PPE - Mask Fitting - Ref136KP

Steven Bruce
So today I'm joined by Karen Pool. Karen is the operations manager at Browns health and safety. She is also a face to face or face to face trainer and has been doing that since 2014. She's fitted hundreds and hundreds and hundreds of masks. So although COVID has added a new dimension to what she does, she's a real expert in getting masks to work for you, Karen, great to have you with us. How are you? I'm good. Thank

you.

Steven Bruce
Right. So you've done lots of mask fitting, but as I said, I mean COVID added a new string to your bow, isn't it? Because you had to branch out into sort of virus control rather than Dustin particle control? And I guess one of the things that it might be worth as clarifying is what some of the terminology means. Lots of people refer to IR masks, which actually more correctly is a type two r mask, isn't it? Because it's Roman numerals. It's not IR? What? What does that mean? type two r?

Well, the two types, like you said is II R, and their medical face masks. So these are particles, these are used for droplets. And they are all that means is the splash resistance. So if you're wearing a Type Two Face Mask, it's not got any armour on it, it doesn't offer any protection against droplet resistance. And understand that the guidance that you guys have been given is that you actually wear the eye or mask in your practice.

Steven Bruce
Yeah, and and that is what we would typically I mean, I've got an example here, what we've been doing in my own clinic, we just, there's just surgical masks, aren't they?

Yes, they are. Yeah.

Steven Bruce
So bog standard. Is there anything while we're dealing with this particular type? Is it anything we particularly need to know about making these fit correctly?

Well, it's all about the taking on and the taking off of the mask. So we need to make sure that we're following proper protocol before we actually put the mask on of washing your hands, putting the ear loops on and I can provide a document that you can circulate to people, people put on your website that

actually gives photographic evidence of how to put it on and put it take it off. The only other thing you need to be aware of is the need to be CE certified. And the numbers are even on 4683 2019. So that's the the certification make sure that they are what they say they are on the box to be honest. And so so yeah, it's all about hand hygiene, making sure that you put them on the lip on your ears. And then once you've gotten on the ear to actually sort of like, pull it down over to make sure it covers your nose and your mouth, under your chin. Now they are not tight fitting masks, so they don't need to be faced fit tested.

Steven Bruce
Right. Okay. And what about whether any other constraints with it. So in typically, when I put these things on, I spend a lot of time pinching this little white bit at the front of the mask to make it fit around my nose. But I saw from the document that you mentioned, we're not supposed to touch these masks once we've got them on.

No, I mean, you the idea is that you do smooth it around, because some of them do have metal things in them metal strips, but I, as far as I'm aware, the medical ones that you buy, that are certified, don't have the metal strip in them. So the idea is, is it is loose fitting, so it's not really tight fitting, it's just loose fitting. So you may see that there is little gaps down the side, etc. But it's just a coverage of the mouth and the nose is the important thing. Unfortunately, I don't know and I have can't invent anything to stop glasses steaming up when you've got them on. And otherwise, I'd be sitting on a beach somewhere. I imagine they're counting my money if I could find something that's steaming it.

Steven Bruce
Well, interestingly, motorcyclists and scuba divers will probably have some suggestions here because for years, years, they've had that problem inside helmets and scuba masks. And there's a compound which I used to put inside my motorcycle helmet, which was supposed to stop the visor from swimming, but it was pretty effective. So might be worth looking online for something like that and just putting that on the ground on the glasses. Of course everything will probably become very blurry after you've done that. But, okay, so yes, the masks that I use in my clinic and most of the ones I've seen, they do have that metal strip in them. You'll notice as I say on the document, you centre so you know you're not meant to touch the mask, presumably because particles that you are generating will be on the outside of the mask.

Yeah, because they only filter so much and so there will be particles on there. And that's why people need to be careful when they're taking them off as well because you can reuse them. So If you see a client, and then you take the mask off, if you put it into a plastic container or a plaque, so it's sealed and secure, then you can use it for another client. And if people are worried about disposal of them, I mean, obviously, the best thing would be to use one per client, but I understand people's perception about money, and also what impact it has on the environment. Because I've seen pictures of poor little birds with these masks wrapped around their wings. And they say the guidance is, you know, to cut the straps before you actually dispose of them as well. Because although you put it in the bin, we don't know where they're going after the bin mens collected it or whoever, you know, collects your waste. So

it is always a good idea just to snip the actual loops after you've taken them off, to dispose off just to protect the wildlife as well.

