

GREATER LONDON AUTHORITY

Our Ref: MGLA150721-8372

11 August 2021

Dear

Thank you for your request for information which the Greater London Authority (GLA) received on 14 July 2021. Your request has been dealt with under the Freedom of Information Act (FOIA) 2000.

You asked for:

The Mayor of London tweeted the below saying there is “overwhelming evidence that face masks reduce the transmission of COVID”. This request relates to obtaining all of this evidence, which is presumably held by the Mayor, his office, TfL or elsewhere under your/his direct or indirect authority, seeing as he refers to it and it forms the basis for his policy re face masks on TfL services.

Please send this evidence in whatever format you hold it, be it a word document, pdf, excel file, csv file etc.

Our response to your request is as follows:

In June 2020, the Government introduced national regulations requiring face coverings to be worn on public transport. At the same time, TfL decided to also make it a requirement, under TfL's Conditions of Carriage, for customers and passengers to wear a face covering on the TfL network.

On 19 July 2021, all restrictions on social contact were lifted and the national face coverings regulations were revoked. Shortly before this, on 15 July 2021, TfL decided to retain the requirement, under paragraph 2.4 of its [Conditions of Carriage](#), for customers and passengers to wear a face covering on the TfL network. TfL's decision on 15 July 2021 was taken under its statutory powers contained in section 173(1), and Schedule 11, paragraphs 1(1) and 32 of the Greater London Authority Act 1999 (as amended). The Mayor did not direct TfL to take this decision, but requested it to do so.

A copy of the papers comprising TfL's decision is enclosed. These papers contain the information and scientific evidence considered by TfL in taking this decision:

1. TfL Conditions of Carriage and Byelaws - Face Coverings post 19 July 2021- Memo to the Commissioner
 - a) Appendix 1 Appendix Commissioner's Memo - Face Coverings on TfL public transport
 - b) Appendix 2 STAC Advice
 - c) Appendix 3 Face coverings - HS risk assessment (July 2021)

- d) Appendix 4 REqIA Introduction of face coverings 15.7.21
- 2. Follow up email Howard Carter to TfL Commissioner* [Notice to cease and desist]
- 3. Response from Commissioner

The GLA has also identified and attached the following briefing within scope of your request:

- 4. Face coverings briefing note for GLA Gold_07.07.21

* The content of this email has been withheld from disclosure. We believe that this information is exempt from disclosure under sections 42 of the Act. Legal advice remains subject to legal professional privilege and is therefore exempt under section 42. Legal Professional Privilege (LPP) protects confidential communication between lawyers and clients and is a fundamental principle of English law. The principle is based upon the need to protect a client's confidence that any communication with their legal adviser will be treated in confidence and not revealed without consent.

We have considered the public interest and strongly believe that the public interest in protecting legal professional privilege outweighs the public interest in disclosure.

The Information Commissioner's Office quotes from the Tribunal's case of Bellamy (2005):

"...there is a strong element of public interest inbuilt into the privilege itself. At least equally strong countervailing considerations would need to be adduced to override that inbuilt interest ... it is important that public authorities be allowed to conduct a free exchange of views as to their legal rights and obligations with those advising them without fear of intrusion, save in the most clear case..."

The general public interest inherent in section 42 will always be strong due to the importance of the principle behind LPP: safeguarding openness in communications between client and lawyer to ensure access to full and frank legal advice, which in turn is fundamental to the administration of justice.

Please note that some names of members of staff are exempt from disclosure under s.40 (Personal information) of the Freedom of Information Act. This information could potentially identify specific employees and as such constitutes as personal data which is defined by Article 4(1) of the General Data Protection Regulation (GDPR) to mean any information relating to an identified or identifiable living individual. It is considered that disclosure of this information would contravene the first data protection principle under Article 5(1) of GDPR which states that Personal data must be processed lawfully, fairly and in a transparent manner in relation to the data subject.

If you have any further questions relating to this matter, please contact me, quoting the reference at the top of this letter.

Yours sincerely


Information Governance Officer

If you are unhappy with the way the GLA has handled your request, you may complain using the GLA's FOI complaints and internal review procedure, available at: [Freedom of information | London City Hall](#)

[REDACTED]

From: Carter Howard [REDACTED] >
Sent: 15 July 2021 13:01
To: andybyford
Cc: Heidi Alexander; andylord [REDACTED]; Powell Gareth; LilliMatson; Hayward Siwan (Director of CPOS); vernoneveritt [REDACTED] Keane Kate; Ella.Tagg; Branks Kirsten; Clarke Andrea (Exc); McConochie Mark; [REDACTED] (Legal Support)
Subject: TfL Conditions of Carriage and Byelaws - Face Coverings post 19 July 2021- Memo to the Commissioner
Attachments: Memo H Carter to Commissioner Face Coverings 15 July 2021.docx; Appendix 1 Commissioner's Memo - Face Coverings on TfL public transport - TfL restricted - Confidential and Legally Privileged.pdf; Appendix 2 - STAC Advice.pdf; Appendix 3 Face coverings - HS risk assessment (July 2021) .pdf; Appendix 4 - REqIA Introduction of face coverings 15.7.21.xlsx

Andy

Please find attached a memo seeking your approval to retain the requirement under TfL's Conditions of Carriage for customers to wear face coverings on our network from 19 July 2021, when the national regulations end.

The main changes from the draft you have already seen are at:

- 3.75 (text added to explain outcome of updated Equality Impact Assessment (EQIA);
- 4.3 (to mention taxi and private hire); and
- attaching the updated EQIA as Appendix 4.

There are four appendices to the Memo, which are attached.

Appendix 1: Memo dated June 2020 to the former Commissioner, concerning the introduction of face coverings last year

Appendix 2: Advice from the London COVID-19 Scientific and Technical Advisory Cell (STAC) on the public use of face masks in the context of Step 4 of the national roadmap

Appendix 3: TfL Risk Assessment

Appendix 4: Updated EQIA.

Please can you consider the note and attachments and confirm whether you agree with the recommendations and take the decisions requested.

Just let me know if you have any questions or require any further information before taking a decision.

