

# Face coverings: attitudes and practices within close

## contact retail services

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### Background

#### COVID-19 transmission

- The COVID-19 virus can spread through aerosol **droplets** released from the mouth or nose of an infected person (Brooks and Butler, 2021).
- Exposure to such droplets are acknowledged to increase in **highly populated, poorly ventilated and confined spaces** (Bazant et al, 2021).
- Scientists estimate that the **wearing of face coverings** by both infected and susceptible persons when indoors will **reduce airborne transmission risk** (Bazant et al, 2021).

#### Face coverings

The UK Government (2022) define a face covering as:

**“something which securely covers the nose and mouth”**

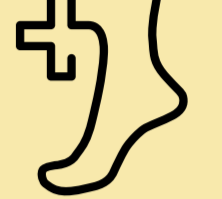
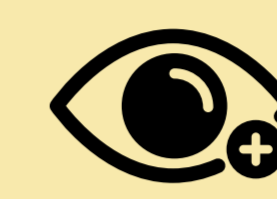


In the context of this research project, the term ‘**face covering**’ is used to refer to any mask or covering used as a means of source control that covers the wearers nose and mouth (e.g. N95 respirators, surgical masks, cloth face coverings, masks, bandanas, scarves).

#### Retail consulting environments

The retail sector is hugely diverse with respect to the industries, products and services available.

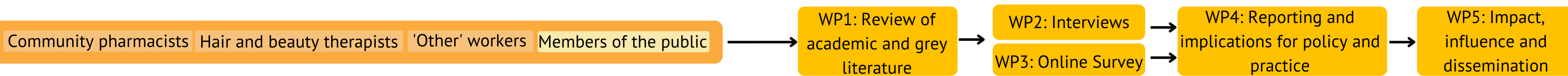
In addition to supporting the sale of products, a number of retailers also offer **close contact services delivered with workers in close proximity to customers within small consulting rooms** (e.g. opticians, pharmacists, hair and beauty therapists, holistic therapists, podiatrists, etc.)



### Research question

? **What are the influential factors impacting effective use of face coverings as a barrier to transmission of the COVID-19 virus, in a retail consulting environment?** ?

