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INTERIM ADVICE FOR PREPAREDNESS AND RESPONSE TO CASES OF COVID-19 AT POINTS OF ENTRY IN THE EUROPEAN UNION (EU)/EUROPEAN ECONOMIC AREA (EEA) MEMBER STATES (MS)

Advice for reducing droplet transmission of COVID-19 on board conveyances by using face masks

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The document is based on interim advice developed by EU HEALTHY GATEWAYS for preparedness and response to cases of COVID-19 at points of entry in EU/EEA Member States (<https://www.healthygateways.eu/Novel-coronavirus>), current evidence and guidelines (as of 8 April 2020) from technical documents of the European Centre for Disease Prevention and Control (ECDC) (<https://www.ecdc.europa.eu/en/coronavirus/guidance-and-technical-reports>) and guidance from the World Health Organization (WHO) (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>).

Based on available evidence about SARS-CoV-2 (as of 8 April 2020), the current consensus is that there are two main routes of transmission for the virus, via respiratory droplets and contact¹. Recent evidence regarding the transmission of SARS-CoV-2 suggests that while the virus is transmitted mainly by symptomatic laboratory confirmed cases, persons who are pre-symptomatic and at the beginning stages of infection (experiencing mild or no symptoms) can contribute to transmission of the virus^{1,2}.

Although it is not known how much the use of face masks in the community can contribute to a decrease in transmission in addition to the other countermeasures, it is suggested that face masks **can** play a role in decreasing transmission in the community by reducing excretion of respiratory droplets from individuals with COVID-19 who may have not yet developed any symptoms compatible with COVID-19 and are unaware that they are infected². It is proposed that asymptomatic persons using face masks could be regarded as an extension of the current practice of face mask use by symptomatic individuals².

In community settings with epidemic situations where the number of persons who are pre-symptomatic and at the early stages of infection (experiencing mild or no symptoms) is expected to be high, the use of face masks in the community **may** be a means of source control and could be considered in certain situations².

Wearing cloth face coverings (non-medical face masks)[†] in public settings could be considered where other physical distancing measures are challenging to maintain (e.g. grocery stores and pharmacies), especially in areas with community-based transmission³. While the use of cloth masks should not be promoted and cannot be considered as a protective measure against COVID-19, where severe shortages of personal protective equipment (PPE) exist and medical masks are not available, cloth masks are suggested as a last-resort⁴. Information on the use of community masks can be found in the section below (“General considerations for the use of face masks”).

[†] Non-medical face masks (or ‘community’ masks) include various forms of self-made or commercial masks or face covers made of cloth, other textiles or other materials such as paper. They are not standardized and are not intended for use in healthcare settings or by healthcare professionals (European Centre for Disease Prevention and Control. Using face masks in the community. Stockholm: ECDC; 2020.) <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-use-face-masks-community.pdf>.

The WHO indicates that considering the global stockpiles of PPE are inadequate and there is increased global demand for PPE, it should be ensured that PPE use (including use of medical face masks[‡]) is rationalized and appropriate⁵. In the current context of the COVID-19 pandemic, priority for the use of face masks should be given to health care workers over the general community².

Passengers and crew on board any type of public conveyance operating nationally or internationally, who are not ill or showing symptoms compatible with COVID-19 should consider wearing a face mask. Transport conveyances include aircrafts, cruise ships, cargo ships, ferry boats, inland navigation vessels, buses, taxis or other non-private vehicles, metros and trains. The use of a face mask **doesn't substitute** – for passengers, crew and any other person on board – the physical distancing of more than one meter if feasible, frequent and strict hand hygiene, respiratory etiquette and avoid touching face, nose, eyes and mouth.

General considerations for use of face masks (including non-medical “community” masks):

- It is important that face masks fit against the face snugly but comfortably, entirely covering an individual's face from their nose to their chin^{2,5}.
- Non-medical cloth coverings should include several layers of fabric while allowing the wearer to breathe comfortably without restriction⁵.
- Proper wearing (donning) and removing (doffing) procedures/best practices for face masks should be followed. Face masks (including cloth coverings) should be secured with ties or ear loops. Face masks should be removed from behind and the wearer should be careful to avoid touching the mask (front side) or their mouth/nose/eyes². Further guidance on donning/doffing masks can be found from ECDC and WHO:
 - ECDC guidance on procedures for donning and doffing PPE in healthcare settings for the care of patients with suspect or confirmed COVID-19: <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-guidance-wearing-and-removing-personal-protective-equipment-healthcare-settings-updated.pdf>
 - WHO guidance on mask management: [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)
- Perform frequent hand hygiene with an alcohol-based rub or soap and water, including before wearing and after removing a face mask. Hand hygiene must be performed immediately after removing the mask and disposing of it².
- A face mask should be changed whenever it gets moist.

[‡] A medical face mask (also known as surgical or procedure mask) is a medical device covering the mouth, nose and chin ensuring a barrier that limits the transition of an infective agent between the hospital staff and the patient. They are used by healthcare workers to prevent large respiratory droplets and splashes from reaching the mouth and the nose of the wearer and help reduce and/or control at the source the spread of large respiratory droplets from the person wearing the face mask. Medical masks comply with requirements defined in European Standard EN 14683:2014 (European Centre for Disease Prevention and Control. Using face masks in the community. Stockholm: ECDC; 2020.) <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-use-face-masks-community.pdf>.

- Ensure safe disposal of disposable face masks (e.g. in a closed bin or in a closed bag) and perform hand hygiene immediately after disposal. More information on how to properly manage (don, doff and dispose of) face masks can be found here:
<https://www.ecdc.europa.eu/sites/default/files/documents/Home-care-of-COVID-19-patients-2020-03-31.pdf>
- Reusable face masks should be laundered after each use, as soon as possible, using common detergent at 60 °C². It is important that laundering face masks does not change the fit or damage the face mask.
- Maintain at least 1-meter distance from travellers at all times as far as practicable.
- Cloth coverings should not be worn by children under the age of 2 years, individuals with breathing difficulties or those who are unconscious or unable to remove a mask on their own⁵.

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For any questions or support related to the points of entry, please email info@healthygateways.eu

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