Howard

[Please note that Appendices to this email have been marked in red below]

TRANSPORT FOR LONDON

From: Howard Carter, General Counsel
To: The Commissioner, Transport for London
Subject: The wearing of face coverings on TfL public transport
Date: 15 July 2021

1. Purpose and Decision

1.1 The Commissioner is asked to:

- (i) note that, on Monday 19 July 2021, Step 4 of the Government's "Roadmap out of lockdown" ("**the Roadmap**") comes into effect in England. From this date, all legal limits on social contact will be removed, including social distancing requirements and requirements to wear face coverings in any setting;
- (ii) approve, with effect from Monday 19 July 2021, the withdrawal of all TfL byelaw notices mandating that all non-exempt passengers¹ must wear face coverings at all times when using TfL's stations and platforms on the London Underground, London Overground, TfL Rail, and Docklands Light Railway networks, and the Croydon Tramlink system. (The byelaw notices were originally issued further to a decision of the former Commissioner upon consideration of a Memo dated 14 June 2020 ("**the June 2020 Memo**") (attached at Appendix 1));
- (iii) agree that, until the outcome of a TfL review into the impacts of the move to Step 4 of the Roadmap, TfL's conditions of carriage shall continue to temporarily require that, until further notice, all non-exempt passengers must wear face coverings at all times when using stations, platforms and services on the London Underground, London Overground, TfL Rail, Docklands Light Railway, the Croydon Tramlink system, the TfL bus network, and the Emirates Air Line; and when using TfL's Dial-a-Ride services and TfL's river services² and piers. (The conditions of carriage were originally amended further to the former Commissioner's decision upon consideration of the June 2020 Memo);
- (iv) note the position on other areas of work being undertaken in response to the move to Step 4 of the Roadmap, highlighted in section 4 of this paper.

1.2 The Commissioner is authorised to make the decision requested pursuant to the general delegation to the Commissioner under Standing Order 121, which authorises the

¹ All references in this document to "non-exempt" passengers are a reference to persons who are not listed within the categories of persons exempt from the requirement to wear face coverings under the national regulations referred to in section 3 below.

² TfL's river "services" were not included in the decision to amend conditions of carriage approved by the former Commissioner in the June 2020 Memo. For completeness, they are included here for approval.

Commissioner to exercise any functions of TfL not reserved to the TfL Board, or specifically delegated elsewhere.

- 1.3 The Mayor of London asked TfL to retain the requirement for passengers to wear face coverings on all TfL services under its conditions of carriage from 19 July 2021. Having considered this, and for the reasons set out in this paper, it is recommended that the Commissioner agrees to this.

2. The move to Step 4 of the Roadmap

- 2.1 On 12 July 2021, the Government confirmed that England will move to Step 4 of the Roadmap and that, from 19 July, all legal limits on social contact will be removed.
- 2.2 The Government's decision to move to Step 4 was taken on the basis its assessment of four tests:
- the success of the vaccine deployment programme
 - evidence showing that vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
 - infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
 - its assessment of the risks is not fundamentally changed by new Variants of Concern.
- 2.3 The Government's slides on its assessment of the four tests are [here](#), and its official Covid-19 statistics [here](#). The Prime Minister's speech is [here](#), and the Health Secretary's statement can [here](#).
- 2.4 The move to Step 4 was also informed by a Government review of social distancing ("**the Social Distancing Review**"), which is [here](#).
- 2.5 From 19 July social distancing rules (2 metres or 1 metre with additional mitigations) will be lifted, and the legal requirements to wear a face covering will be lifted in all settings. Instead, Government will move towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.
- 2.6 This is set out in the [**Government's COVID-19 Response: Summer 2021**](#) (updated on 12 July 2021) ("**Summer Response**"), which states that:
- "The Government will provide guidance to the public and to businesses on how they can help reduce the spread of COVID-19 and mitigate the risk of a resurgence which puts the NHS under unsustainable pressure."*
- 2.7 On face coverings, the Summer Response states:

“The legal requirements to wear a face covering will be lifted in all settings. To help reduce the spread of COVID-19, published guidance will advise that wearing a face covering will reduce your risk and the risk to others, where you come into contact with people you don’t normally meet in enclosed and crowded spaces.”

2.8 On social distancing, the Summer Response states:

“Social distancing rules (2 metres or 1 metre with additional mitigations) will be lifted. You should continue to consider the risks of close contact with others, particularly if you are clinically extremely vulnerable or not yet fully vaccinated. Social distancing will only be required in limited circumstances: ports of entry for passengers between disembarkation and border control in order to manage the risk of Variants of Concern being transmitted between individuals; and people who are self-isolating should also continue to socially distance from others, particularly where they have had a positive test. Health and care settings will continue to maintain appropriate infection prevention and control processes as necessary and this will be continually reviewed. Guidance will be updated based on the latest clinical evidence this summer.

For individual settings where the risks of rapid spread are particularly acute, Directors of Public Health, in consultation with setting operators and relevant departments, will be able to advise that social distancing is put in place if necessary to control outbreaks. This should be targeted, time limited, and apply to settings characterised by enclosed and vulnerable communities such as prisons, immigration removal centres and homeless shelters.”

2.9 The lifting of restrictions on social contact is one of five strands of the Government’s approach to handling the pandemic at Step 4. These are identified in the Summer Response as follows:

“...Step 4...will mark a new phase in the Government’s response to the pandemic, moving away from stringent restrictions, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. To do this, the Government will:

- 1. **Reinforce the country’s vaccine wall of defence** through booster jabs and driving take up.*
- 2. **Enable the public to make informed decisions** through guidance, rather than laws [i.e.: lifting of restrictions on social contact, as above]*
- 3. **Retain proportionate test, trace and isolate plans** in line with international comparators.*
- 4. **Manage risks at the border and support a global response** to reduce the risk of variants emerging globally and entering the UK.*
- 5. **Retain contingency measures** to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19.”*

2.10 In his statement on 12 July, the Health Secretary stated:

“... it’s expected and recommended that people should wear face coverings, unless they’re exempt, in crowded, indoor settings like public transport.”

- 2.11 It has been reported on 13 July 2021 ³ that the Secretary of State for Transport has said it is "up to" transport operators to decide whether to make face coverings compulsory for passengers. At the time of writing, the Government has yet to update its [Coronavirus \(Covid 19\): Safer transport guidance for operators. Should there be any further significant matters to take into account in any guidance issued then these will be drawn to your attention.](#)

3. **Face coverings**

The Regulations

- 3.1 The legal requirements to wear face coverings are contained in regulations that apply in England. There are two key sets of relevant regulations.
- 3.2 First, the Health Protection (Coronavirus, Wearing of Face Coverings on Public Transport) (England) Regulations 2020 (SI 2020/592) ("**Regulations 1**"). These were introduced on 15 June 2020 and require face coverings to be worn while "using" (boarding or on board) vehicles and carriages on public transport. They do not apply to staff. They are due to expire at the end of 18 July 2021.
- 3.3 Second, the Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020 (SI 2020/791) ("**Regulations 2**"). These were introduced on 24 July 2020 and require face coverings to be worn in parts of transport hubs - stations, terminals or similar premises in England – that are indoors and open to the public. They do not apply to staff. They are due to expire on 24 July 2021.
- 3.4 A one-off breach of the Regulations is subject to a £200 fixed penalty notice (reduced to £100 if paid within 14 days) for the first offence. Repeat offences are subject to higher levels of fixed penalty notice, up to a maximum value of £6,400. If there is a criminal prosecution for non-compliance (rather than fixed penalty notice) there is no maximum fine upon conviction, and the courts have discretion to impose unlimited fines depending on the circumstances of each case.
- 3.5 At Step 4 there will no longer be the power for fixed penalty notices to be issued, or criminal prosecutions to be brought, for non-compliance with the Regulations.

