Academy of PHYSICAL MEDICINE

Mask Fitting

with Karen Poole

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TRANSCRIPT

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Steven Bruce
So today I'm joined by Karen Poole. Karen is the operations manager at Browns Health and Safety. She is also a fit to face or face fit 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?

Karen Poole
I'm good. Thank you.

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

Karen Poole
Well, there are two types, like you said, there's II or IIR, and they're medical face masks. So, they're used for particles, these are used for droplets. And the R, all that means is there's splash resistance. So, if you're wearing a type 2 face mask, it's not got any R on it, it doesn't offer any protection against droplet resistance. And I understand that the guidance that you guys have been given is that you actually wear the IIR mask in your practice.

Steven Bruce
Yeah, 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, they're just surgical masks, aren't they?

Karen Poole
Yes, they are. Yeah.

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

Karen Poole
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 and put on your website that actually gives photographic evidence of how to put it on and take it off. The only other thing you need to be aware of is the need to be CE certified. And the numbers are EN 14683 2019. So that's the certification, make sure that they are what they say they are on the box to be honest. And so yeah, it's all about hand hygiene, making

sure that you put them on your ears and then, once you've got them on the ear, to actually sort of, like, pull it down over, to make sure it covers your nose and your mouth and under your chin. Now they are not tight-fitting masks, so they don't need to be face fit tested.

Steven Bruce
Right. Okay. And what about are there any other constraints with this? So 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.

Karen Poole
No, I mean, the idea is that you do smooth it around, because some of them do have metal things in them, metal strips, but, 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 it is loose fitting, so it's not really tight fitting, it's just a loose-fitting mask. 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 can't invent anything to stop glasses steaming up when you've got them on. Otherwise, I'd be sitting on a beach somewhere, I imagine, counting my money if I could find something that stops them steaming up.

Steven Bruce
Well, interestingly, motorcyclists and scuba divers will probably have some suggestions here because for 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 steaming up and it was pretty effective. So, might be worth looking online for something like that and just putting that 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. I notice as I say on the document you sent us, you're not meant to touch the mask, presumably because particles that you are generating will be on the outside of the mask?

Karen Poole
Yeah, because they only filter so much 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 bag, so it's sealed and secure, then you can use it for another client, 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 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 collects your waste. So, it is always a good idea just to snip the actual loops after you've taken them off to dispose of 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 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.

Karen Poole
Yes. If you're in medical, yeah.

Steven Bruce
Yeah. 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 it and taken the mask off.

Karen Poole
Yes.

Steven Bruce
Okay. Most people would resist doing that because if they want to break for a cup of coffee or to clean the room or whatever, they want to be able to breathe themselves. Okay, 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?

Karen Poole
People do it just to make it fit better. But, sometimes, if you create a crease, it also creates more of a gap. So, it may feel a bit tighter for you, but you actually create more of a gap at the side because of the crease. So, the idea is, is to sort of 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 FFP route, but for the actual just surgical masks, there is no need to actually tie the loops or whatever they are universal fit unfortunately,

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? It's a genuine question, isn't it? My own instinct is well, if the scissors are staying in your doffing room or whatever we're caring 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.

Karen Poole
Yeah, because it's in the leaflet that you can send to people it does say sterilise your hands before you put it on and once you've taken it off. So, if you sterilised your hands once you've took it off, cut the straps, you should be fine.

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

Karen Poole
Right, if I am wearing a mask and you're in my room, I am protecting you. 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?

Karen Poole
No, no.

Steven Bruce
Okay. But of course, what is also doing in terms of the airborne particles as opposed to droplets, it's reducing the velocity of air coming out, just being there. So, it's downed the distance where I might be infectious to other people. Which, again, 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.

Karen Poole
A lot of this is down to the risk assessment as well, it's 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, 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 than back in March, more people are used to wearing masks and with Morrison's and Sainsbury's and Waitrose putting out their guidance over the past couple of days, I think that will only increase people's choice to actually wear the mask.

