

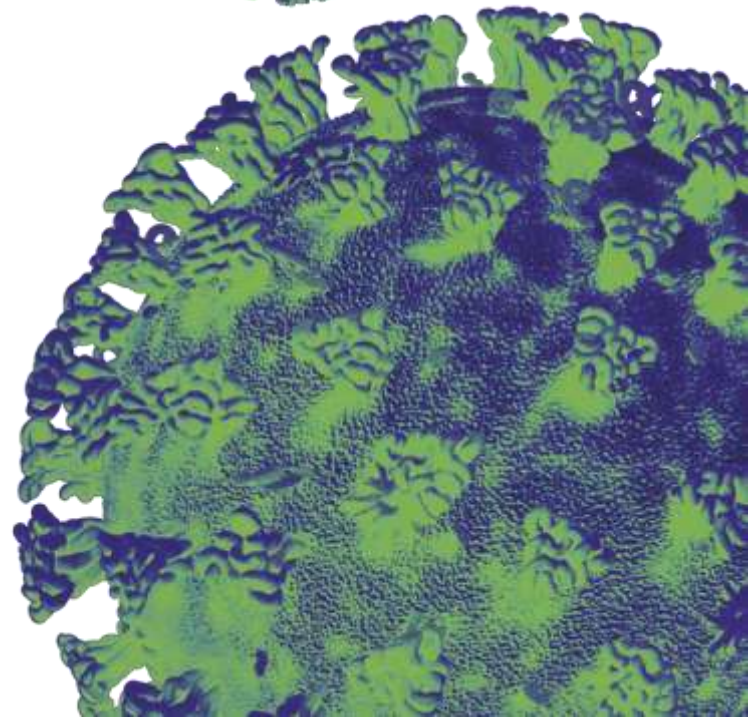
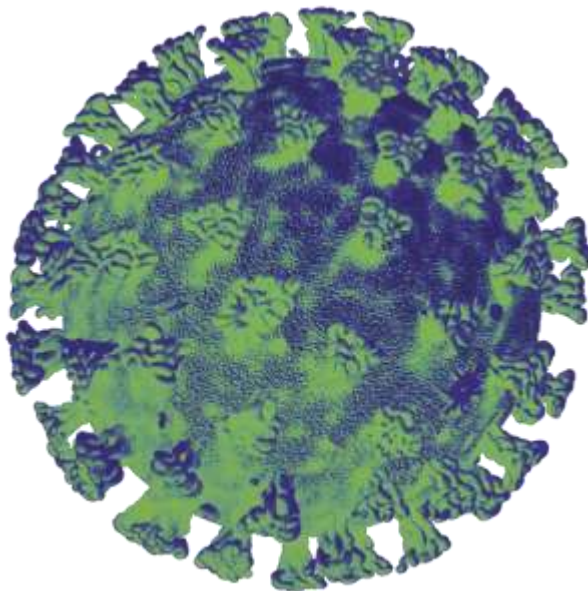
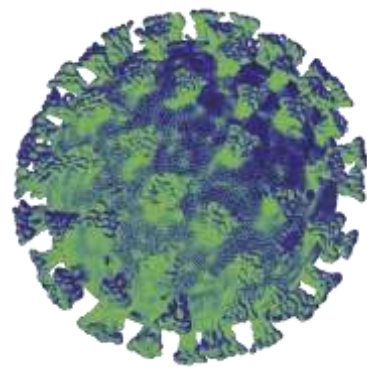


Llywodraeth Cymru
Welsh Government

Technical Advisory Group

Advice on Face Coverings for Children and Young People (under 18) in Education settings

25 August 2020



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1. Review of evidence relating to face coverings for children and young people (under 18) in education settings

- 1.1 The latest European evidence¹ emphasises the importance for the wellbeing of children and young people of return to school for education, social and emotional wellbeing and long term life chances, and the relatively low risk of Covid-19 harm in those under 18 years. The report of the UK 4 CMOs² underlined the risk of non –Covid harm to children and young people from societal restrictions.
- 1.2 There is a range of opinion on wearing of face coverings³ to reduce virus transmission in different settings. Some authorities support use as a precautionary prophylactic approach, others as an intervention measure in specific circumstances. It is currently mandatory on public transport in Wales for anyone over age 11.
- 1.3 Additional WHO guidance⁴ on face coverings was published on 21 August 2020 advising a ‘first do no harm’ approach in the overall best interest of the child, and recommending more extensive use of face coverings in school settings. Other UK and European countries have adopted different approaches, with no universal alignment with this advice.
- 1.4 Due to the relative absence of real world data in school settings in UK or comparable cultures where wearing of masks or face coverings is not the cultural expectation, there is uncertainty of the potential additional benefit for face coverings for children or teachers. There appears to be little additional value of face coverings in children under age 11, as the evidence points to

¹ ECDC 6 August 2020 Covid-19 in children and the role of school settings in Covid-19 transmission <https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>

² [Joint statement from UK's CMO's](#) 23 August 2020

³ Face coverings are not face masks. Face masks are CE or kite marked personal protective equipment that protect the wearer and others from exposure, face coverings can be home-made or purchased, are not CE or kit marked and generally protect others from exposure, rather than the wearer.