TfL action to date on face coverings – byelaw notices and conditions of carriage

- 3.6 When Regulations 1 were introduced they only applied to passengers boarding or on board public transport vehicles and carriages. At the time, it was considered that TfL should use its powers to require passengers to wear face coverings at all times when using its *stations and platforms*, to supplement the coverage of the Regulations.

³ A BBC report of 13 July [here](#).

- 3.7 To achieve this, approval was obtained from the former Commissioner through the June 2020 Memo to issue byelaw notices and amend conditions of carriage.
- 3.8 Byelaw notices were issued under (i) the **TfL Railway Byelaws** which apply to trains, track and stations that are part of TfL's railway, including the London Underground, London Overground, TfL Rail and Docklands Light Railway networks; and (ii) The **Tramlink Byelaws** which apply to the use of the Croydon Tramlink System, its trams, tramstops and stations ("**the Byelaw Notices**").
- 3.9 The Byelaw Notices require non-exempt passengers to wear face coverings at all times in stations and on platforms, but do not require passengers to wear face coverings while travelling on vehicles or carriages because Regulations 1 cover this.
- 3.10 The Byelaw Notices were issued as an instruction under the existing byelaws (rather than as an amendment to the byelaws themselves) under a provision that says: "*The Operator may issue to any person reasonable instructions relating to safety on any part of the railway / Tramlink by means of a notice on or near that part of the railway / Tramlink system.*"
- 3.11 Breach of the Byelaw Notices is a criminal offence. Prosecution can be either by the police, or TfL, and is punishable by way of a fine of up to £1000. Unlike Regulations 1, there is no power for fixed penalty notices (on the spot fines) to be issued.
- 3.12 In addition to the Byelaw Notices, in June 2020 the former Commissioner also approved amending TfL's Conditions of Carriage to require all passengers to wear face coverings at all times when using stations, platforms and services on the TfL public transport network ("**Amendments to Conditions of Carriage**").
- 3.13 The reason for this was that there was no legal mechanism to issue Byelaw Notices to apply to all of the TfL public transport network. Byelaw Notices could not be issued to apply to buses⁴, bus stations⁵, the Emirates Air Line, Dial-a-Ride, or River Bus piers⁶. In addition, while Regulations 1 make it a requirement for passengers to wear face coverings while *travelling* on the vehicles or cabins of these services, they do not apply to rail or bus *stations*, the Emirates Air Line *terminals* or river *piers*. The Amendments to Conditions of Carriage therefore ensured that a requirement to wear face coverings was applied to all areas of TfL's network.
- 3.14 Passengers cannot be fined or prosecuted for breaching TfL's conditions of carriage, but can be refused entry to and asked to leave TfL services and facilities for non-compliance.
- 3.15 The issuing of the Byelaw Notices and Amendments to Conditions of Carriage were approved by the former Commissioner in June 2020 with temporary effect, until further notice. They remain in effect until a decision is taken to withdraw them.

⁴ The use of buses (boarding and travel on buses) is regulated by the national Public Service Vehicle Regulations 1990/1020 and it is doubtful that these regulations can be used to mandate the wearing of face coverings.

⁵ Unlike the TfL Railway Byelaws and Tramlink Byelaws, the TfL Road Transport Premises Byelaws do not contain a power to issue notices in the interests of safety.

⁶ There are no byelaws relating to Dial-a-Ride, or River bus services.

- 3.16 Regulations 2 were introduced after TfL had issued the Byelaw Notices and made the Amendments to Conditions of Carriage. While Regulations 2 require face coverings to be worn in parts of transport hubs that are indoors, TfL was of the view that it should retain its Byelaw Notices and Amendments to Conditions of Carriage, because these cover parts of the network that are outside.
- 3.17 To date, no enforcement action has been taken under the Byelaw Notices. It has all been taken under the Regulations.

The recommendation to withdraw Byelaw Notices but retain Amendments to Conditions of Carriage

- 3.18 This paper recommends that the Byelaw Notices be withdrawn with effect from 19 July 2021, but that the Amendments to Conditions of Carriage be retained until further notice, until the outcome of a TfL review into the impacts of the move to Step 4 of the Roadmap (**“the Recommended Approach”**).
- 3.19 If approved, withdrawal of the Byelaw Notices would mean that there could be no criminal prosecution of persons not wearing a face covering on our network from 19 July. In addition, the expiry of the Regulations on that date would mean that fixed penalty notices could not be issued either.
- 3.20 However, the Recommend Approach would mean that as a condition of carriage all non-exempt passengers must wear face coverings at all times when using stations, platforms and services on the London Underground, London Overground, TfL Rail, Docklands Light Railway, the Croydon Tramlink system, the TfL bus network, and the Emirates Air Line; and when using TfL’s Dial-a-Ride services and TfL river services and piers. Any non-exempt persons not complying with this condition could, as now, be refused access to or asked to leave these TfL premises, facilities and services by TfL’s enforcement officers; subject to different enforcement procedures as described in the paragraph directly below. This is also explained in more detail at paragraphs 3.60-3.67 below.
- 3.21 To be clear, the requirement under conditions of carriage would apply when a passenger is boarding or on board on any of the above services. TfL river services are the Woolwich ferry and, when it commences, the Hammersmith ferry⁷. The requirement under conditions of carriage would apply once a customer has bought a ticket, or already has one. In these circumstances, a passenger would be contractually obliged to comply with the conditions and wear a face covering on our services, and also in our bus and rail stations, on our platforms, Emirates Air Line terminals and river piers. Where a rail station is owned and operated by a third party such as Network Rail or a train operating company (other than London Overground or TfL Rail), our conditions of carriage will not generally apply. Where we or our concessionaires operate a station, the conditions of carriage will however apply. The requirement under conditions of carriage would not apply to bus stops or shelters because these are almost entirely on public highway. At Victoria Coach Station, where we control the building but not the services, our conditions of carriage do not apply; we can encourage the wearing of face

⁷ They do not include other ferry services running in London, such as the Thames Clipper

coverings but enforcement would have to be on the basis that an implied license to enter has been revoked, and that may be harder in practice to implement than under the conditions of carriage.