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 and they have the right 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. You mentioned risk assessment. Now, that's a very important thing. Do you find that all the businesses that you contact, have they all done a COVID risk assessment?

Karen Poole
We complete the risk assessments for our clients. So that's part of our role as their, 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 you can imagine 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 a question to which I know the answer. All our practitioners, all the people watching this show, they should for their own osteopathic, chiropractic, physiotherapeutic practices, they should all have done a risk assessment of some sort, or had someone do it for them, shouldn't they?

Karen Poole
They should, yes. Yes. And 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 complex does this risk assessment have to be, what have you got to cover?

Karen Poole
Just you need to look at the hazards that are in your environment. So, who are you protecting, so it'd be yourself, it will be your clients, your patients, other members of staff, any 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. 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 using AGPs?

Karen Poole
To be honest, I don't really know much about AGPs, so can you just give me a bit of an explanation of what you mean by AGP?

Steven Bruce
Yeah, I think the typical, the classic instance of an AGP 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 laughingly 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 they can do it. So, what we're saying is we're forcing air out. Now I kind of know the answer to the question because it's has been determined by an authoritative risk assessment group that if you're doing CPR, I know that you at 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 face, so the risk again, is minimal. And *audio problems* the techniques we use are not aerosol generating. And I'm sorry, I'm banging on about this because it's a really important point. Because the minute you say that you have an aerosol risk in your practice, you have to adopt completely different procedures as I understand it.

Karen Poole
I understand that you would be asked to wear face visors and things like that, is that the sort of thing you were, the answer you were 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, via your risk assessment, then you would need to put a control measure in. When you're looking at risk assessments, the first thing that shouldn't pop into your head is always PPE, which is always it should be the last resort. So, the last thing we should be thinking about is PPE, but because it's the easiest thing, it pops into people's minds first. So, is there anything else we can do? Do we have to do that technique or is there 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 going to be, 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 PPE, which would be make sure you wear goggles or a visor.

Steven Bruce
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 PPE 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, what about these KN95 masks, of which I have a box also on my table? Slightly different, they've got a metal strip, but they're sort of a bit more shaped and so on than the type two R's.

Karen Poole
Yeah, these are classed as PPE, whereas the surgical mask is not really classed as PPE for the workplace. So, the KN95, KN95 is just a European, sorry, an American technology, there is also N95. 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 will be labelled as FFPs. So, this is the amount of filtration that the airborne particles that they filter through. So, you can get a P1, P2 or a P3, P3 being the highest protection. Now a KN95 is a P2, so that's the equivalent of an FFP2. Now that would need to be faced fit tested if you were wearing that 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 R, the IIR masks, we're not required to wear FFP2s, 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 fitted because it's as good as the surgical mask.

Karen Poole
Yeah, yeah, to 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, are you?

Steven Bruce
We bought these for my clinic from China, we don't know 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 Rs. But what is the certification for these FFP2/KN95/N95 masks?

Karen Poole
Should be EN149 2001.

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

Karen Poole
No, that was EN 14683. This is EN143. That covers P1, P2 and P3 ratings.

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

Karen Poole
Well, you say that, we did exactly the same as you we purchased them way back in April, only 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 PPE that was not standard, even though it had the EN numbers on them. So, we 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 googling and going online. And 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 very difficult to tell because these fraudsters are very good at putting EN numbers on.

Steven Bruce
Well 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 in, she says, look pretty useless. But yet, we have been told in the past, I remember by the government, any face covering is better than nothing. But what's your view on that?

Karen Poole
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 a piece of material that they've made a homemade mask from, which is only one layer. So, whereas a mask, if you're asking for a face mask, that is different to a face covering. So, I would say, 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 them selling the things at the door because people go in having forgotten, and they're I don't know, they look like some sort of thin form of neoprene to me, or something similar. Are they any good?

