USE OF MASKS FOR UN PERSONNEL IN NON-HEALTHCARE SETTINGS IN AREAS OF COVID-19 COMMUNITY TRANSMISSION

10 November 2020

Introduction

This document provides guidance on the use of masks for UN personnel working in non-healthcare settings, and whose work requires close and frequent interaction with people whose infectious status is unknown\(^1\). Wearing of masks should always be part of a comprehensive approach, which includes improving ventilation, hand hygiene, covering sneezes and coughs, and more\(^2\). Furthermore, note that all task-specific requirements and existing SOPs for wearing personal protective equipment (PPE) and taking standard/universal precautions would still apply, and should not be superseded by this guidance. For any questions, please contact DHMOSH Public Health section at dos-dhmosh-public-health@un.org

Use of Fabric Masks and Medical Masks

For the **general public:** *Non-medical, fabric masks* should be used when physical distancing of at least 2 meters cannot be maintained with others. Examples of these settings include indoor locations that are crowded and have poor ventilation, public transport and places of high population density – amongst others. The World Health Organisation recommends\(^3\) to “make wearing a mask a normal part of being around other people”.

For **individuals with specific “high-risk” profile** per below: *Medical/surgical*\(^4\) *masks* should be worn instead of a fabric mask:

- Are over 60 years,
- Have underlying medical conditions,
- Are feeling unwell, and/or
- Are looking after an ill family member.

For **healthcare workers:** *Medical/surgical masks or respirator masks* (e.g. N95 or equivalent respirators\(^5\)) should be worn when engaging with patients with suspected, probable, or confirmed COVID-19.

Evidence for Masks Use

COVID-19 is thought to spread via two main routes of transmission\(^6\) – respiratory droplets and contact (directly with the patient or indirectly with fomites/environment). In settings (such as hospitals and

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\(^1\) Such persons may not be a confirmed or suspect case of COVID-19.  
\(^3\) https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public  
\(^4\) Medical masks are also known as “surgical” or “procedure” masks  
\(^5\) E.g. N95, N99, FFP2 or FFP3 respirators  
\(^6\) 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
clinics) in which procedures that generate aerosols are performed, airborne transmission is 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\(^2\) states that at present there is only indirect evidence for the use of masks by healthy individuals in the wider community and will provide more update as information becomes available. However, given a multitude of factors, the WHO has updated its guidance to advise that to prevent COVID-19 transmission effectively in areas of community transmission, governments should encourage the general public to wear masks in specific situations and settings as part of a comprehensive approach to supress transmission.

**Universal/Standard 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 universal/standard precautions to reduce the risk of exposure to the virus. This includes:

- **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.

- **Ventilation**: In enclosed settings, especially where there is poor ventilation, it is also very important to increase the rate of air change, reduce recirculation of air and increase the use of outdoor air\(^8\).

**Recommended PPE and Masks To Be Used According to Activities**

The following table outlines recommendations related to use of PPE and masks for UN personnel who come into contact with the general public as part of their work duties. The recommendations consider both universal/standard precautions principles, as well as specific COVID-19 related masks/PPE guidance from WHO.

Note that PPE and medical masks shortages are anticipated in every category during the COVID-19 response, and PPE and medical masks should always be critically reserved for health care workers and symptomatic patients.

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Table 1: Recommended PPE and Masks By Work Activities in a Non-Healthcare Setting

<table>
<thead>
<tr>
<th>Category No.</th>
<th>Work Activities Undertaken by UN Personnel</th>
<th>Type of PPE / Masks 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. Use of non-medical, fabric masks can be considered.</td>
</tr>
<tr>
<td>2</td>
<td>Not able to maintain at least 2m distance from others</td>
<td>Use a non-medical, fabric mask.</td>
</tr>
<tr>
<td></td>
<td>No physical contact with others</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not able to maintain at least 2m distance from others</td>
<td>Use a non-medical fabric mask. Use gloves as local supply allows.</td>
</tr>
<tr>
<td></td>
<td>Have direct physical contact with others</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Not able to maintain at least 2m distance from others</td>
<td>Non-medical, fabric masks, medical mask, eye protection, gloves and gown can be considered as supply allows and as per one’s risk assessment of situation.</td>
</tr>
<tr>
<td></td>
<td>Anticipate splashes or exposure to bodily fluids.</td>
<td></td>
</tr>
</tbody>
</table>

**Specifications for Cloth Masks**

**Fabric masks** should be secured with elastic loops or ties, include multiple layers, be washable and reusable⁹.

They should ideally be made of three layers of fabric.

- Inner layer of absorbent material, such as cotton.
- Middle layer of non-woven non-absorbent material, such as polypropylene.
- Outer layer of non-absorbent material, such as polyester or polyester blend.


In the context of non-medical/fabric 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.

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Management of 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.\(^\text{10}\)
- 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.
- The use of masks with exhalation valves is not recommended. These masks are intended for industrial workers to prevent dust and particles from being breathed in as the valve closes on inhale. However, the valve opens on exhale making it easier to breathe but also allowing any virus to funnel through the valve opening, making the mask ineffective at preventing the spread of COVID-19.

All individuals wearing a non-medical, fabric masks should review this WHO video on “How to wear a fabric mask” available at [https://www.youtube.com/watch?v=ciUniZGD4tY&feature=youtu.be](https://www.youtube.com/watch?v=ciUniZGD4tY&feature=youtu.be)

For any questions, please contact [dos-dhmosh-public-health@un.org](mailto:dos-dhmosh-public-health@un.org)

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