⁴ WHO and UNICEF guidance 21 August 2020 https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC_Masks-Children-2020.1

low rates of symptomatic infection and transmission in this age group. On safety and wellbeing grounds, children under age 2 should not wear face coverings.

- 1.5 There are some risks and harms of face coverings to be considered, including the potential for inadvertent virus spread when putting on or taking off, the need for supply, safe wearing, storage and disposal, and the risk of stigmatisation or bullying of those with medical exemptions, especially neurodiverse students, problems for those who lip-read, and adverse effects on learning, emotional engagement and communication of the masking of facial features.
 - 1.6 The rates of infection and transmission increase gradually after age 11, during the secondary school age group. The current evidence from schools return in England and Scotland is that the majority of school based cases are imported from adult spread, but there is a small potential for spread within the school setting.
 - 1.7 **CMO advice⁵ currently recommends, but does not mandate, face coverings to be used in a risk assessed way in a range of settings where other physical controls cannot be maintained. It is recommended that all secondary education settings undertake a risk assessment of the school estate, and local authorities, working with schools, settings and transport operators as necessary, should undertake a risk assessment for dedicated school transport, using criteria set out in the paragraphs below, to identify risk areas where face coverings might need to be added to schools' covid security planning. The risk assessment should identify the criteria used for the decision to start and to stop the use of face coverings.**
2. **Risk assessment considerations to promote the overall best interests of children, young people and staff**
 - 2.1 It is recommended that schools risk assess any specific settings where other controls, such as adequate distancing, cannot be maintained. Plans should take into account the overall balance of risks and benefits to all in the setting, including individuals with additional needs or disabilities.
 - 2.2 It is advised that a whole school approach is used in order that any decision to use face coverings is based on an explicit balance of risks and benefits, to respond to local needs and identified risks. To promote adherence and confidence it will be important to engage with staff, students and families and other stakeholders, to ensure plans promote sensitive, appropriate supply, replacement and disposal.

⁵ <https://gov.wales/chief-medical-officers-advice-on-face-masks-html> 14 June 2020

- 2.3 Health and behavioural-based exemptions will be required. Schools are advised to pay specific attention to ensuring that students with additional needs are not subjected to stigmatisation, bullying or inadvertent disclosure of confidential personal information as a result of exemption. Students in the younger age bracket (11-13) may have developmental and emotional needs, especially in a new school, that require particular consideration.
- 2.4 The most important controls continue to be hand and surface hygiene, maintaining separate cohorts of students (and importantly staff), avoiding close face to face conversations, careful 2m distancing between adults at all times, and adults maintaining 2m social distancing from children over 11 in the school setting.
- 2.5 Schools have a unique opportunity to engage with children and young people to co-produce approaches to maintaining a covid secure school estate. Young people can be instrumental in understanding and communicating the higher risk of infection from other less regulated settings for those of secondary school age children outside of the school estate, at parties, social events, sleep overs etc. Young people can be effectively engaged in promoting approaches that protect their schools and peers, teachers, community and wider family especially grandparents. Training programmes on promoting covid secure measures should include all school students, staff and families.
- 2.6 Early identification of symptoms and not attending school, immediate testing, and accurate TTP follow-up remain mainstays of prompt case control to prevent outbreaks, for which robust plans are in place. Any symptoms should be responded to immediately, and may include testing for both flu and covid where symptoms are indicative of both viruses.
- 2.6 Primary prevention of any infection will be helped by high uptake of flu vaccine by staff and students as recommended.

3. Settings and surge circumstances that might need additional consideration

- 3.1 **Triggers to require or mandate** the use of face coverings may include advice from Public Health Wales, such as a case or outbreak in a school member, a local cluster of cases, or an agreed surge in community prevalence (such as an increase in the 7 day rolling average of cases per 100,000 for a geographic area) as identified in the Wales Covid-19 Control Plan⁶.
- 3.2 **Public Transport** – Already mandated for children over 11, with exemptions. Drivers are protected by physical controls such as Perspex shields.