Karen Poole
Again, without actually looking at them individually, it's very difficult to tell. It could be an II mask rather than an IIR so without actually seeing the box or anything, it would be very difficult for you to tell when your client came in what they were actually wearing. So, without asking them to bring the box, which obviously practically you couldn't, it is about trusting their common sense, unfortunately, common sense isn't very common is it? So, we do have to be. But I think definitely we need to be looking at the wording of 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?

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

Steven Bruce
That 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, because there have been

some slight changes in guidelines. But that'll be very helpful, thank you. Charles has said he tapes down the top of his mask with micropore tape because that stops his glasses from steaming up.

Karen Poole
Oh, I'll try that.

Steven Bruce
Robin has asked about track and trace, he says that he's heard that they'll only consider us compliant if we use a mask as per, use a mask as per patient, use a mask per patient, I beg your pardon. So, Robin's saying we have to use a single mask for a single appointment and not vary them, which makes perfect sense to me. As I said, I suspect that most practitioners won't want to keep wearing them for that length of time.

Karen Poole
No.

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.

Karen Poole
There are there are lots of different products out there. There are hundreds of products out there that people have invented or manufactured to help people and it is all down to personal choice. As long as they are compliant to the EN 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're just disposing of the filter. And as long as those filters comply to the EN numbers, then that's absolutely fine.

Steven Bruce
Okay, and that actually brings us on to a question by Pippa, 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 KN95s but there is a circular aperture at the front for a replaceable filter. So, you're saying that it's all down to whether that filter meets those standards?

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

Steven Bruce
Pippa's 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 more of a risk than just leaving it as is? Are these things one way?

Karen Poole
The blue side should be out. So, the white side goes to your face.

Steven Bruce
What's the difference?

Karen Poole
It's just the way, 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 son spent an awful lot of time in Taiwan, and he said everybody knows to wear it the blue side out. But when he came back to England, he said I couldn't believe, mum, the amount of people that were wearing it inside out, so to speak. 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. 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, the risk of them 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, ask them to put it on correctly.

Steven Bruce
Robin says the type 2 R primarily is designed to stop surgeons dribbling into body cavities, according to a knee surgeon patient that presented a while ago and he's absolutely right. I'll remember that. And of course, that is exactly what you said: to protect the other person not the wearer of the mask, isn't it? And it's good for droplets, it's good for cutting down the velocity of stuff that's going out. 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 just 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 they're that side. Matthew's echoed what we said earlier on about fake or inapplicable certification. He's 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 thank the 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. That has nothing to do with masks at the moment, but I will make sure I mention that again towards the end of the show. So, tell us some horror stories, what are the things that people get wrong with masks then?

Karen Poole
The problem is with, not the surgical masks but the dust masks and things like that, that you need to wear to protect yourself in say a construction site, 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. I once did a lot of testing for a very big builder, I 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 like you say its 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 putting out to everybody else in the car, etc. So yeah, there's lots of difference sort of like, the biggest thing is the lack of awareness. You know, this law has been around since 2012, to be face fit tested. But there are so many people out there that are not being tested. And the HSE can just come along and pop you a fine and it's 154 pounds an hour for their pleasure. So, it can soon mount up.

Steven Bruce
Yeah, but fortunately, you've reassured us that we don't need the FFP2, so we don't need to have them fitted. And even if even if we are wearing FFP2, we still don't need to have it fitted because the lower standard if you like is-

Karen Poole
That's right. Yeah. Yeah.

Steven Bruce
Robin tells me that he's just bought a stealth light pro FFP3, EN 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?

Karen Poole
Yes, because it's far greater above and beyond what you're being recommended to wear. FFP3 will protect you against asbestos, so it's very fine particles. The numbers, the three, are down to the denier of the, it's a bit like the denier of ladies' tights. So, the fabric that they're making-

Steven Bruce
It might compare to Robin's tights, you know.

Karen Poole
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 FFP3 stealth mask, I know I think it's the black one he's talking about, that will give you really good protection. You don't need to be face fit tested in your environments but if you were working in a construction environment, then it would need to be face fit tested. But in your environment, you 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 we're not considered compliant unless we are using a single mask per patient. He's got ones here, 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.