Steven Bruce
I noticed on the bag that I've got here for these masks that it says there it says single use. And I very much suspect that in a medical environment, even though we're not in surgery, we probably ought to adhere to that.

Yes. Yeah.

Steven Bruce
Yeah. And, and I'm also guessing, again, you can put me right on this, that single use means the time between putting it on and taking it off, it could mean multiple clients as long as you haven't touched and taking the mask off. Yes. Okay. Most people would resist doing that because they want to break for a cup of coffee or to clean the room or whatever, they want a bit of a breather themselves. So okay, I one thing that puzzles me, I see a lot of people who twist the straps over their ears, when they put them on it, is there any problem with that does it

most people do it just to make it fit better. And but sometimes, if you create a crease, it also creates more of a gap. So it may feel a bit tighter for you. But if you actually create more of a gap at the side because of the crease. So the idea is, is to sort of like wear it as it is. So like I say it's not close fitting, if you want it to be close fitting, then you need to go down the the FFP route, but for the actual just surgical masks, and there is no need to actually tie the loops or whatever they are universal fit or fortunately,

Steven Bruce
somebody just sent me a question saying if we cut the straps, don't we then have to sterilise the scissors creating more work for people? Are you in question? Isn't it my own instinct is well, if the scissors are saying staying in your doffing room or whatever we're going to call it these days, then they can stay there. And as long as you remain hygienic, then that won't be transferred to your patients. So

yeah, because it's in the floodlit that that couldn't send to people you know, is say sterilised hands before you put it on. And once you've taken it off, sterilised your hands and you've took it off, cut the cut the straps, you should be fine.

Steven Bruce
Yeah, just remind me, then I remind all of us perhaps, what's the purpose of the mask who is getting protection from this mask,

right? If I am wearing a mask, and you're in high room, I am protecting you. And so the mask isn't really giving me any protection, the mask is protecting you from me putting droplets out into the air that you may inhale.

Steven Bruce
Right? So presumably by that same logic, it will be preventing droplets getting in from patients. But it won't be preventing other airborne virus particles other than droplets.

No, no.

Steven Bruce
Okay. But of course, what is also doing terms of the airborne particles as opposed to droplets, it's reducing the velocity of air coming, coming out, just being there. So it's down the distance where I want might be infectious to other people. Which, again, isn't this is I know, this is not your area of expertise. But it also reinforces to me the need for our patients to wear these masks. And we have had some discussion in the past, over whether a patient who refuses to wear masks should be allowed access to our clinic. And I believe that we are allowed to say no, because they have alternatives, they can go to other clinics. But we can't risk ourselves and our patients, particularly ourselves, because we would then pass on the bug to potentially lots of other people.

A lot of this is done to the risk assessment as well as actually risk assessing your own environment and your own services. And you know, you've got to do what's right for you. And all risk assessment should be practicable, you know, so it's got to be reasonable. And if you think the risk to yourself is too great, because your patients are not wearing the mask, then you ultimately have to take the decision to say well, actually, that's what we're going to say that's our policy. And I think further down the line we are now then back in March. More people I used to wearing masks, and with Morrison's and Sainsbury's and Waitrose putting out there like guidance over the past couple of days, I think that will only increase people's choice to actually wear the mask. Right?

Steven Bruce
Yeah. And I thoroughly approve of people having choice. But I think practitioners also need to bear in mind they have the opportunity to have the rights to exclude people from their clinics, if they don't wear the masks, because there's too much of a risk in such a high turnover, close contact environment amongst people who are already potentially ill. So you mentioned risk assessment. Now, that's a very important thing. Do you find that all the businesses that you contact Are they all done a COVID risk assessment?