- 3.22 The following would continue to be exempt from the requirement to wear a face covering under the conditions of carriage: Children under the age of 11; Employees of, or persons providing agreed services to, TfL; Police constables (including British Transport Police officers) acting in the course of their duty; Members or employees of the emergency services responding to an emergency; and passengers who have good reason not to such as: passengers who have a physical or mental illness or impairment, or a disability that means they cannot put on, wear or remove a face covering; passengers who would be caused severe distress by putting on, wearing or removing a face covering; people; passengers who are travelling with, or providing assistance to, someone who relies on lip reading to communicate; passengers who are travelling to avoid injury or escape the risk of harm, and who do not have a face covering with them; passengers who need to remove their face covering during their journey to avoid harm or injury or the risk of harm or injury to themselves or others; passengers who need to need to eat, drink, or take medication (they can remove their face covering to do so); and passengers who are asked to remove their face covering by a police officer or other official, for example to check their railcard.
- 3.23 The Recommended Approach entails retaining the Amendments to Conditions of Carriage until further notice, until the outcome of a TfL review into the impacts of the move to Step 4 of the Roadmap. It is anticipated that there will be regular reviews of the face covering requirement on TfL services, and that an assessment of its effectiveness and effect on customer confidence will be made on or around than 16 August 2021, which is when the Government intends to change the current rules contact tracing rules to not require fully vaccinated close contacts of positive cases to self-isolate.
- 3.24 The reasons for TfL proposing the Recommended Approach, as opposed to alternative options, are also explained below.
- 3.25 Before turning to these, we set out below the health and safety case in support of retaining a requirement to wear face coverings on the TfL network.
- 3.26 Finally, it is to be noted that the Recommended Approach was not TfL's first preference as a response to the move to Step 4. TfL and the Mayor of London would have preferred for Government to have retained regulations mandating the use of face coverings on public transport, across all services (not just TfL / London), at least until the current contact tracing rules are changed (see above). Despite the fact that the virus has not been detected on our services through independent air and surface / touch point monitoring by Imperial College, it is considered that the continued mandating of face coverings would have better helped retain the confidence of customers using and staff working on the network, at a time when transmission levels are increasing and research suggests that a majority of passengers want to retain face coverings on public transport (see below).

Health and safety case – retaining a requirement to wear face coverings on the TfL network

3.27 TfL's Chief Safety, Health & Environment Officer and the TfL Head of Occupational Health & Wellbeing consider there is a positive case on health and safety grounds to require face coverings to be worn on the TfL network, in line with the Government's guidance. Their conclusion is informed by the Government Roadmap Tests, the Government position on the wearing of face coverings, advice from the London COVID-19 Scientific and Technical Advisory Cell, and a TfL risk assessment.

Government Roadmap Tests

3.28 As is noted above, the Government's decision to move to Step 4 was taken on the basis its assessment of four tests. On 12 July 2021, the Government's Chief Medical Officer, Professor Chris Whitty spoke to slides to explain why the four tests had been passed, and there would be a move to Step 4. He identified that:

- 1) the vaccination programme is on track (a large percentage of younger groups have had one dose of the vaccine, the great majority of older age groups have both doses);
- 2) the vaccine has been effective in decreasing hospitalisations and deaths (one dose reduces symptomatic infection by 32-38% and hospitalisations and deaths by 69-88%; two doses reduce symptomatic infection by 78-80% and hospitalisations and deaths by 91-98%);
- 3) rising case rates are putting increasing pressure on NHS (there are currently 2,700 people in hospital), but hospitalisations and deaths are rising more slowly than in the previous wave and not currently unsustainable (but there is an expectation that these will continue to rise);
- 4) risks have not fundamentally changed by a new variant of concern (the Delta variant is now dominant, and no longer a variant of concern – and current variants of concern are not rising).

3.29 Professor Whitty confirmed that England is clearly passing tests 1, 2 and 4, and passing test 3 but less clearly. He explained there will be an exit wave, but the overwhelming scientific view is that we should proceed slowly; albeit there is no ideal date for making this change. He explained that there is no clear evidence that a delay will improve the situation, but going slowly will; and noted that the overwhelming evidence is that the vaccine reduces the spread of the disease, hospitalisations, and deaths.

3.30 The four tests, and the specific London context, are set out below:

Government Roadmap Tests	London context
1. The vaccine deployment programme continues successfully	Approximately 54% of the adult population in London has received both doses of the vaccine, and 78% of the adult population has received the first dose of the vaccine. This is the lowest uptake of the vaccine in England (where 66% of the adult population in London has received both doses of the vaccine, and 87% of the adult population has received the

	first dose of the vaccine). This means the number of people who have not yet been vaccinated remains significantly lower than the average in England and in comparison to other regions in England. <i>Could link to source:</i> https://coronavirus.data.gov.uk/
2. Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated	This evidence is valid at a national and a London level.
3. Infection rates do not risk a surge in hospitalisation which would put unsustainable pressure on the NHS	The links between cases, hospitalisations and deaths have been weakened but not broken. The vaccination uptake in London is not as high as other parts of the country. There is therefore a substantial pool of people who are still susceptible to the virus, some of whom cannot be protected by vaccination. Cases are currently rising rapidly in London, and removing all restrictions at the same time as we enter a third wave risks making the wave larger and more prolonged, widening already the stark health inequalities we have seen, creating an avoidable personal and economic burden from long COVID, and increasing the risk of vaccine escape variants evolving.
4. Our assessment of the risk is not fundamentally changed by the new Variants of Concern	This test applies equally at a national level and at a London level.

The Government position on the wearing of face coverings

- 3.31 On the basis of its four tests, the Government considers that it is appropriate and timely to remove the legal requirement to wear face coverings and to move to Step 4 of the Roadmap, and that this is supported by the expert medical and scientific advice. Notwithstanding this, and as is noted above, the Government has made it clear that it “expects and recommends” face coverings to be worn in busy, enclosed, indoor settings – specifically such as public transport; and that transport operators may consider local requirements for the wearing of masks. At the time of writing, the Government has yet to update its [Coronavirus \(Covid 19\): Safer transport guidance for operators](#)

Advice from the London COVID-19 Scientific and Technical Advisory Cell

- 3.32 In a paper dated 9 July 2021, the London COVID-19 Scientific and Technical Advisory Cell (“**STAC**”) produced a document entitled “*Rapid evidence review and update to the London STAC paper ‘Update on public use of face masks and coverings in non–health and care settings in London’ (March 2021) in the context of Step 4 of the national roadmap*” (“**STAC Advice**”). The STAC Advice is attached as Appendix 2.

3.33 The STAC Advice recommended that the London Strategic Coordinating Group *“considers and where possible implements measures to maximise face covering usage on public transport and indoor settings such as shops after July 19th.”* This was based in part in consideration of:

“London’s rapidly changing COVID-19 epidemiological picture, lower than average vaccination uptake, comparatively younger population structure and the concentration of poorer outcomes in populations that are more deprived, still unprotected and more likely to live and move in higher risk settings - may magnify the risks around increased community transmission whilst restrictions are eased.”

3.34 The STAC Advice notes that the *“World Health Organization has urged that even double-vaccinated people should continue to wear face coverings in view of the highly contagious variants, such as Delta, spreading in many countries, and spurring outbreaks.”*

3.35 While the Government approach to Stage 4 on a national setting would have considered the WHO guidance, it is considered that the London specific situation, as set out in the STAC Advice, provides a medical and scientific justification for TfL to continue with a requirement for face coverings on its network – an approach which would be consistent with the Government position on the wearing of face coverings. The Government recognises that different organisations or parts of the country may choose to take specific action in order to manage the risk of COVID-19 transmission.

