individual decides to use cloth face coverings, below are useful resources on non-medical masks:


For any type of mask, appropriate use and disposal are essential to ensure that they are effective and to avoid any increase in transmission. Pay attention to the correct use of masks as follows:

- Masks are effective only when used in combination with frequent hand washing with alcohol-based hand rub or soap and water
- Place the mask carefully, ensuring it covers the mouth and nose, and tie it securely to minimize any gaps between the face and the mask.
- Avoid touching the mask while wearing it.
- Masks should be changed whenever they become dirty or moist.
- Replace masks as soon as they become damp with a new clean, dry mask.
- Remove the mask using the appropriate technique: do not touch the front of the mask but untie it from behind.
- After removal or whenever a used mask is inadvertently touched, clean hands using an alcohol-based hand rub or soap and water if hands are visibly dirty.
- Do not re-use single-use masks.
- Discard single-use masks after each use and dispose of them immediately upon removal.
- Cloth face coverings should be washed frequently and handled carefully, and changed if soiled or wet.
- Cloth face coverings should be completely dry after washing before using them.
- Cloth face coverings should not be shared with others.
- See WHO guidance on details on how to wash masks

For any questions, please contact dos-dhmosh-public-health@un.org