Complete the risk assessments for our clients. So that's part of our role, as they're, most of the clients are under a contract with us. So part of our contract is to keep them up to date with legislation. And obviously, with COVID, that has meant that we've had to do an awful lot of risk assessments. And

obviously, risk assessments then change when legislation changes, so can imagine with, we've written them and rewritten them and rewritten them again, just to make sure that they are COVID. Secure.

Steven Bruce
Right? So actually, I mean, I'm asking questions which I know the answer. practitioners, all the people watching this show, they should for their own osteopathic chiropractic physio, therapeutic practices, they should all have done a risk assessment of some sort, or had someone do it for them, shouldn't they?

They should. Yes, yes. And the HS. Sorry, the HSE are actually doing spot checks. So they can actually just walk into any premises and actually ask to see your COVID risk assessment. And we've had a number of clients from all different industry sectors that have had visits from the HSE, where they've actually said, Can I see your COVID? risk assessment?

Steven Bruce
Right? I wasn't aware of that. So how, how complex does this risk assessment have to be what have you got to cover?

And just you need to look at the hazards and that is in your environment. So who are you protecting, so it'd be yourself it will be your clients, and your patients, other members of staff and visitors that come in. So you need to make sure that you think about everybody that is coming into the environment, whether it be the cleaner, and just looking at what procedures you are putting in place to make sure you're doing everything you possibly can to make that environment as safe as you possibly can. You're never going to get rid of every single element of the risk, you can lower it. But you'll never get rid of any risks. No, no, nothing is no risk. Everything we do, we step out of bed, we take a risk.

Steven Bruce
Interesting, again, you said that because I was talking to an infection control specialist about COVID, some time ago. And they were saying that exactly as you have just said, you cannot eliminate all the risk, all the measures that we're putting into place are bringing the risk down and playing the numbers game of what is an acceptable level of risk in a business, just as I guess we would do with any other disease or any other particular hazard in the workplace. So we have a bit of a concern in our practices about aerosol generating procedures. Now, I don't know if any of your clients have such a thing. But it is obviously something which lots of people want to consider. How does that affect your risk assessment? If you decide that you have one of those? If you are that using a GPS?

And to be honest, I don't really know much about a GPS. So So can you just give me a bit of an explanation of what you mean by a GP?

Steven Bruce

Yeah, I think the the typical, the classic instance of an a GP is forced ventilation of a patient in hospital where you're actually pushing air into a patient and receiving air out of them. I don't think that constant overpressure of air does that. But in our case, we have techniques where if we take what we somewhat lovingly call the dog technique, we put an arm around the patient, we press down on the chest, which means that if my patient is lying in that direction, I'm pressing down on the chest, their head would be here somewhere. And as we press down, it's possible that they might exhale. More or less forcefully. I mean, it's not as forceful as a cough generally or sneeze, but it's they can do it. So what we're saying is we're forcing air out. Now I kind of I kind of know the answer to the question because it's as determined by an authoritative read Assessment group that if you're doing CPR, I knew that you were Browns have a lot to do with first aid training, doing chest compressions is not an AGP. Now there is a lot more force going through the chest in a chest compression when you're compressing a third of the depth of the chest than there is in one of our techniques, which is very short, very sharp and very low amplitude. So already, there is less force going through the chest, we might be a little bit closer to the patient's face, but the patient will also be wearing a mask, and we won't be directly in front of their faces. So the risk again, is minimal. And techniques we use are not aerosol generating. And I'm sorry, I'm I'm banging on about this because it's a really important point. Because the minute you see that you have an aerosol risk in your practice, you have to adopt completely different procedures as I understand it.

And I understand, you would be asked to wear face visors and things like that, is that the sort of light?

Steven Bruce
Yes, yeah.

So thing you were the answer you're expecting. I mean, obviously face visors, I mean, we would still say keep the mask on, even if you've got a face visor on. So if you know you're going to do that technique, then if it's deemed a risk, low your risk assessment, then you would need to put a control measure in. And when you're looking at risk assessments, the first thing that shouldn't pop into your head is always PPA, which is almost it should be the last resort. So the last thing we should be thinking about is PPA, but because it's the easiest thing pops into people's minds first. So is there anything else we can do? Do we have to do that technique? Or is this something else we can do? Possibly not? So can we isolate it, you know, so you reduce the risk by isolating into the room, there's not that a bit, there's only going to be the two of you in the room. So you're reducing the risk that way, and then going down, you will eventually come down to the PPA, and which would be make sure you wear goggles or a visor.