3.36 As well as the update of the vaccination in London, the medical and scientific evidence, specifically relating to London, set out in the STAC Advice identifies:

- rapid increases in infection rates in London, with the rate of increase rising week on week. The STAC Advice notes that these increases are concentrated in the unvaccinated, younger and more deprived populations.
- public transport use rates have been 4-5 times higher in London than in other English regions during the pandemic. The STAC paper notes that this affects levels of occupancy and crowding across many settings, including public transport,
- the STAC Advice refers to a SAGE EMG paper (May 2020) which highlights “evidence that there is an enhanced risk of transmission of SARS-CoV-2 for both transport workers and passengers on public transport” and highlighted the importance of face coverings as a key mitigation measure.
- the specific risk to certain population groups in London who face high risks of exposure (such as bus and taxi drivers, people in certain other workplaces, and the household contacts of people with suspected or confirmed COVID-19).

3.37 This STAC Advice highlights that face coverings remain an effective and low-cost intervention to reduce transmission with relatively limited adverse impacts. The advice recognises some other factors, such as the fact that some people may not derive protection from vaccines (e.g. immune-compromised), the emergence of new variants and the long-term impacts of COVID-19. These factors are not specific to London, and would have been considered by Government in its decision to remove the legal requirement to wear face coverings. The STAC Advice recommends that the London Strategic Coordinating Group *“considers and where possible implements measures to*

maximise face covering usage on public transport and indoor settings such as shops after July 19th.”

TfL risk assessment

- 3.38 As part of our preparations for the move to Step 4, we have considered the risks to the health of our customers and those who work on the TfL network. Protecting their health has been a priority for TfL during the pandemic.
- 3.39 In our risk assessment, we also considered the risk if TfL was not able to provide a transport service (because of COVID-19 related illness amongst our staff) for those who rely on it to travel to work – including for key workers. Running a reliable transport service is essential to allow many of those key workers who play a role in responding to the pandemic to travel to work
- 3.40 The outcome of the risk assessment concludes that, in order to protect the health of our customers and colleagues, TfL should maintain the requirement for customers to wear face coverings while travelling on TfL services, as well as maintaining the existing COVID-19 related controls, set out below and identified in TfL’s risk assessment. The TfL Risk Assessment is attached at Appendix 3.

Existing Controls

- 3.41 The existing controls mentioned above refer to a number of other measures TfL has put in place to manage the transmission of the virus on the transport network. These include enhanced cleaning regimes, regular testing, provision of over 1,000 hand sanitisers and installation of UV light devices on escalator handrails to eliminate viruses.
- 3.42 To ensure that our controls are working effectively, we have commissioned Imperial College London to undertake regular independent sampling across our network. The team takes samples from various surfaces including grab handles, escalators and push buttons, as well as samples from the air, sampling 300l per minute of air. Results from all testing on the transport system to date (from September 2020) has shown to be negative for coronavirus. We will keep these controls in place as appropriate.

Conclusion

- 3.43 Having regard to the above, it is considered that there is a positive case on health and safety grounds to require face coverings to be worn on the TfL network, in line with the Government’s guidance.

Confidence in using network

- 3.44 In addition to the above, it is considered that requiring passengers will help to retain public confidence and reassurance in using the TfL network. Recent opinion polls suggest that customers and potential returning customers view the wearing of face coverings by passengers as an important safeguard reassuring them about the safety of the network (a recent YouGov poll showed more than 70% of people thought masks should stay on public transport); although it is not known if or how this sentiment will evolve in future.

- 3.45 We also know from engagement with London businesses that there is considerable concern about the removal of the requirement to wear face coverings on the network on 19 July at a point when customer confidence for returning to public transport is growing, but at the same time infection levels are increasing. There appears to be a general sentiment in favour of continuing the requirement. This is also reflected by London TravelWatch which has expressed concern about the removal of face covering requirements.
- 3.46 Given the essential service the TfL network provides in London – to key workers (including NHS workers, emergency services workers, carers, supermarket staff, and for others travelling to work, to see friends and family - it is essential as part our response to the pandemic customers in London have confidence in using the TfL transport network.
- 3.47 As well as maintaining customer confidence it is hoped that retaining face coverings for now will also help limit the number of staff having to self-isolate with the virus. The provision of a near-normal service on the Underground is already under high pressure as more and more staff are told to self-isolate by the NHS Covid app and the possibility of service disruption is rising.

Why not retain or extend the Byelaw Notices?

- 3.48 In proposing the Recommended Approach for approval, we considered retaining the Byelaw Notices in their current form, and also an option of extending their coverage to apply to passengers boarding and on board vehicles and carriages.⁸
- 3.49 It was not considered appropriate to proceed with either option because both options entail retaining the availability of criminal sanctions for non-compliance. It is considered that this is not appropriate, and is difficult to justify, in circumstances where the Government is decriminalising the act of not wearing face coverings in relevant settings by allowing the Regulations to expire.
- 3.50 Furthermore, the BTP have said that they would not be prepared to police and enforce the Byelaw Notices when the Regulations expire. The BTP has said that they would be prepared to enforce a requirement for face coverings to be worn imposed under the Byelaws themselves. However, the Byelaws do not currently provide for this and so would need to be amended. For the reasons set out in paragraphs 3.52-3.53 below, TfL has discounted the option of seeking an amendment to the Byelaws as an immediate response to the move to Step 4 but this will continue to be considered.
- 3.51 Finally, it is considered that continuing with the requirement for face coverings under conditions of carriage is more consistent with the Government's approach and guidance that passengers will be "*expected and recommended*" to wear face coverings on public transport.

⁸ It is to be remembered that the existing Byelaw Notices only require passengers to wear face coverings in stations and on platforms, not while travelling on vehicles or carriages (because Regulations 1 cover the latter). Accordingly, once the Regulations expire, the Byelaw Notices would need to be extended to apply to passengers travelling on vehicles or carriages to mandate an enforceable requirement to wear face coverings for passengers travelling on our services covered by the byelaws.

Other options considered

- 3.52 We also considered seeking an amendment to the byelaws that apply to the TfL network; an amendment expressly allowing TfL to mandate the wearing of face coverings. This is different from the option pursued in June 2020, whereby Byelaw Notices were issued under existing byelaws. The option referred to here is an amendment to the byelaws themselves. There are four sets of such byelaws: TfL Railway Byelaws; Tramlink Byelaws; TfL Road Transport Premises Byelaws; and the London Cable Car Byelaws. Combined these byelaws cover all of TfL's services and facilities, with the exception of buses⁹ and Dial-a-Ride, and River Bus piers.
- 3.53 It is considered that this is not a viable option as an immediate response to the introduction of Step 4 of the Roadmap. Amendments to the byelaws require Ministerial approval; the process of amending a set of byelaws would take an absolute minimum of two months and in practice usually takes six to twelve months; and, as above, the byelaws do not cover the whole TfL network, including travel on buses. We will, however, continue to explore this option for the longer-term, or future use.

