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Guidance

# New recommendations for primary and community health care providers in England

Updated 15 April 2021



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Mirroring the June 5 2020 Secretary of State for Health announcement, from July 13 2020:

- providers of primary and community health services should ensure that measures are in place so that all settings are, where practicable, COVID-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate
- where a setting cannot be delivered as COVID-19 secure through all other means, a local assessment may conclude that primary and community healthcare staff **(both in clinical and non-clinical roles)**, when not otherwise required to use personal protective equipment, should wear a face mask; worn to prevent the spread of infection from the wearer\*
- where a COVID-19 secure environment cannot be maintained, patients and members of the public entering primary and community healthcare premises should be advised to use face coverings in line with government advice (<https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home>)

\*The recommendation is for a Type I or Type II face mask worn to prevent the spread of infection from the wearer. If Type IIR face masks are more readily available, and there are no supply issues for their use as personal protective equipment, then these can be used as an alternative to Type I or Type II masks.

The extended use of face masks does **not** remove the need for other key bundles of measures to reduce the risk of transmission of SARS-CoV-2, including social or physical distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. Reliance on individual (as opposed to bundles of) measures to reduce the risk of virus transmission is not sufficient.

This guidance will be reviewed as new detail and evidence on COVID-19 emerges. As rates of COVID-19 change in both community and healthcare settings, and notably the nosocomial transmission of SARS-CoV-2 decreases, the case for continued use of the extended face mask recommendations will be reviewed.

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