Steven Bruce
Ready. Now, in terms of our risk assessments, I want to make it quite clear to my audience that I am not saying that you fudge the risk assessment in order to justify the type of PPA you need. It has been established that we do not use aerosol generating procedures in our clinic using standard osteopathic chiropractic techniques. So therefore, in your risk assessment, you need to make it clear that you are not doing aerosol generating procedures, which means that we can revert to the sorts of masks that we've already been discussing here, Karen, back to masks again. And what about these k n 95 masks

of which I have a box also on my table slightly. They've got a metal strip, but they're sort of a bit more shaped and so on then the the type two R's.

Yeah, these are classed as PP, whereas the the surgical mask is not really classed as PP for the workplace. So the K and 95 K and 95 is just a European at sorry, an American technology. And there is also n 95. So there's different sort of like versions of it, depending where you're buying the mask from. So again, you know, you need to make sure that these pieces are will be labelled as ffps. So this is the amount of filtration that they airborne particles that they have like filter through. So you can get a p one or P two or a p3 p3 being the highest protection now Okay, and 95 is a p two. So that's the equivalent of an FF p two. Now that would need to be faced fit tested if you were wearing that. And in a in an environment that requires you to have an FFP mask.

Steven Bruce
Okay, so as I understand it, we are required to wear these type two are the IR masks, we're not required to wear FFP tubes. So there is no requirement for us for us to have our mask fitted. So that means I could wear one of these without having it because it's as good it's as good as the surgical mask.

Yeah, yeah, I'd be honest, it's probably better than the surgical mask because it will do the liquid and the particle. But you don't need to have the particle for what you're doing. Because you're not in a dusty environment. I so

Steven Bruce
we bought these from my clinic. from China. We went what the what the route was for us. And the box looks like this. There's nowhere on this box where I can see any certification and we've been unable to get it from the manufacturers. So we are not using These ones in the clinic, we've gone to the type two hours. But what is that? What is the certification for these FFP? Two K and 95? n 95 masks?

Should be n 149 2001.

Steven Bruce
Is that the same as the one you gave me earlier?

No, that was

that was a that was n 146832. This was n 143. That covers p one p two and P three ratings.

Steven Bruce
Okay. And as long as we see that on the packaging, we can trust it, can we?

Well, you say that we did exactly the same as you we purchased them way back in April, and only predict, you know, what you can get your hands on at the time they did come from China. And there was a whole host of news reports on PP, that was not standard, even though it had the E n numbers on them. So we'd have like, took the decision to throw them away, because we thought we bought them from China, we can't guarantee. So it's kind of buying it from reputable suppliers, rather than just you know, googling and going online. And you know, we will you know, from then on, we did buy from screwfix or wherever, you know, lots of other places that you can buy them from, but it is it is very difficult to tell because these these fraudsters are very good at putting e n numbers on

Steven Bruce
what actually it leads on to a question that Sue has sent in because she said she's been wondering whether to insist that patients wear the same masks that we're wearing, because the sort of things that they're coming into the clinic and she says look pretty useless. But yet, we have been told in the past, I remember by the government that any face covering is better than nothing. But what's your view on that?

I guess it's the wording, whether you ask them to wear a face mask or a face covering, if you ask them to wear a face covering, then that could be anything from a scarf to you know, a piece of material that they've made a homemade basketball, which is only 111 copy of the word now just it's just one layer. So whereas a mask, you know, if you ask him for a face mask, that is different to a face covering. So I would say you know, I would ask your patients to wear a face mask rather than a covering.

Steven Bruce
And the ones that you see when you walk into the co op or any other supermarket you see, you see them selling the things at the door because people go in for being forgotten. And they're I don't know, they they look like some sort of thin form of neoprene to menu or something similar? Are they any good?

