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COVID-19 is a challenge to everyone. We have all had to change the way we live our day to day lives in order to protect our health. While most people can adapt to new ways of living, the challenges for some individuals can be greater and may cause anxieties that limit their lives even further.

Anxieties around COVID-19 challenges can include:

- Understanding COVID-19

- Wearing a face covering

- Seeing others wearing face coverings

- Social distancing / isolating

- Hand washing / using hand sanitiser

- COVID-19 swab testing

- Pulse Oximetry (a painless test that measures your oxygen saturation level, or the oxygen levels in your blood)

- Vaccinations

The purpose of this framework is to help support these individuals to feel more comfortable with new ways of living, such as wearing face coverings while out.

The main part of this framework focuses on desensitisation techniques to support someone get used to face coverings, and a short section on desensitisation for swab testing.



East Sussex County Council (ESCC), Adult Social Care Training Team, funded by Skills for Care, have developed this framework along with a sample training session and an additional resource list.



This framework is aimed at anyone involved in the care and support of individuals who may





Coronavirus (COVID-19) usually spreads by droplets from coughs, sneezes and speaking.

These droplets can also be picked up from surfaces, if you touch a surface and then your face without washing your hands first.

This is why social distancing, regular hand hygiene, and covering coughs and sneezes is so important in controlling the spread of the virus.

Face coverings are largely intended to protect others, not the wearer, against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of the coronavirus.

You can use a scarf, bandana, religious garment, hand-made cloth covering or disposable mask, but these must securely fit round the side of the face.

It is important to follow all the other government advice on coronavirus (COVID-19)

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The Government has produced advice on when individuals do not need to wear a face covering.



The Government has produced advice on when individuals do not need to wear a face covering, which includes:

Children under the age of 11 (Public Health England do not recommend face coverings for children under the age of 3 for health and safety reasons).

People who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability

Where putting on, wearing or removing a face covering will cause you severe distress.

If you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate.



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Those who have an age, health or disability reason for not wearing a face covering should not be routinely asked to give any written evidence of this, this includes exemption cards.
No person needs to seek advice or request a letter from a medical professional about their reason for not wearing a face covering.
Some people may feel more comfortable showing something that says they do not have to wear a face covering. This could be in the form of an exemption card, lanyard, badge or even a home-made.
But remember, this is a personal choice



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They may not understand the reasons for the face covering.
They may find it difficult to recognise people.
They may rely on seeing people's faces to help with communication and understanding.
They may have difficulty with making eye contact.
They may experience sensory challenges which make it hard to tolerate wearing a face covering; the new feelings of elastic over your ears, material across your face, or the heat caused by the mask can be uncomfortable and overstimulating.
Wearing a face covering can make it feel like your airflow is being restricted, and for some individuals this could cause feelings of increased anxiety or claustrophobia.
They may find the smell of the covering difficult to tolerate
Wearing a mask can reduce peripheral vision and be distracting when looking down (increases the risk of falls).
Normal social routines may feel disrupted by the need to wear coverings.
Seeing people covering their faces might make them feel uneasy or scared.

There are a number of reasons why someone may find it difficult to tolerate face coverings. However, some people may be able to learn to tolerate wearing a face covering, and in that way, it may mean that they are able to return to activities and routines they enjoy sooner. Supporting someone to get used to seeing people wearing face coverings or wearing one themselves may make life less stressful for them.

Care providers might feel more confident in supporting people in the community and to have contact with family if they can wear a face covering.





Desensitisation is a method to teach a person to associate feelings of relaxation with something they previously felt anxious about. Another word for it is 'familiarisation'.

A common example is where a therapist will help someone who has a fear of spiders, often using relaxation and breathing exercises. Slowly building up from talking about fears, introducing pictures of spiders, being in a room with a spider and eventually holding one.

Desensitisation can be used in many other ways, for example, slowly introducing the face covering, allow the person to see and feel it, wearing it for short periods of time in a safe and comfortable space and gradually building up to wearing while out.

Any plans to support someone to become familiar with wearing face masks must be based on a person-centred approach.

The Mental Capacity Act 2005 states that we should assume that people have the mental capacity to make their own decisions.

Where a person lacks the mental capacity to make a decision, you need to work in line with relevant legislation and guidance, including the Mental Capacity Act (2005), Deprivation of





The Mental Capacity Act sets out a best interest checklist, which must be followed when making a best interest decision:

Will the person regain capacity?

Involve the person: this can include using desensitisation techniques, observing the person's response to the face covering.