The Recommended Approach – other considerations and impacts

Other operators, and engagement with key stakeholders

- 3.54 We have shared our plans with bus operating companies on the TfL bus network, Tramlink, DLR (KAD), TfL Rail (MTR), London Overground (ARL) and other service providers delivering services on the TfL network. Concerns that have been raised are mostly around the provision of physical measures to ensure safety of staff and issues around potential conflict situations for staff.
- 3.55 The rail operators that run services that link into the TfL rail networks are in the process of determining their responses to the move to Step 4. It is not known whether they will require their customers to wear face coverings as a requirement of the conditions of carriage. We continue to engage with them on this. There are existing processes and local arrangements around how we interface with LO, TfL Rail and other NR and TOC services to deliver our Turn Up and Go service. These arrangements will continue following 19th July and will be reviewed locally as appropriate.
- 3.56 We have engaged with the Rail Delivery Group (RDG) which represents all of the UK's passenger and freight operating companies, Network Rail and High Speed 2 and exchanged our respective approaches to social distancing and the wearing of face coverings post-19 July. Whilst there is an appetite to be aligned across all operators, the RDG stated that their members were not minded to pursue the mandatory wearing of face coverings, and preferred instead to soften the language to more of an encouragement. There was recognition that the higher density metro and sub-service type operations that TfL offers was different to longer distance surface operations. However the RDG said that its members were concerned about giving the impression that rail travel was an unsafe mode of transport, especially as their ridership was not at the same level as TfL's. It was recognised that for the travelling public, especially at interchanges (possibly even across a shared platform such as at Stratford), there could

⁹ The use of buses (boarding and travel on buses) is regulated by the national Public Service Vehicle Regulations 1990/1020 and it is doubtful that these regulations can be used to mandate the wearing of face coverings.

be confusion around the inconsistency of approach. These inconsistencies would also make compliance difficult to enforce at those locations.

- 3.57 A number of our Trades Unions colleagues have expressed strong support for continuing to require passengers to wear face coverings, out of concern for the welfare of their members who are in close contact with the public.
- 3.58 On 13 July, a press release was issued by the Mayor of London in which he publicly stated that he had asked TfL to retain the requirement for passengers to wear face covering on all TfL services under its conditions of carriage from July 19. To date, we have received very positive feedback in response to this from London TravelWatch, the Confederation of British Industry, London First, London Chambers, and the British Medical Association.
- 3.59 While the Recommended Approach may differ to what other operators that link into the TfL network may decide, it is considered - taking into account the views of stakeholders and partners summarised above - that for all the reasons contained in this paper the Recommended Approach should be approved. It is a measure that can contribute in helping to ensure the TfL network remains safe, and is an appropriate course of action to help retain public confidence and assurance in use of the network – consistent with the Government’s approach.

Policing, enforcement and crime and disorder

- 3.60 The Recommended Approach would mean that as a condition of carriage all non-exempt passengers must wear face coverings at all times when using stations, platforms and services on the London Underground, London Overground, TfL Rail, Docklands Light Railway, the Croydon Tramlink system, the TfL bus network, and the Emirates Air Line; and when using TfL’s Dial-a-Ride services and TfL river services and piers.
- 3.61 Any non-exempt persons not complying with this condition could, as now, be refused access to or asked to leave these premises, facilities and services. Where the premises are controlled by TfL or any of its operators but a customer does not have a ticket (and so conditions of carriage do not apply), we can encourage the wearing of face coverings but enforcement would have to be on the basis that an implied licence to enter has been revoked, and that may be harder in practice to implement than under the conditions of carriage. It is proposed that TfL’s enforcement officers will run targeted operations in relation to face coverings post 19 July where there appears to be high levels of non-compliance. We will however start with a period of engagement and education with customers, including handing out masks given the risk that customers may be uncertain of requirements.
- 3.62 TfL has a clear plan that its frontline staff at stations and bus drivers will continue to remind people that face coverings are a requirement on public transport where it is safe to do so.
- 3.63 Achieving high levels of compliance under the conditions of carriage alone may be challenging. Conditions of carriage do not provide TfL or police with enforcement powers or criminal sanctions for non-compliance which have proved to be an effective

deterrent to date. Recent TfL surveys are already showing a deterioration in compliance as we approached Step 4 of the Roadmap.

- 3.64 There is also a risk that the interactions with non-compliant passengers, without robust enforcement powers and criminal sanctions, could result in increased levels of violence and aggression (WVA) towards our staff or between customers. We will mitigate this risk through our WVA measures and risk assessments. Frontline station staff and bus drivers will be encouraged to remind customers of the requirement but not expected to deny customers to the system or to direct someone to leave. This will be the role for TfL enforcement officers.
- 3.65 All of our enforcement officers are equipped with Body Worn Video (BWV). We will continue to strongly encourage other frontline transport staff who have access to BWV to wear it when on duty.
- 3.66 Our transport policing partners – MPS Roads and Transport Policing Command and British Transport Police – cannot enforce the conditions of carriage as this is a civil matter. They will continue to have a role in dealing with any associated crime and antisocial behaviour issues, for example work-related violence or public order offences. They will not be routinely supporting enforcement operations given demands on policing resources as levels of crime increase with more passengers returning to the network.
- 3.67 There is also a risk that the perceived lack of robust enforcement action undermines the ‘authority’ of our enforcement officers and the rules we put in place for face covering, fares and other behaviour standards. We need to monitor this closely to inform the next review stage.

Implementation and communications

- 3.68 If the Recommended Approach is approved, the Byelaw Notices will need to be removed from the network. This may take some time, but will not be problematic providing there are no attempts to take any enforcement action under them.
- 3.69 The Amendments to the Conditions of Carriage currently cross refer to the powers under the Regulations. There will need to be consequential amendments to the conditions of carriage to reflect the ending of the Regulations, and the Recommended Approach, if approved.
- 3.70 We will continue with a programme of communications intended to secure compliance with the requirement to wear face coverings as a condition of carriage, and to continue to encourage the wearing of face coverings. We will continue to engage with the operators on the different modes of the TfL network in this regard.
- 3.71 TfL will be using a wide range of communications channels to ensure customers are clear on the requirements, including customer emails, signage, digital advertising screens, social media, in-station announcements, the TfL Go app and the TfL website. These channels will also be used to encourage customers to travel during the quieter times wherever possible, which will help spread demand throughout the day and ensure that everyone has the most space possible.

3.72 If the Recommended Approach is approved, we will start with a period of engagement and education with customers, including handing out masks given the risk that customers may be uncertain of requirements.