And again, without actually looking at them individually, it's very difficult to tell. And, you know, it could be an eye eye mask rather than an IR so it without actually seeing the box or anything, it would be very difficult for you to tell. And when your client came in what they were actually wearing. So that without asking them to bring the box, which obviously practically couldn't it is about trust in their common sense, unfortunately, common sense is a very common is it? So we do have to be but I think I think definitely we need to be looking at the word in a face mask rather than face covering.

Steven Bruce
Yeah. Pietro has asked whether there's a template or something similar that we might use to complete a risk assessment.

And I'm sure I can put something together for you. Yes.

Steven Bruce
would be very kind. And I think actually we did right at the beginning of the crisis. I think we also did something with core Clapton, although whether it is still relevant. I'm not sure it would have been some slight changes in in guidelines. But that'll be very helpful. Thank you. Charles has said he takes down the top of his mask with micropore tape because that stopped his losses from steaming up.

Try that.

Steven Bruce
Robin has asked about tracking Tracy says that he's heard that they'll only consider us compliant. If we use a mask as per user mask as per patient, use a mask per patient a big problem. So Robin saying we have to use a single mask for a single appointment, and not very them, which makes perfect sense to me. And as I said, I suspect that most practitioners won't want to keep wearing them for that

mistake.

Steven Bruce
What about sessional masks though, because there are masks available which you can use for a complete session, as they call it. In other words, maybe the whole morning or whatever.

And, I mean, there are there are lots of different products out there. There are hundreds of products out there that people have invented or manufactured and to help people and it is all down to personal choice as long as they are compliant to the end numbers. Then it's down to personal choice because I know that There's some that you can put filters in and just dispose of the filter. So you're not disposing of the whole mask, you just dispose of the filter. And as long as those filters comply to the end numbers, then that's absolutely fine.

Steven Bruce
Okay, and that's actually brings us on to a question by pepper, which was about the tailor made mask, which is called the Eco breathe, which I think is a silicon, it's a shaped silicon mask, the shape is a bit like one of these kn 95. But there is a circular aperture at the front for a replaceable filter. So you're saying that me that it's all down to whether that filter meets those standards.

And the good thing about those silicon masks is they will actually give you a better seal around your face. Which, you know, obviously helps because the better the seal the the better protection for yourselves. And so you know, they are, you know, quite a good idea. They're a bit like the half mate face masks that we use for just protection etc. Yeah.

Steven Bruce
Peppers asked also whether if a patient comes in wearing a mask inside out or upside down, should we get them to put it on properly? Or should we just say taking it off and putting it on again, is is more of a risk and just leaving it as is? These are the these things one way these,

the blue side should be out? Yep. So the white side goes to your face.

Steven Bruce
difference.

And it's just just the way I don't I don't know why they've done it like that, because there's no instructions in them to actually tell you which way to wear them. But my my son spent an awful lot of time in Taiwan, and he said, you know, everybody knows to wear it the blue side out. But when he came back to England, he said I couldn't believe the amount of people that were wearing it inside out, so to speak. And but I don't know if it's that it must be down to the way they're manufactured and the filtration that, like I say there is no instructions in them. And and as regard if they're wearing it upside down, I personally would ask them to put it on correctly, because the risk of them taking it off and putting it on if you ask them to do it outside your clinic room or whatever. And the risk of them taking on and putting back on, or taking it off and put it back on is far less than them actually sitting there in the room with you for say 30 minutes with it on incorrectly wearing it upside down or whatever. So I would say yes get asked them to put it on correctly.

Steven Bruce
Robin says the type to our primary scientists top surgeons dribbling into body cavities, according to a nice surgeon patient that presented a while ago and he's absolutely right. I remember that. And of course me but that is exactly what you said to protect the other person not the wearer of the mask, isn't it? And it's it's good for droplets. It's good for cutting down the velocity of stuff that's going out. And PIP says that the blue side is the waterproof layer, which still doesn't answer my question because it's still waterproof whichever way round you have it it's it's on the outside one way. I was wondering whether it's because the elastic straps fit on the outside on the blue side. And maybe they feel a bit safer if Matthews echoed what we said earlier on about Faker and acceptable and inapplicable certification. And we've had several discussions with suppliers and he just doesn't trust what the suppliers are saying about those masks. I've been asked here to to think viewers because someone on Facebook last week said they're short of CPD and we've been recommended by lots of viewers remind them that we're doing two free shows still every month has nothing to do with masks at the moment, but I will make sure I mention it again towards the end of the show. So tell us some horror stories. And one of the things that we people get wrong with masks then