Consult all relevant people: friends, family, staff, GP, Learning Disability Teams, Speech and Language Therapy, etc

An Independent Mental Capacity Advocate (IMCA) should be considered if testing is required and the client lacks capacity to consent and is un-befriended.

Consider all the information: such as different types of face coverings, places the person will be going, who they will be seeing, etc

Do not make any assumptions.

Consider past, present and future wishes.

Always choose the least restrictive option:

Any best interest decision made must be clearly recorded.



If a best interest decision is made for a person to wear a face covering, you must ensure it is a **best interest** decision and carefully consider the

There are some people who are unable to put on and take off a face covering themselves. They may also find it difficult to communicate how they feel about wearing one.

It's important to consider the type of face covering used, for example, what may be most comfortable, maybe a bandana that provides air flow, rather than a mask the loops around the ears.

Consider when and where the person wears the face covering. For example, while inside a shop they may wear one, but remembering to help them remove it when back outside, just as we may do so ourselves.

When removing someone's face covering, be gentle and explain what you are doing. They may need support to dry their face around their nose and mouth after wearing a covering, ensuring this is done in a dignified manner.

To ensure you keep a regular check on the person, recognising any subtle clues of discomfort, this may be through their vocal sounds or sometimes just subtle eye movements; keep a record of any signs of possible discomfort and ensure other support workers are aware of them.

Keep the person informed of what you are doing, no matter what level of learning disability. Use the face covering as a visual clue (object of reference) to show the person before putting it on, explaining what you are doing and why. Provide plenty of reassurance.



Good practice in recording Best Interest Decisions will include:

Who is the decision maker?

Note: Who the decision maker is will depend on the decision being made.

For most day-to-day decisions, this will be the person caring for the person at the time a decision needs to be made. The decision maker could be:

... if the decision involves whether or not to accept proposed care.

For medical treatment – it would be the doctor, nurse or healthcare staff responsible for carrying out the treatment/procedures.

Who was involved in the decision making process.

Is there any one most involved in this person's care/life?

This should include any friends or family, professionals and should detail name, contact details, their role and nature of their involvement in the person's life.

What is the decision.

What are the person's wishes (these can be expressed by a friend/relative where necessary – the source should be noted).

Views of other professionals, friends and family.

Benefits and burdens of options (weighing up the 'benefits and disadvantages').

The outcome of the decision making.

Any steps to minimise risk.

If any further assessments are required.

The Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) during the Coronavirus (COVID-19) Pandemic.

The Mental Capacity Act (2005) (MCA) and deprivation of liberty safeguards (DoLS) during the coronavirus (COVID-19) pandemic. (Updated 7 September 2020)

The Mental Capacity Act (2005) (MCA) and deprivation of liberty safeguards (DoLS) during the coronavirus (COVID-19) pandemic: additional guidance. (Updated 7 September 2020)

Including guidance on testing someone who lacks the relevant mental capacity without their consent.

Supporting someone to understand why a face covering is important can be a good starting point with desensitisation.

Consider who is best to have the conversation with the person; someone they know well and trust.

Consider the environment; reduce distractions and background noise.

Consider the time of day; does the person respond better at different times of the day.

Allow time for the conversation to take place – don't rush.

Ensure the person is feeling relaxed and comfortable.

Follow communication guidance in support plans where available.

Be prepared; have everything you need to hand to have the conversation, including any pictures, objects of reference, videos.

Use accessible language; avoid jargon or long words that might be hard to understand.

Observe the person; they may tell you things by their body language and facial expressions.

Listen and respond to the person appropriately.

Take time to check the person understands you and that you understand them.

Record the conversation and outcomes and pass on to relevant people.

Be creative and adapt to each individual. Consider the persons usual method of communication, can you find, create or adapt something?

Use any communication tools that are available to support the conversation. See the resource section for further information and examples.

The people we support have to wear masks if attending health appointments, using public transport or going into shops (unless they are exempt)

We wanted to try and encourage all the people we support to wear face coverings when out in these places, in order to keep them and others safe.

We suspected that if each person had a bespoke face covering depicting something of importance to them, that this may make it more likely that they would be happy to wear them.



This will depend on the individual and may involve some trial and error

It can be helpful to break tasks down into manageable steps, making time between each step, ensuring the individual feels comfortable before moving on to the next step. For example:

- holding the face covering
- bringing it towards the face
- touching the covering to their face
- fitting the elastic over one ear
- then over the other ear.

Looking at pictures / videos of people wearing face coverings.

Holding the face covering, feeling the fabric.