Equality impacts of the Recommended Approach

3.73 TfL is subject to ongoing obligation under the Equality Act 2010 to have due regard to the need to:

- ☐ eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act;
- ☐ advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- ☐ foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

3.74 In June 2020, prior to the introduction of Regulations 1, there was an equality impact assessment (EQIA) of the Government proposal to make the wearing of face coverings mandatory. The EQIA was attached as an appendix to the June 2020 Memo (which is attached to this memo as Appendix 1). The main findings of that EQIA were summarised in the June 2020 Memo, the relevant section of which is repeated below:

“The EqiA has identified that some customers with mobility impairments may find it difficult to put on and adjust face coverings themselves (for example, they have limited mobility or no hands); that some customers using ventilators, might not be able to wear a face covering and may be using an alternative measure; that some customers with cognitive or learning impairments fail to understand the “new” rules regarding face coverings or find wearing one distressing; and that some customers won’t be able to tolerate wearing a mask psychologically (i.e. claustrophobia) or physically (i.e. allergies).

These customers would be exempt from wearing a face covering on the basis that they fall within the category of persons who may find it difficult to manage them correctly.

Niqab and burka wearers will not need to adopt additional fabric layers to cover their nose and mouth. The Niqab and burka meet the requirements of what constitutes a face covering. It is recommended that customer and staff communications are clear that any kind of fabric face covering is acceptable as long as it covers the nose and mouth.

There is a risk that customers with speech impairments may not be understood in dialogue, when wearing a face covering. IDAG has recommended that TfL staff do not challenge these customers if the customer does remove a face covering at 2m distance.

To ensure customers with visual impairments are aware of the requirement to wear face coverings, it is recommended that TfL provides audio reminders over PAs wherever possible at regular intervals, that the rule applies to everyone at all times.

Customers who rely on lip reading to communicate find it difficult to understand TfL staff wearing face coverings. Guidance on alternative ways to communicate has been shared with London Underground staff - i.e. pen and paper/whiteboard or on a device (but not physically the device). This guidance should be rolled-out to TfL staff working on other modes of transport. TfL is also exploring the procurement of transparent masks for staff¹⁰.

While customers on low incomes may not be able to afford face coverings, Government advice is clear that a face covering can be as simple as a scarf or bandana tied behind the head. Government has also published guidance on How to make your own face covering. Customer and staff communications should make it clear that any kind of fabric face covering is acceptable as long as it covers the nose and mouth.

To ensure customers understand why others are not wearing face coverings, it is recommended that TfL produces and distribute a badge to signify that the wearer is unable to wear a mask. Wearing the badge would be optional. There should be clear communications to customers and staff about the reasons people may be exempt from wearing a face covering.

In respect of all the above, TfL should work with stakeholder groups to ensure the guidance regarding what people should do on public transport is as clear as possible.

The equalities impacts of the proposal to make the wearing of face coverings mandatory on TfL's public transport service will be kept under review, and further steps and mitigations taken as required.

The EqIA concludes that no negative equalities impacts have been identified, either arising from the proposals themselves, or because suitable mitigations have been or will be put in place."

- 3.75 We have reviewed and updated the EQIA to reflect the changes to legal requirements on face coverings. This is attached at Appendix 4. The continuing requirement for the majority of customers to wear face coverings on the TfL network provides support and protection to all our staff and customers including those who are not able to wear them, and/or those who are clinically vulnerable/extremely vulnerable and/or those who have not been vaccinated. The EQIA's findings are very much in line with the original EQIA summarised above. The EQIA identifies a green residual risk for each potential negative impact; namely, concluding that the mitigations TfL has or will be putting in place provide suitable provision to ensure that people are not put at greater inconvenience to someone who does not have the protected characteristic. Some of the key mitigations are that, in advance of and from 19 July, TfL will be using a wide range of communications channels to ensure staff and customers are clear on the requirements, including customer emails, signage, digital advertising screens, social media, in-station announcements, the TfL Go app and the TfL website. These channels will also be used to encourage customers to travel during the quieter times wherever possible, which will help spread demand throughout the day and ensure that everyone has the most space

¹⁰ This was explored but was not introduced.

possible. We will start with a period of engagement and education with customers, including handing out masks given the risk that customers may be uncertain of requirements

- 3.76 By way of additional information, we continue to distribute face covering exemption badges to customers who request them; customers can also download and print a face covering exemption card from tfl.gov.uk.
- 3.77 Our Marketing Operations' 'Travel kind' campaign is delivering positive behavioural messages across the TfL network eg 'Be kind'; 'Remember not all disabilities are visible' – this has been very well received by the public.
- 3.78 From Wednesday 28 July, we are changing our Turn Up and Go (TUAG) service on the LU network to return to a full service. This includes staff being able to offer physical assistance to customers who are face covering exempt and also staff being able to accompany customers in lifts once more. This brings LU's TUAG service into line with National Rail and Train Operating Companies Passenger Assist services so will improve the customer experience for customers transitioning on to/from our network and other providers.

Human rights

- 3.79 To the extent that the requirement to wear a face covering on the TfL network could be regarded as an interference with human rights under Articles 8, 9, 10 or 11¹¹ of the European Convention of Human Rights, it is considered that the interference is justified and proportionate for the reasons set out in this paper. The Recommended Approach will contribute in helping to ensure the TfL network remains safe, and to retain public confidence and assurance in use of the network, and is consistent with the Government's approach.

4. Other areas of work and the move to Step 4

TfL Staff and face coverings

- 4.1 At present, TfL staff and other staff working on TfL services are required to wear face coverings in public areas unless exempt. We also strongly recommend face coverings are worn in any indoor location when in close proximity to others.
- 4.2 This will remain the position after 19 July, until further notice. TfL shall continue to provide its TfL staff with suitable face coverings, and continue with its provide Covid tests for staff. The Commissioner is asked to note that this.

Taxi and private hire

¹¹ Respectively: Right to respect for private and family life; Freedom of thought, conscience, and religion; Freedom of expression; and Freedom of assembly and association.

4.3 While TfL regulates taxi and private hire vehicles, its conditions of carriage do not apply to these services. The issue of face coverings and Taxi and private hire vehicles is therefore not within the scope of this paper, but is being addressed through consistent advice to Taxi and Private Hire licensees and in public communications.

Social distancing measures

4.4 The different TfL modes are in the process of determining their responses to the move to Step 4 of the Roadmap and social distancing. Officers with relevant delegated authority are leading this work and will take decisions on any measures to be taken, as appropriate. This may include transitional plans and arrangements being put in place, as we look into what may be appropriate. The Commissioner is asked to note this.