the problem is with not the surgical masks, but they the dust masks and things like that, that you need to wear to protect yourself in a say a construction site, and is that they don't realise that it's a legal requirement that they actually are face fit tested for these masks. So they need to make sure that the

mask fits them. Not everybody wears a size 10 shoe. And so not every mask will fit every person. And I once did a lot of testing for a very big builder and what won't mention any names, but there were 27 people tested and 24 of them failed the test because the mask didn't fit them properly but their employer thought he was doing the right thing. Just by giving them a mask. Unfortunately it doesn't work like that. We need to make sure that the mask actually fits the wear otherwise you might as well not wear it and and like you say it's people wearing them upside down and you see an awful lot of people now out when you're out shopping With them below the nose or around the neck or hanging up in their car, on their interior mirror. And when you drive along you just thinking really how much contamination is that mask, you know, but out to everybody else in the car, etc. So yeah, there's lots of difference of light. The biggest thing is the lack of awareness. You know, this law has been around since 2012, to be Facebook tested. But there are so many people out there that are not being tested. And the HSE can just come along and pop your phone and it's 154 pounds an hour for their pleasure. So it consumed mount up.

Steven Bruce
Yeah, but fortunately, you've reassured us that we don't need the FFP to so we don't need to have them fitted. And even if even if we were wearing FFP, two, we still don't need to have it fitted because the lowest standard if you like is

right. That's right. Yeah. Yeah.

Steven Bruce
Robin tells me that he's just bought a stealth light pro FFP. Three, yeah, he and 149 2001. Apparently they're good for 28 days per filter. You get the mask and five filters for 50 quid, but he's not sure we can use them that way. Is it acceptable to use that type of mask in this fashion in one of our clinics?

Yes. And it because it's far greater above and beyond what you're being recommended to wear FFP three will protect you against asbestos. So it's very fine particles, the numbers, the three are down to the Denyer of the it's a bit like the den you have ladies tight. So the fabric that they're making

Steven Bruce
with a Robin's tights in it?

Oh, well, yeah, yeah. Whatever you do at the weekend is entirely up to you. Yeah. But it is down to that how close knit the actual sort of like filtration is. So an FF p3 stealth mask i know i think is the black one is talking about. And that will give you you know, really good protection, you don't need to be faced with tested it in your environments. But if you were working in a construction environment, then it would need to be faced with testing. But in your environment, he would not. But it will offer you good protection.

Steven Bruce

Interesting, though, that Robin I think earlier on said that under track and trace were not considered compliance unless we are using a single mask per patient. He's got ones here filters are filters that are good for 28 days, but he's not gonna change those in between patients. So I'd be fascinated to know what the HSE response to that was. Somebody else

quite interested as well about the 28 days because that is very dependent on the environment that you're working in. Because if you're working in a fairly clean environment, it probably would last 28 days. But if you're working in an environment where we're putting up bricks, bricks, and you're generating lots of dust, it would not last 28 days.

Steven Bruce
Hopefully we're not doing that in our treatment rooms. I'd be more concerned about what's accumulating on the outside of the mosque because, you know, they're putting it on taking it off. Yeah, putting it on taking it off, just adjusting it, you're going to be touching the outside of the mask. And if there are the patient's bugs or your own bugs on that mask, then you're going to be putting those somewhere. So again, you still got to adhere to that sort of hand sanitization that you mentioned earlier on and all those other measures. Matthew, despite the fact that we have said, We don't need to get face tested, he says, Where do we get it done? Well rounds in a minute.