⁶ [Coronavirus control plan for Wales: summary](#) Welsh Government 18 August 2020

- 3.3 **School transport-** Control mechanisms such as cohorting and allocated seating may already be in place. Operational guidance^{7,8} already requires accompanying adults to wear face coverings, and physical controls such as perspex shields for drivers. Situations of persistent crowding or unavoidable mixing of cohort groups must be risk assessed to evaluate the balance of benefits and harms from additional face covering use to reduce transmission risk. Plans must ensure that the overall interest and wellbeing of young people are given priority, and there is no risk of exclusion from transport.
- 3.4 **Corridors and shared spaces-** Control mechanisms such as one way systems, single file, no talking, and staggering of class times may already be in use. Situations where there is persistent crowding or unavoidable mixing of cohort groups must be risk assessed to evaluate the balance of benefits and harms from additional face covering use to reduce transmission risk.
- 3.5 **Classrooms** - Control mechanisms such as hand and surface hygiene, no shared materials, reducing face-to-face contact and speaking more quietly should already be in place. Learning and hearing requirements and social communication make face coverings in students or teachers inadvisable.
- 3.6 **Laboratories or other specialised settings-** face coverings may represent an additional fire or toxicity risk and a careful risk balancing approach should be taken.
- 3.7 **Sport /dance/exercise-** Face coverings are not recommended whilst undertaking physical exercise.
- 3.8 **After school** – Physical controls are encouraged in wrap around care and after school activities depending on age and situation of the child and family domestic arrangements, which may need individual risk assessment.
- 3.9 **Mealtimes** – Face coverings are not practical during eating for practical and hygiene reasons, requiring safe putting on, taking off and storage.
- 3.10 **All situations** will require consideration of face covering type, style, supply, wearing, exemptions, misplacement or loss during the school day, renewal when damp or soiled, safe putting on, taking off, storage or disposal. Any situations where there is persistent crowding or unavoidable mixing of cohort groups must be risk assessed to evaluate the balance of benefits and harms from additional face covering use to reduce transmission risk.

⁷ [Operational guidance for schools and settings from the autumn term](#) Welsh Government 2020

⁸ [Guidance for safe operation in post-16 learning from September 2020](#) (version 2) Welsh Government 2020

WHO Annex on wearing masks 21 Aug 2020

Text taken from the WHO document:

https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC_Masks-Children-2020.1

‘Overarching guiding principles

Given the limited evidence on the use of masks in children for COVID-19 or other respiratory diseases, including limited evidence about transmission of SARS-CoV-2 in children at specific ages, the formulation of policies by national authorities should be guided by the following overarching public health and social principles:

- *Do no harm: the best interest, health and well-being of the child should be prioritized.*
- *The guidance should not negatively impact development and learning outcomes.*
- *The guidance should consider the feasibility of implementing recommendations in different social, cultural and geographic contexts, including settings with limited resources, humanitarian settings and among children with disabilities or specific health conditions.*

Advice on the use of masks in children

WHO and UNICEF advise decision makers to apply the following criteria for use of masks in children when developing national policies, in countries or areas where there is known or suspected community transmission of SARS-CoV-2 and in settings where physical distancing cannot be achieved.

1. *Based on the expert opinion gathered through online meetings and consultative processes, children aged up to five years should not wear masks for source control. This advice is motivated by a “do no harm” approach and considers:*
 - *childhood developmental milestones*
 - *compliance challenges*
 - *autonomy required to use a mask properly.*
2. *For children between six and 11 years of age, a risk-based approach should be applied to the decision to use of a mask. This approach should take into consideration:*
 - *intensity of transmission in the area where the child is and updated data/available evidence on the risk of infection and transmission in this age group;*
 - *social and cultural environment such as beliefs, customs, behaviour or social norms that influence the community and population’s social interactions, especially with and among children;*
 - *the child’s capacity to comply with the appropriate use of masks and availability of appropriate adult supervision;*

- *potential impact of mask wearing on learning and psychosocial development; and*
 - *additional specific considerations and adaptations for specific settings such as households with elderly relatives, schools, during sport activities or for children with disabilities or with underlying diseases.*
3. *Advice on mask use in children and adolescents 12 years or older should follow the WHO guidance for mask use in adults¹ and/or the national mask guidelines for adults. Even where national guidelines apply, additional specific considerations (see below) and adaptations for special settings such as schools, during sport, or for children with disabilities or with underlying diseases will need to be specified.*
4. *The use of a medical mask for immunocompromised children or for paediatric patients with cystic fibrosis or certain other diseases (e.g. cancer) is usually recommended but should be assessed in consultation with the child's medical provider'*