

Face coverings: attitudes and practices within close

contact retail services

R. Canham, A. Smith, K. Clabon, H. Cowie K. Galea, K. Dixon
Institute of Occupational Medicine



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”

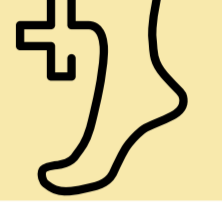
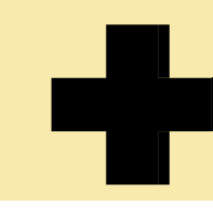


In the context of this research project, the term ‘**face covering**’ is used to refer to any mask or covering used as a means of source control that covers the wearers nose and mouth (e.g. N95 respirators, surgical masks, cloth face coverings, masks, bandanas, scarves).

Retail consulting environments

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

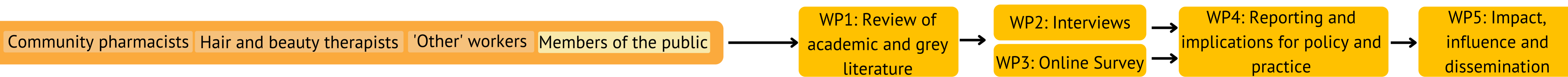
In addition to supporting the sale of products, a number of retailers also offer **close contact services delivered with workers in close proximity to customers within small consulting rooms** (e.g. opticians, pharmacists, hair and beauty therapists, holistic therapists, podiatrists, etc.)



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?** ?

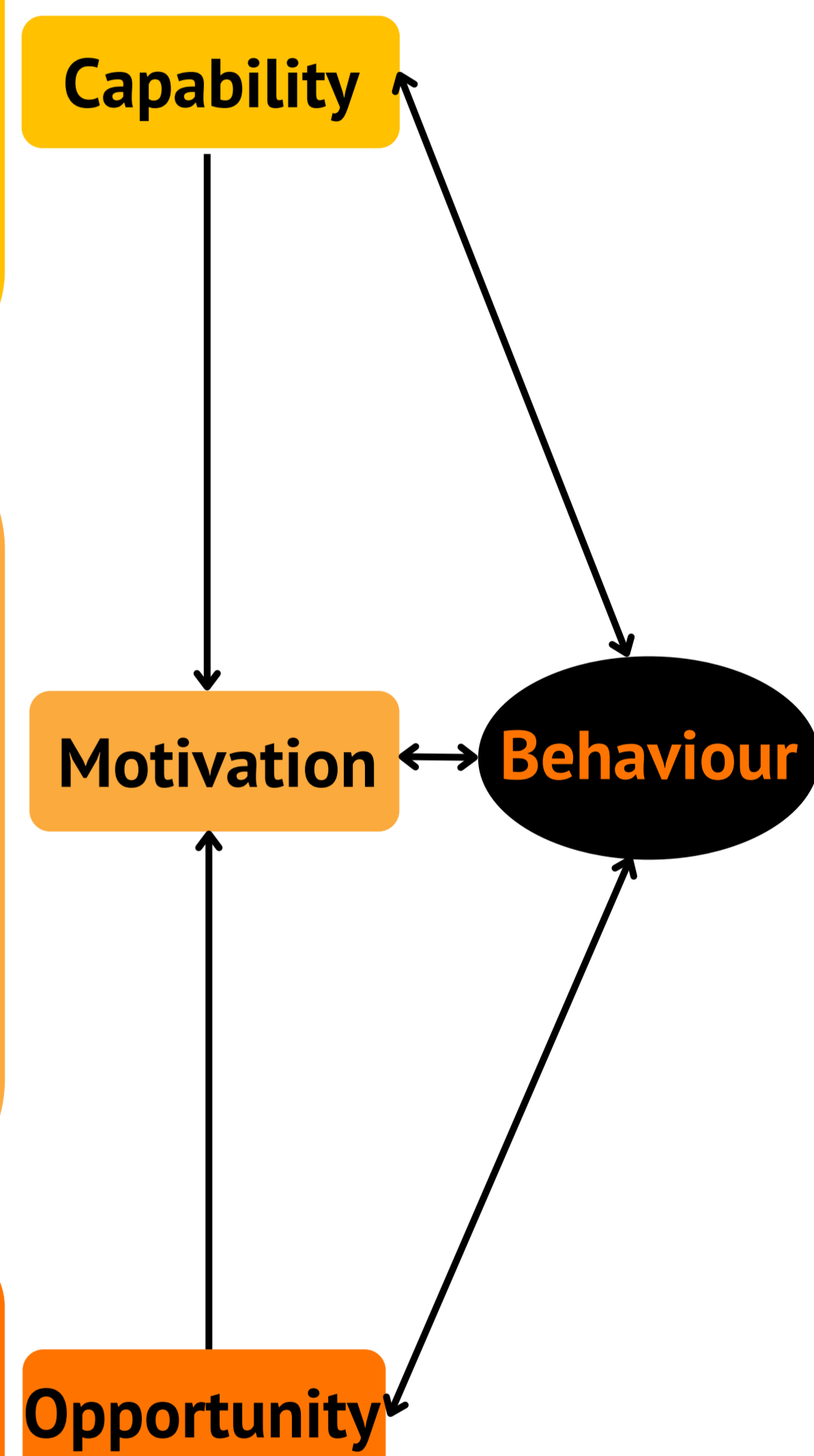
Research method



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)

References

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