And you can go on the fit to fit and register, if you just put in fit to fit. They bring up a list of people that are registered to train and fit testing. But then if you go to any if you just Google face fit testing, there's two different types of face fit testing. There's qualitative and quantitative. And if you just Google it, it'll come up with numerous different providers. And if you just check that they ask them for their qualification to say, Can we have a look at your certificate to make sure that you are fit to fit tested because there's a lot of people out there that are only qualified to fit test, a mould x mat mask or three m mask, so wears fit to fit can do any type of mask. So we would always recommend people to make sure they're fit to fit trained testers.

Steven Bruce
Rebecca has said she's come across masks that state that they're non medical, what's the difference between a medical and a non medical mask

and what a non medical would be that it doesn't have? There's two types. It's all down to bacterial filtration. So if they're medical, then they will have bacterial filtration in them. If they're non medical, then they'd have no bacteria filtration in them.

Steven Bruce
So these type two are blue surgeon's masks IR as some people call it all the medical

they will be Yes, yes.

Steven Bruce
That's surprises me. I didn't I didn't think they were capable of bacterial filtration. So I'm pleased to hear that. Yeah. What else we got going on here someone has said that surely the tighter fit of the mask over the nose, the better the protection?

It is. Yeah, it is. I mean, if you when we spoke earlier about not touching the mask, if you sanitise your hands before, and then put the mask on, and then press it down, and then sanitise your hands afterwards, then that, you know, covers that problem of making sure it fits tight, because the tighter it is that obviously the better it is. But with the tying of the the things behind the IRS, you do have to be careful that you're not creating extra creases, which then creates extra gaps. So you just need to make sure that it is, you know, as close as it possibly can.

Steven Bruce
Tell me, this is getting away from facemask here, but you do health and safety generally. What what's what do you advise people about variation of rooms after they've been used by people.

And I mean, the guidance that we have in our training room, because we deliver a lot of training is we have the windows open all the time. And we do advise people when they come on to the site, that when you know the rooms will be ventilated. So it is ventilation is a key factor in keeping down, you know, the virus. And I look after a few schools as part of my contract clients, and the schools, their heating bills are going to be huge this year, because they've got the heating blaring out. But they've got the windows in so they've got a constant, you know, flow of go down you can imagine at this time of the year, it's you know, it's it could be freezing, but the kids are sitting there with john Curzon, and they're told to wear extra layers. And so ventilation is his key

Steven Bruce
difficulty in our practices, because we're telling him while he was off the tree, but my infection control expert earlier on was saying that even just opening the windows a tiny bit makes a huge difference in the circulation of fresh air. And it doesn't minimise the risk. Even if you only do it during the period where you're actually cleaning the room, which is 10 or 15 minutes, perhaps between patients. Julie has asked whether it's true that we shouldn't use mask with an exhalation filter. She said that if they have a filter you breathe out and therefore are not protecting patients.

Correct. It works both ways. The filter allows things in and out.

Steven Bruce
Right. Okay, so I mean, we need to differentiate that, don't we? Because these things effectively are a filter and the ones that we talked about earlier on the tailor made ecofit I think they were called. They have a filter in them. But it's not something which opens as you breathe out and allows.

That's right. Yeah,

Steven Bruce
that's right. exhalation filters, bad news. Karen's worried about her nutritional health, because she's heard about heard you say something about numbers from asks, should I lie? She's not worried about her nutritional health. But she said she wants clarification and whether there's a list of what those numbers are. There's only two on there that you mentioned one for FFP. Two and one for the type two hours.

Yeah, yeah, it's c e n 14683. For the IRS. And for the for the masses. I don't know that off the top of my head. So two seconds just

Well, I can put together a document if you like, just to sort of like tell you what the n numbers are.

Steven Bruce
But it'd be very helpful. Thank you. I'm not trying to make extra work for you. But that would probably

be a quick, that's fine. Yes.

Steven Bruce
Rosie. Margaret has said and this is such a difficult question, certainly for you to answer, I think because it's so healthcare related. She said, Are we being told that we cannot wear IR masks tied to our masks for a four hour session? What would be your take on that? Karen?