Bringing the covering towards their face.

Rubbing the fabric on their cheek.

Slowly fitting the elastic over the ears – try one side at a time

Keeping it on for specified amounts of time; start with a short amount of time, even if only a few seconds.

Once it is on, a visual timer may help to indicate how much time remains (start with just a few seconds and work up).

It may help if the support worker does the same throughout the process.

It might be useful to practice with the person in front of a mirror.

Wearing the face covering during a favourite activity such as watching TV, playing a video game, using an i-pad, baking, etc.

Make the first outing outside wearing a face covering short, such as a walk around the block.



Peter (not his real name) had previously spent time in an assessment and treatment unit as his behaviour had been very challenging due to anxiety about changes to routine. He is an autistic man, and has 24-hour support in a supported living service.

He was very keen to go to the hairdressers. His support staff recognised that he was motivated to learn what he needed to do in order to be able to go to the hairdressers. Staff who support Peter considered how he liked to learn. They knew he would prefer one to one support from staff whom he got on with.

Staff explained to him that there were germs around and that he would have to do things differently than before.

The staff explained all the steps needed in order to go to the hairdressers. They showed him each of the steps needed how to put the mask on and take it off. They explained about when he would need to wear the mask, and when he could take it off. This included travelling on the bus as well as going into the hairdressers.

In order to make sure that Peter understood what he needed to do, staff asked him to explain when he would need to put on his mask. They reinforced this with him every day up until the appointment. He was able to tell people exactly what he needed to do. Staff praised him and give him positive feedback about how well he was doing. The staff also role modelled using hand sanitiser and encouraged Peter to copy what they were doing.

Staff ensured that there wouldn't be any last-minute problems at the hairdressers. They did this by checking with the hairdressers in advance of the appointment to make sure that they were complying with sanitising and screening guidance.



Key message - by repeating what was needed, Peter became used to the process, and often reminded himself, and others, of what needed to be done, in order to stay safe.

Key message - The trip to the hairdressers was the motivation Peter needed in order to wear the mask and keep his hands clean.

This will depend on the individual and may involve some trial and error

Allow the person to see the family member / staff put on the face covering.

Sit opposite each other and make a game of putting them on and off.

Wear a laminated photograph of yourself; maybe a lanyard with a photograph and 'this is me' or name printed below. The person you are supporting may also want to do the same.

Try clear masks – there are lots of different designs to be found online.

Remind the person who you are; this may have to be done frequently.

Remind the person why you are wearing a face covering, for example, "I know I look funny but I'm wearing this to protect us from bugs and germs".



Before Covid, Simon (not his real name) used to go to a day centre 4 days a week and visit his sister each week. Unfortunately, due to Covid, many of Simon's routines changed, and this change often meant that Simon felt frustrated and angry. Simon's support staff were concerned that the lack of his usual routine would cause an increase in behaviours that challenge. They wanted to achieve stability for him and a sense of safety for him.

He had a good relationship with his keyworker, Charles. Charles immediately involved Simon in activities around the home to ensure that he was engaged and distracted. One day, Simon and Charles were chatting, and Charles asked Simon if he would like to wear a mask, just like he did.

This created a bonding and connection between Simon and Charles, and he was very happy to wear the mask. They now had a common purpose in wearing a mask. Simon and Charles have now been able to go out more.

Simon has found that he feels safe and comfortable wearing the mask. During this uncertain time, and he likes to put the mask on in the morning, and wear it all day, just like his staff team do.

m - We learnt that, with the right support and understanding, we could help Simon feel safe. The modelling and routine of wearing a mask has really helped him understand why all of his staff team are wearing masks.

y - We were expecting challenges with the change to routine and the fact that everyone was at home all day long.





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Don't rush.	
Try each step slowly – this could be a long, slow process for some people.	
Observe the persons reactions carefully.	
Keep anxiety to a minimum.	
Try and make it a fun experience/activity.	
Don't leave the practice until absolutely necessary, such as going to hospital.	
Keep a record of what steps you have taken and progress.	
Ensure that everyone is working in the same way with the individual.	
Always take The Mental Capacity Act 2005 and best interest decisions into consideration (see legislation section).	



Recording is an important part of any support you provide. For support provided around supporting individuals to wear face coverings and other COVID-19 related challenges, you will need to consider recording:	
A person centred approach to risk: Risk assessments	
Support plan, including what needs to happen, how, when and by who.	
Monitoring of progress, including what's working/not working.	
Best Interest Decisions (See Best Interests section in this framework for further details).	

