



Continued precautions due to COVID-19

Guidelines for the use of face masks for diseases transmitted by droplets and/or spray from the respiratory tract

Health authorities have now suspended the legal obligation of the public and specific professions to wear face masks in public and during personal services, to prevent COVID-19. The suspension follows good vaccination results and the success in keeping infections to a minimum.

The Chief Epidemiologist would like to issue a reminder that vaccination against COVID-19 primarily protects people against developing a serious illness caused by the virus. However, vaccinated individuals can become infected with the virus and even spread it to others. Therefore, everyone is strongly encouraged to continue to exercise caution due to COVID-19, as the pandemic is still raging in many parts of the world, and in many places, vaccinations have not become as common as here as of July 2021.

Everyone is encouraged to:

- Avoid crowds and keep at least 1 metre's distance from other people as much as possible.
- cover your mouth and nose when coughing or sneezing (use a disposable paper towel or your elbow)
- wash and sanitise your hands often
- ensure good air ventilation
- wear a face mask in enclosed, crowded, poorly ventilated spaces
- follow the infection prevention rules that apply in areas where you are staying

The Chief Epidemiologist continues to recommend that those with symptoms suggestive of COVID-19 (sore throat, cough, fever, shortness of breath, bone and muscle aches, fatigue, sudden loss of smell and taste) get tested immediately and stay indoors while symptoms persist even if COVID-19 is not detected.

Hand sanitation and the use of face masks

It is important that providers of any kind of services wash and sanitise their hands before providing said service, perhaps even in front of the individual receiving the service.

Those who care for sick individuals may need to wear a face mask, especially if the patient in question or the employer requests it. The wishes of individuals who receive services that require proximity must also be respected if they request that the person providing the service wear a face mask.

Face masks suitable for the general public to prevent the spreading of diseases transmitted by droplets and/or spray from the respiratory tract (e.g. COVID-19, influenza)

1. Disposable “surgery masks” with elastic at the sides and built-in wire to shape it to the nose



These masks are made of three layers of paper-like material, with a layer that filters particles in the middle. These face masks are of different thicknesses, absorb different amounts of moisture and have different filtration properties. They catch droplets coming from the respiratory tract and saliva of the wearer, so they are less likely to spread to others and the environment. They also reduce the chances of the individual wearing the mask contracting the virus, by filtering

the air they inhale.

Hands need to be cleaned before the surgery mask is put on and after it is touched or removed. The surgery mask should be tight to the face; cover the nose, mouth and chin. The surgery mask needs to be replaced when it has become damp or damaged. The maximum use time is 4 hours. If the mask is used for a short period and is to be re-used, it must be stored in a closed container in between uses and hands must be washed or sanitised after contact with the mask. Used masks shall be disposed of in general use rubbish bins.

- [Poster on the safe use of surgical masks](#)

2. Reusable face masks (cloth masks)



They can be bought or sewn at home. [A workshop agreement](#) on face masks has been published by the European standards organisation CEN, with the participation of an Icelandic representative. It defines the requirements that cloth face masks must meet, such as how to use them and how to wash them, as well as containing instructions on how to sew face masks. Such face masks are suitable for the general

public but are not used for healthcare; they can reduce the spread of the virus to others from those who wear the mask as long as it is properly placed and does not have a valve that lets out unfiltered air. There are many different types of reusable face masks, but they must cover the nose, mouth and chin; be tight to the face; be multi-layered (at least two layers and preferably three layers); and be made of a material that can be washed, preferably at 60°C. Fabrics used in such face masks must allow



air to pass through, be sufficiently soft and flexible to sit tight to the face, not be too hot, not be irritating and be resistant to washing at 60°C. Hands need to be cleaned before the face mask is put on and after it is touched or removed. At a minimum, a reusable face mask must be washed daily. They can be washed with other clothing at the highest temperature the fabric can withstand. It is best to dry

them in a dryer.

- Reusable face masks cannot be frozen to remove contaminants. Viral or bacterial material remains in the fabric and does not lose its ability to infect with freezing.

Reusable face masks are not standardised in the same way as masks for healthcare professionals and are not suitable for activities with close proximity if the rules for suspending proximity limits are based on the use of masks.

3. Protective respirator masks (fine-particle masks FFP2, (N95), FFP3, (N99))



These masks are specially designed for use by healthcare professionals caring for people with diseases transmitted by airborne infections, e.g. COVID-19, influenza, tuberculosis or measles where airway intervention may be required, and there may be a risk of droplets and spray containing great amounts of contaminants from the patient that can be spread. Such masks must be fitted to the person in question to ensure that the correct size is used.

REMEMBER!

A face mask is not useful if it is worn on the neck, forehead, nose, under the nose, under the chin, dangling on the ear or on the arm.



Face masks and shields NOT suitable for preventing the spreading of diseases transmitted by droplets and/or spray from the respiratory tract (e.g. COVID-19, influenza)

1. Face masks with exhalation valves



The purpose of a face mask is to prevent airborne droplets from spreading to others. If face masks have a one-way valve or an air hole that releases unfiltered air, droplets can be transmitted to others. Such face masks therefore do not reduce the risk of infection from an individual with COVID-19 to others. The Chief Epidemiologist **does not recommend** the use of a face mask with a valve to prevent the spreading of viruses.

2. Face shield/cover



Transparent plastic covers that cover the face are primarily intended to protect the eyes of those wearing such covers and thus replace protective goggles. They can prevent droplets from landing on the face and also prevent the individual from touching their face. They are made from different materials and have different shapes but should cover the area from the forehead to well below the chin. These covers are open at the bottom and sides and do not prevent the spread of droplets during coughing or sneezing and therefore do not provide the same protection as a mask. Hands must be cleaned before putting on and after removing the cover, and the plastic cover itself should not be touched, but if that happens, hands must be washed or sanitised afterwards. Face

covers are produced for single use, but if re-used, they must be washed with soap and water or disinfected after use. Healthcare professionals treating COVID-19 patients who are wearing a face shield/cover shall wear a mask underneath.

The face of the individual wearing the cover is visible, and they do not obstruct speech, so they could be useful in certain situations. Those who are unable to wear a face mask due to health reasons or due to deafness, and who use a face shield instead, should wear a shield that covers the sides of the face well and down below the chin or use a shield with a hood.



- **Face shields/covers do not replace masks**
- **Plastic masks do not replace masks**