

# Face coverings in education – National Deaf Children’s Society position paper

Last updated: 25 February 2021

## Summary

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Where face coverings are being worn in education, education settings must make all necessary reasonable adjustments to minimise the impact on deaf children and young people.

We call on UK governments to be proactive in ensuring that the implications of face coverings for deaf children and young people are considered and highlighted in all and any debates or guidance on this issue.

In particular, UK governments should:

- Be proactive in ensuring that any guidance or advice on face coverings in education emphasises the impact these have on deaf children. They should also clearly emphasise the need to take all necessary reasonable adjustments to ensure continuity of learning. It will not be enough to simply instruct schools to be “sensitive” to the needs of deaf children or to point to exemptions that are permissive only.
- Take steps to ensure clear face masks, coverings, shields and visors are widely and readily available to use across education settings. Whilst they are not a panacea, they are still preferable to opaque face masks/coverings. They all also offer better reduction in virus transmission than wearing no face covering at all. A clear action plan on how this will be achieved is needed.
- Ensure there are no barriers to accessing funding for additional radio aids, communication support or any other reasonable adjustments if needed by deaf pupils to mitigate the impact of face coverings.
- Re-iterate the importance of Qualified Teachers of the Deaf in providing advice to education settings around reasonable adjustments, taking steps to address any issues in capacity across the country.

## Introduction

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Over the past year, government guidance in each of the four nations has changed to either require or recommend face coverings in education in some form. We acknowledge the public health considerations underpinning this issue. It is important that teachers, other education staff and children all feel safe at school.

At the same time, the use of face coverings in education, especially in the classroom, presents very significant challenges to how deaf children access learning. Teaching is all about communication and accessing this is already a challenge for deaf children. In some cases, there may be little point in deaf children attending school or college and requiring them to do so, when they cannot understand their teachers or peers, could do significant harm to their wellbeing.

These challenges have been recognised by the World Health Organisation:

*“The wearing of masks by children with hearing loss or auditory problems may present learning barriers and further challenges, exacerbated by the need to adhere to the recommended physical distancing. These children may miss learning opportunities because of the degraded speech signal stemming from mask wearing, the elimination of lipreading and speaker expressions and physical distancing.”*

UK governments make a distinction between face coverings and masks. Face coverings are recommended as a protection against community transmission of COVID-19 by asymptomatic carriers. Face coverings are not designed to protect the wearer although there may be some limited protection offered. Face coverings may be purchased in the high street as disposable or reusable products, or can be made at home. Face

masks are classified as Personal Protective Equipment (PPE) which is designed to meet a higher standard of both protecting the wearer and preventing the risk of community transmission.

Current guidance is that face coverings are used in education settings, except where PPE would usually be used (such as personal care with a child).

## **Exemptions**

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Exemptions are in place that allow people to remove a face covering when communicating with someone who lipreads. We support and welcome this exemption. It is important that schools and colleges are aware of this and other exemptions.

At the same time, whilst it allows face coverings to be removed, people may not feel safe and chose not to do so. We understand why people may feel reluctant to do so. We also know that many deaf young people may not comfortable asking other people to remove their face covering. Our evidence indicates that face coverings are widely used in education with deaf children. This tells us that the exemption in itself cannot be relied upon as sufficient mitigation and UK governments must do more than just point to these exemptions if they are to ensure that any negative impact on deaf children is minimised.

For this reason, we will continue to emphasise the need for all necessary reasonable adjustments to be made in situations where face coverings are being worn in education.

## **Clear face masks, coverings, shields and visors**

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Clear face masks, coverings, shields and visors have all been used to support communication with deaf people by making it easier to lipread someone and see facial expressions.

It is important to be clear on the different levels of protection these offer, which should match the risk setting in which they are being used.

We know that, for example, home-made clear face coverings do not provide the same degree of reduction in virus transmission as a three layer fabric face covering (as recommended by WHO). However, there are a limited number of clear face masks available commercially which now meet type II<sup>1</sup> and IIR<sup>2</sup> standards (lower grade PPE used in NHS settings in lower risk environments = equivalent to face coverings) and which could be used as an alternative in environments requiring face coverings such as education settings.

We also know that face visors or shields will not provide the same degree of reduction in virus transmission from the wearer as a face covering. However, it stands to reason that they would provide better reduction in transmission than if no face covering at all was being worn, such as when removed for communication with a deaf child.

It is not our role to say if and what type of mask or covering should be worn. However, when interpreting any UK government guidance on face coverings, it is important to be aware of the differences and to understand what mask or covering will meet the standard in place in that nation around face coverings. For example, the clear face masks that have already been developed will meet the standard for a face covering.

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<sup>1</sup> Type II face masks (EN14683) are medical face masks made up of a protective 3 ply construction that prevents large particles from reaching the patient or working surfaces, however they are not effective when blood or bodily fluids are present. Characteristics of Type II face masks include: pleat style with ear loops or ties; protective three-layer construction; and available in a variety of colours and styles.

<sup>2</sup> Type IIR face masks EN14683 are medical face masks made up of a 4 ply construction that prevents large particles from reaching the patient or working surfaces. Type IIR Face masks include a splash resistant layer to protect against blood and other bodily fluids. Type IIR face masks are tested in the direction of exhalation (inside to outside) and take into account the efficiency of bacterial filtration.