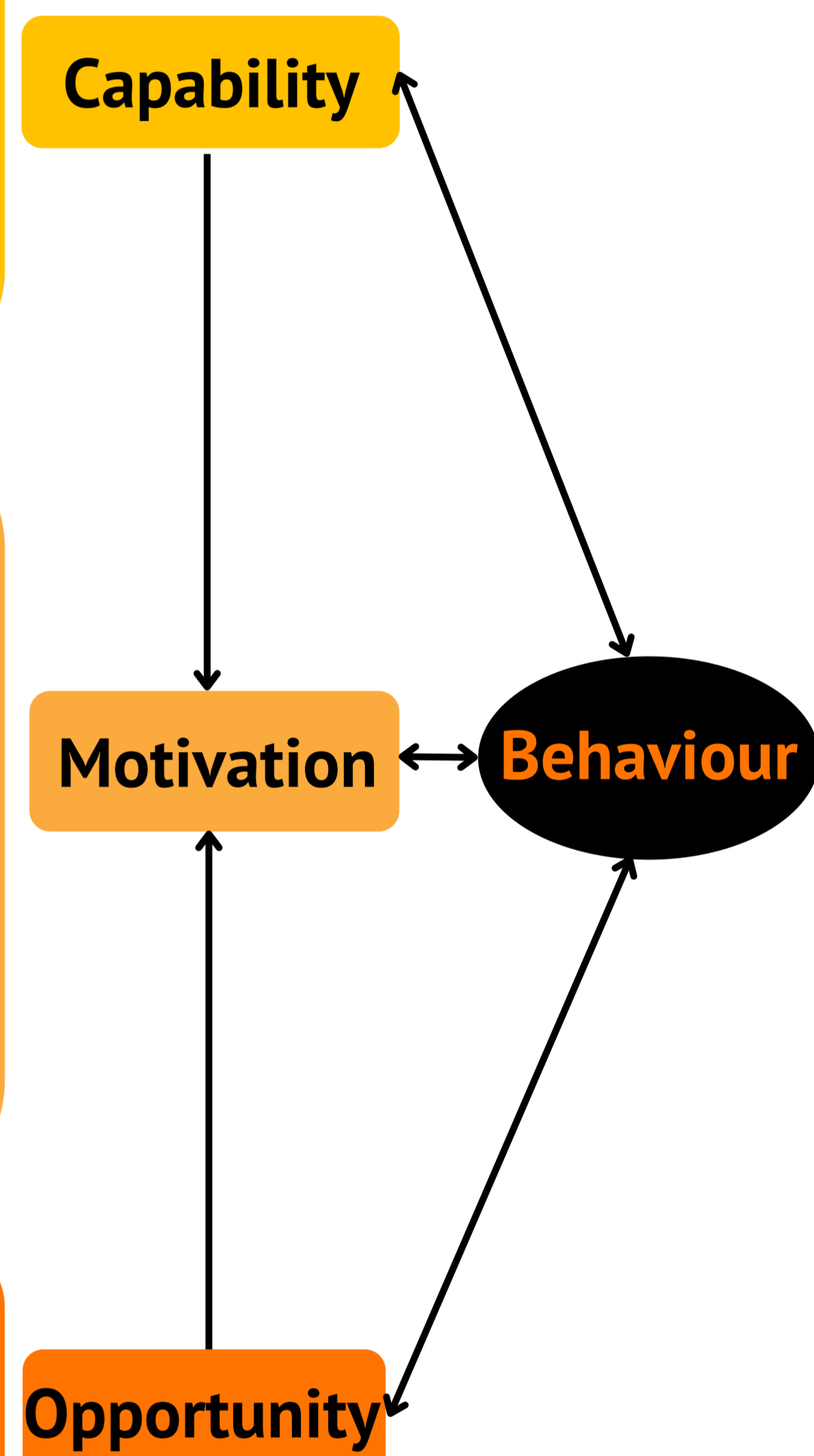
### Research method



### Summary findings

- Knowledge** - Good levels of knowledge amongst both workers and the public on **donning practices and why face coverings are recommended**; although knowledge of **washing/drying and storage practices** was less evident.
- Skills** - Wearing a face covering was considered to be an **easy practice to perform**.
- Behavioural regulation** - Frequently reported ineffective/poor practices included **adjusting, touching and moving face coverings** whilst wearing, **not changing frequently** enough and **storing unhygienically** (e.g. loosely in a bag or pocket).
- Memory, attention, decision processes** - Workers and the public found it **easy to remember to wear a face covering**. Decisions on the frequency of when to **change face coverings** varied across the type of covering and type of respondent, with some guided by **duration of use**, whilst others responded to **environmental/circumstantial triggers**.
- Reinforcement** - Face coverings reported to **benefit the wearer and others around them**, with **positive judgement** from others another common benefit cited. Common negatives identified were **communication challenges** and **discomfort**.
- Consequence beliefs** - Face coverings were generally **considered to be effective at reducing viral transmission**.
- Intentions** - **Intention to wear a face covering was high**, even if no longer mandated by Government or retail premises. Intention to visit consulting rooms remained largely unchanged regardless of whether face coverings were mandated.
- Capability beliefs** - Respondents were **confident in their ability** to wear face coverings correctly, with many having formed new habits.
- Goals** - Public and workers reported that the **wearing, or not, of face coverings by others affected their own behaviours**.
- Emotion** - Hair and beauty workers identified a **negative impact on their mood** from face coverings. Wearing face coverings was largely reported to have **no impact or reduce feelings of anxiety**.
- Identity** - Many workers believed the wearing of face coverings had **changed aspects of their work/identity**.
- Environmental Context and Resources** - Workers generally reported a **plentiful supply of face coverings provided by their employer**. Environmental influences, such as **posters and signage**, were identified to support the wearing of face coverings.
- Social influence** - Participants were **less likely to identify social influences** as impacting their own behaviour when explicitly asked about the impact of others attitudes/practices on their own.

Theoretical Domains Framework (Cane et al, 2012)



### Implications

#### Policy

##### Public health campaigns on face coverings should...

- Continue to **communicate** the reasoning behind recommendations
- Include **reminders** related to **fit, handling and hand sanitizing**
- Include **visual prompts** of effective versus ineffective practices
- Use **consistent, simple and familiar terminology**
- Raise awareness amongst workers of the **impact on mood and anxiety**
- Illustrate diverse **target audiences** to make messaging **relatable**
- Include **emotive triggers** to encourage use of face coverings
- Tap into **self-motivation** as individuals perceive protective benefits to themselves
- Include representation of ‘**trusted**’ experts (e.g. **doctors**) in campaigns
- Position face covering use relative to the **wider suite of protective measures** needed to prevent viral transmission

##### Policy and guidance on face coverings should...

- Maintain consistent recommendations over time** for use of face coverings within relevant close contact settings (such as the consulting room).
- Clearly **define boundaries** for the wearing of face coverings within different settings (consulting room vs retail space)
- Consider how and when to communicate changing **COVID-19 rates** (including rates of hospitalisation) at **national and local** levels, as this informs the face covering behaviours of some
- Consider providing hair and beauty workers with access to a **portal** through which to freely and easily **obtain face coverings**
- Consider a **shared code of conduct** with respect to **clear and consistent terminology** for those publishing/disseminating guidance

#### Practice

##### Face covering storage and disposal

- Provision of a **storage bag/pouch** to support **easy and hygienic storage**
- Consider the **disposal provisions** made available to the public within retail environments

##### Sharing information and practices

- Collate and publicise practices that help those **wearing glasses** (e.g. to avoid fogging)
- Increase information related to the **different types/styles of face covering** and related products to **support informed choice and confidence in use**
- Provision of **infographics** in addition to **text based guidance**

##### Role of employers/retailers

- Employers continued encouragement for use of face coverings** amongst their staff may **prompt members of the public** to wear face coverings
- Employers/retailers could maintain emphasis on the **protective benefits** of face coverings within a consulting room at the **point of entry**
- Careful **monitoring** will ensure **no adverse impact** arises from changes made to **aspects of work** conducted within retail consulting rooms

##### Role of Government and stakeholders

- UK Government to provide a **trusted gateway to access robust research**
- Emphasise the value gained from **trade unions, federations, professional bodies** and **charities** translating generic Government recommendations
- Maintain an easy and free supply** of available face coverings for workers

#### Research

- The extent to which **poor practices** are the result of **knowledge deficit**
- Support for **effective and hygienic storage and washing** of reusable face coverings
- The **impact of re-using disposable face coverings** on effectiveness and risk of transmission
- Further consultation** with hair and beauty workers and customers
- When to change face coverings** to inform Worker and Public behaviour
- Lessons learned from **relevant industries** with established face covering use (prior to COVID-19)

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