Karen Poole
I'm 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 you're putting up 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 mask because 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, Browns in-

Karen Poole
You can go on the fit-to-fit register, if you just put in fit to fit. They bring up a list of people that are registered to train 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 moldex mask or 3M mask, so whereas 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?

Karen Poole
Well, 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 R blue surgeon's masks, IIR as some people call it, are they medical?

Karen Poole
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. What else have we got going on here? someone has said that surely the tighter fit of the mask over the nose, the better the protection?

Karen Poole
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 covers that problem of making sure it fits tighter. Because the tighter it is, obviously the better it is. But with the tying of the things behind the ears, 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 facemasks here but you do health and safety generally, what do you advise people about aeration of rooms after they've been used by people?

Karen Poole
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 the rooms will be ventilated. So, ventilation is a key factor in keeping down the virus. 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 flow of air. You can imagine at this time of the year, it could be freezing, but the kids are sitting there with jumpers on and they're told to wear extra layers. So, ventilation is key

Steven Bruce
Difficult in our practices, because we're taking clothes off, so that makes it tricky. 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 does 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's heard that if they have a filter you breathe out and therefore are not protecting patients.

Karen Poole
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.

Karen Pool
That's right. Yeah, that's right.

Steven Bruce
Exhalation filters, bad news. Karen's worried about her nutritional health, because she's heard you say something about E numbers for masks. Actually, I lied, she's not worried about her nutritional health but she said she wants clarification and whether there's a list of what those E numbers are. There's only two, aren't there, that you mentioned, one for FFP2 and one for the type 2 Rs.

Karen Poole
Yeah, yeah, it's EN 14683 for the IIRs. And for the, I don't know them off the top of my head. Sorry, two seconds. Well, I can put together a document if you like, just to sort of like tell you what the EN numbers are.

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

Karen Poole
It would be quick, that's fine. Yes.

Steven Bruce
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 IIR masks, type 2 R masks, for a four-hour session? What would be your take on that, Karen?

Karen Poole
So, you're wearing it for a four-hour, one person session?

Steven Bruce
No, four hours which will be four or more patients.

Karen Poole
What you have to 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 not sure then I would just change it. I'll just put a fresh one on.

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 Rs, with the IIR 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. Of course, here we are, we're 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.

Karen Poole
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 it would be very difficult to quantify times.

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

Karen Poole
Well stealth masks are FFP3s, so they will protect the wearer, but they are a P3. So that will protect against COVID because a P2 protects against COVID. So, it will protect both parties.

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

Karen Poole
No, no.

Steven Bruce
No? Ok, I think that answers the question, Luke. You don't wash them. If you find your patient saying 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.

Karen Poole
I mean, the guide, it is what it says on the tin: disposable. So, you know wear it, throw it.

Steven Bruce
I've been reminded about the risk assessment business, nobody should write in their risk assessment the words airborne or AGP risk. If you write 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. I don't know where Karen's gone.

Karen Poole
I'm still here. I haven't touched anything.

Steven Bruce
We're using sort of reverse green screen effect on you where everything is green. So, don't put airborne AGP 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 on, it's just it isn't possible. And the risk doesn't exist unless you're doing something very, very strange. We've done that one. Rebecca asks, how we go about dealing with children and teenagers and them wearing a mask because they may be too small? And of course, children are exempt, aren't they?

Karen Poole
They are, yeah. Up to the age of 11, I think it 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, it doesn't give you because obviously them wearing it is protecting you and not protecting them. So, a face covering may be a suggestion in that case, you know, it 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, the risk of children is far less than adults.

Steven Bruce
Final question for you, Karen. I've been asked by Louise about FFP2 masks, she says, do we have to change these before every patient?

Karen Poole
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 FFP2 masks, that's entirely up to the individual. Karen, that's been brilliant. Thank you very much. We got you in a very short notice for this and interesting burst of greenness about you partway through the broadcast but you've been very helpful and the resources you've offered 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 PPE or facemasks 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 at APM is to help you out wherever we can.