We also believe it's important not to hold clear face masks or coverings to a higher standard that is in place in relation to opaque or fabric face coverings (whether these are home-made using fabric at home or purchased).

As the WHO notes, clear masks or face shields can be explored as an alternative to fabric masks. It is important to bear in mind that any kind of mask, covering or shield/visor is likely to offer an increased level of reduction in transmission of virus versus not wearing any kind of mask or covering. This is an important point to bear in mind in light of the exemptions that are in place around wearing face coverings among the general public. In this context, a decision to wear a face shield or visor when communicating with deaf children could be seen as a pragmatic compromise if the alternative was to not wear any face covering. We encourage professionals to bear these distinctions in mind when carrying out any kind of risk assessments in this area.

We also call on the UK governments to acknowledge these differences in guidance on face coverings in education, particularly when considering how to mitigate the impact of any face coverings on deaf children.

### **Mitigating the impact of face coverings on deaf children**

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Deaf children are not a homogenous group. Their hearing loss may range from mild to profound. Some may communicate orally whilst other may use sign language. Many use other hearing technologies (in addition to their hearing aids or cochlear implants) to support access to learning.

However, whilst these may work well for some children, it should be emphasised that this may not be effective for all.

Clear masks, coverings or face shields/visors may still introduce communication challenges. For example, all masks and shields degrade the speech quality of the speaker by muffling high frequency speech sounds.<sup>ii</sup> This leads to a trade-off between using cloth masks which muffle speech less but provide no visual support to communication and clear visors which muffle speech more but allow the deaf child to see facial features and lip-read. It can also be difficult to lip-read if the mask or shield has fogged up or if there is light reflection. It is clear that there is no silver bullet that addresses the challenges around face coverings in a way that works for all deaf children.

We believe that:

- Clear face masks, coverings and shields are not a panacea. Where face coverings are not required, education settings should ideally explore the alternatives to face masks/coverings in the classroom, emphasising the importance of social distancing and hand hygiene, before any decisions are made on whether to allow this.
- Where face coverings are being worn/are required, clear face masks, coverings or shields are clearly preferable to fabric or opaque masks/coverings in terms of making it easier to lipread. However, clear face masks, coverings or shields do not mitigate the need to take other reasonable adjustments to ensure deaf children are not disadvantaged.

### **Reasonable adjustments**

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Given the fact there is no silver bullet, education settings should carry out individual risk assessments to consider the impact on an individual deaf child of any decision to allow face masks or coverings in classrooms. This should ideally include a functional listening assessment, as well as an assessment of the

difficulties that a mask/covering introduces for a child's understanding of speech and/or ability to communicate. Risk assessments should focus on the individual needs of deaf children. The views of deaf children and their families should be sought throughout in any individual risk assessments.

Education settings have a direct responsibility to take all necessary reasonable adjustments to ensure access to learning and continuity of support for deaf learners. Possible reasonable adjustments and mitigating steps that can be taken might include:

- The provision and effective use of radio aids. Radio aids transmit the teacher's voice directly to the child's hearing aid or cochlear implant. Research suggests that the use of a lapel microphone can be effective in improving verbal communication when the speaker is wearing a mask.<sup>iii</sup> In light of wider changes to the learning environment, many deaf children may now require a radio aid in the classroom for the first time. Steps should be taken to ensure radio aids are cleaned when passed between the child and teacher. Cleaning should be done with care to avoid potential damage to the device.
- An increased focus on the listening environment, minimising all unnecessary background noise. Steps should be taken so that deaf children are taught in classrooms with the best possible listening conditions.
- Funding additional communication support, including remote speech-to-text reporters and sign language interpreters.
- Separate one-to-one teaching and support, without the use of face masks and in rooms where social distancing can be achieved and/or through a Perspex panel.

Qualified Teachers of the Deaf have a key role to play in advising on reasonable adjustments and mitigating steps. Along with parents and deaf learners, they should be involved in any discussions around risk assessments.

### **Face coverings in communal areas or school transport**

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Whilst the use of face coverings in communal areas or school transport might not seem to have a significant impact on children's learning, they could disrupt valuable opportunities for socialising and peer interaction, resulting in deaf children feeling more isolated from their hearing peers. This is likely to have an impact on their mental health and emotional wellbeing. For this reason, all necessary reasonable adjustments should be considered, as well as the exemptions that are in place.

Education settings should also take greater steps to promote deaf awareness across the setting, in consultation with the deaf child.

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<sup>i</sup> [www.who.int/publications/i/item/WHO-2019-nCoV-IPC\\_Masks-Children-2020.1](http://www.who.int/publications/i/item/WHO-2019-nCoV-IPC_Masks-Children-2020.1)

<sup>ii</sup> Acoustic effects of medical, cloth, and transparent face masks on speech signals <https://publish.illinois.edu/augmentedlistening/face-masks/>

<sup>iii</sup> Acoustic effects of medical, cloth, and transparent face masks on speech signals <https://arxiv.org/abs/2008.04521>

The Effects of Face Coverings and Remote Microphone Technology on Speech Perception in the Classroom <https://amandarudge.com/the-effects-of-face-coverings-and-remote-microphone-technology-on-speech-perception-in-the-classroom/>