So you're wearing it for a four hour one person,

Steven Bruce
nurse. Four hours will be four or more patients

remember is the moisture these masks will get wet. You will know yourself when you're wearing it that you will feel it getting wet inside. So we would I mean there is no guidance on how long to wear a mask because it all depends on the temperature of the room, how much you talk and how heavy you breathe. So it's very difficult to say how long but you would know yourself comfort wise, you know whether the mask is wet and to me if I'm if I'm not sure then I would just change it. I'll just put a fresh one.

Steven Bruce
Okay. I think also we have to make sure that we are not contravening the guidance issued by Our own governing bodies unless we have good evidence to do so, which is sometimes the case. And I think we

are being told with the type two hours with the IR masks that we should change them between patients. And as Robin said earlier on track and trace appears to want us to use a single mask per patient. Because here we are We nearly finished and all the questions are flooding in all of a sudden alpa has asked whether there's any official documentation about how far you have to open a window and for how often? That's not necessarily one for you, is it? Because again, we're playing a numbers game here, it is a question of how we minimise the risk. And there's no, there's no fixed limit on this. If you are opening the window a little bit between patients, you are minimising the risk. I will look into it, but I don't think we have any fixed guidance on how much and how often

No, I imagine it will all come down to your risk assessment. So it will come down to your own because everybody's rooms are different sizes. And you know, it would be very difficult to quantify times. And

Steven Bruce
God has said that, apparently the stealth masks only protect the wearer not anyone else in the room. So Is that your understanding?

And while stealth masks our effort? Well, FFP threes, so they will protect the wearer, but they they are a p3. So that will protect about against COVID because a p two protects against COVID. So it will protect

Steven Bruce
both parties. Both parties. Okay. Luke says he knows people who wash and reuse these blue?

No, no, no.

Steven Bruce
Don't think that answers the question. You don't wash them. If you find your patient the same, that's what they do, then you probably better advise them otherwise. I certainly know people who have had a single mask like that in their pocket of their coat for months and months and months, and they use it every time they go to the supermarket, is that a problem? They're not in close contact with people. But

I mean, the guy that it is what it says on the tin disposable, so you know where it's where it

Steven Bruce
right? I've been reminded about the the risk assessment business, nobody should write in their risk assessment, the word airborne or AGP risk, if you're right, that there is an airborne or AGP risk in your risk assessment, and you are inspected by the HSE, as Karen has said is possible, then you will be expected to be using a totally different kind of mask. And then we're currently gone.

He's going through

anything,

Steven Bruce
we're using sort of reverse green screen effect on you where everything is green. So don't put airborne EGP risk into your risk assessment, as I've just said, as it's frankly, it's not possible in almost any chiropractic or osteopathic practice to implement the controls that would be required in terms of gowns, patient control, masks, and so it's just it isn't possible. And the risk doesn't exist unless you're doing something very, very strange. We've got never done that when Rebecca asks Rebecca sorry, asks how we go about dealing with children and teenagers and then wearing a mask? Because they may be too small. And of course, children are exempt, aren't they?

They are Yeah, up to the age of 11? I think is isn't it? Because they are asked to wear. I mean, maybe you could ask them to wear a face covering. I know that doesn't give them a lot of doesn't give you because obviously them wearing it is protecting you and not protecting them. So, you know, a face covering may be a suggestion in that. In that case, you know, will offer a little bit of protection. But I wouldn't have it as an adult thing. But maybe for children that you could say a face covering. But again, it's very difficult because children will pull them off. And you know, you've got to look at the level of risk as well. You know what? The risk of children is far less than adults.

Steven Bruce
Final question for you, Karen. I've been asked by Louise about FFP to masks should do we have to change these before every patient?

Yes, they are disposable. They're still disposable masks.

Steven Bruce
Right. Okay. So there we go. But we're not required. Remember to wear FFP two marks, that's entirely up to the individual. Kevin has been brilliant. Thank you very much. And we got you in a very short notice for this and interesting burst of greenness about your partway through will be very helpful and the resources you've offered to share them to share I'm sure will be very welcomed by the audience. So thank you. I hope that's been useful to you. If you have other questions about PP or facemask in particular, then do send them in because we will do our utmost to find the answers for you. Not necessarily through Karen. We'll get the advice from her Where we can but also from other sources. The aim of course APM is to help you out wherever we can