TRANSPORT FOR LONDON

From: Howard Carter, General Counsel
To: The Commissioner, Transport for London
Subject: Mandating the wearing of face coverings on TfL public transport
Date: 14 June 2020

1. Purpose and Decision

The Commissioner is asked to:

- (i) note that the Health Protection (Coronavirus, Wearing of Face Coverings on Public Transport) (England) Regulations 2020 (“the Regulations”) are due to come into effect on Monday 15 June 2020 which, from that date, make it compulsory for passengers to wear face coverings when travelling on public transport in England. The Regulations are explained below;
- (ii) approve the issue of the byelaw notices attached at Appendices 1-2 temporarily mandating that, from 15 June 2020 until further notice, all non-exempt passengers must wear face coverings at all times when using TfL’s stations and platforms on the London Underground, London Overground, TfL Rail, and Docklands Light Railway networks, and the Croydon Tramlink system; and
- (iii) agree that TfL’s conditions of carriage be amended to temporarily require that, from 15 June 2020 until further notice, all non-exempt passengers must wear face coverings at all times when using stations, platforms and services on the London Underground, London Overground, TfL Rail, Docklands Light Railway, the Croydon Tramlink system, the TfL bus network, and the Emirates Air Line; and when using TfL’s Dial-a-Ride services and river piers. The proposed substantive amendments are identified in Appendix 4.

The Commissioner is authorised to make the decision requested pursuant to the general delegation to the Commissioner under Standing Order 122, which authorises the Commissioner to exercise any functions of TfL not reserved to the TfL Board, or specifically delegated elsewhere.

2. Background

The coronavirus pandemic has given rise to an unprecedented health and public safety emergency; requiring Government, public bodies, employers and individuals to take appropriate action in anticipation of, and in response to, the situation as it develops.

Face coverings, public transport and Government advice

On 4 June 2020, the Government issued guidance asking transport operators in England to make wearing face coverings a requirement of using public transport from 15 June; to coincide with the next stage of social mobility restrictions being eased. It is Government's intention to reopen non-essential retail from 15 June 2020, provided its five tests are met and shops have been made Covid-secure.

The Government guidance provides that, from 15 June 2020: *"bus, coach, train, tram, ferry and aircraft passengers must wear a face covering on their journey to help reduce the risk of transmission when social distancing is not always possible - with government also working with operators to ensure staff are provided with face coverings where appropriate."*

The Government guidance notes that, since initial restrictions on social mobility have been eased, public transport usage has slowly increased; including a 20% increase on the London Underground in the week of 4 June 2020, compared to the previous week.

As made clear in its announcement on 4 June 2020, Government anticipates that there may be increased use of public transport in the event that social mobility restrictions are eased further on 15 June 2020, as planned.

In his speech on 4 June 2020, the Transport Secretary said:

"We expect – conditions permitting – that the next easing of restrictions will occur on Monday 15 June.

Non-essential shops will re-open and some children will return to secondary school, if it is safe to do so. That means there will be more pressure on our public transport.

To help meet that demand, we're ramping up services on buses, trains and trams; with substantial government funding.

And as passenger numbers increase, and we expect this trend to continue, we need to ensure every precaution is taken, on buses, trains, aircraft and ferries.

With more people using transport, the evidence suggests that wearing a face covering offers some – albeit limited – protection against the spread of the virus.

A face covering helps protect our fellow passengers. It is something that we can each do to help each other.

And whilst it also remains true that measures like maintaining social distance and washing your hands remain most critical, we also know that, on public transport, keeping two-metres apart is not always possible, all of the time.

.....

So, when more people return to the network, from the 15 June onwards, they will be required to wear a face covering on our transport network."

Government guidance also notes that:

“When necessary to use public transport people may be more likely to be in enclosed spaces for longer periods of time where we know there is a greater risk of the spread of the virus and social distancing is likely to be difficult to follow consistently. This differs from enclosed spaces like shops, for example, where people can more easily go outside if social distancing is not possible and where shop owners can place limits on the number of customers allowed inside at any one time. The Scientific Advisory Group for Emergencies (SAGE) has set out that using face coverings in this setting can provide some small additional protection to fellow passengers and can help people to avoid unknowingly spreading the virus if they are suffering from coronavirus, but not showing symptoms.”

It goes on to say:

“Social distancing and hand washing remain by far the most important disease prevention measures but it is also vital all passengers travelling on buses, coaches, trains, trams, ferries and aircraft should wear a face covering and the government will also work with operators to ensure staff are provided with, and wear face coverings, where appropriate for their role.”

Government advice is that a face covering is not the same as the surgical masks or respirators used by healthcare and other workers as part of personal protective equipment. Its advice is that a cloth face covering can be as simple as a scarf or bandana that ties behind the head. It should cover an individual's mouth and nose while allowing them to breathe comfortably. The Government has issued advice on “How to wear and make a cloth face covering.”

On 6 June 2020, the World Health Organisation issued guidance also recommending the use of face coverings in public.

3. The Health Protection (Coronavirus, Wearing of Face Coverings on Public Transport) (England) Regulations 2020

Against the background set out above, Government is making it compulsory for passengers to wear face coverings when travelling on public transport in England from 15 June 2020. It is introducing this through the Regulations, a draft of which has been provided to TfL. The Regulations are due to come into effect on Monday 15 June 2020.

In summary, the current draft of Regulations:

- require all non-exempt passengers to wear face coverings when travelling on public transport;
- only require face coverings to be worn when a person is boarding or travelling on the vehicle, carriage, car or vessel being used to provide the transport service. The requirement does not therefore apply when a person is in a station, on a platform, or at a stop;
- do not apply to certain modes or types of public transport, such as taxi or private hire vehicles, or school transport services;

- exempt certain categories of person from the requirement to wear a face covering, including: children under the age of 11; employees of or contractors providing services to public transport operators; constables acting in the course of their duty; and officers or employees of the emergency services responding to an emergency;
- empower TfL officers to: direct persons to wear face coverings; direct persons not wearing a face covering to disembark from vehicles, carriages, cars or vessels; and physically remove from vehicles, carriages, cars or vessels persons failing to comply with their directions and to use reasonable force, if necessary;
- create criminal offences for the following:
 - o boarding or travelling on a public transport service and, without reasonable excuse, not wearing a face covering;
 - o without reasonable excuse, contravening a direction or failing to comply with a reasonable instruction given by a TfL officer; and
 - o obstructing, without reasonable excuse, a TfL officer carrying out a function under the Regulations;
- specify the circumstances in which a person has a “reasonable excuse” under the Regulations, which include as follows: where a person is using an oxygen mask to breathe; where a person provides a lip-reading service to a person they are travelling with; where a person is eating or drinking or taking medication; and where a person cannot use a face covering safely or without pain, distress or anxiety;
- enable TfL officers to issue fixed penalty notices of £100 to anyone over 18 years old they believe has committed an offence under the Regulations (£50 if paid within 14 days); and
- enable criminal prosecutions to be brought in the Magistrates’ court, and a fine imposed on conviction, for contravention of the Regulations.

The Regulations will therefore apply when passengers are travelling on all vehicles, carriages and cars operating on TfL’s public transport network: the London Underground, London Overground, TfL Rail, Docklands Light Railway, the Croydon Tram, buses operating on the TfL bus network, the Emirates Air Line, and Dial-a-Ride.

While there is no requirement to do so under the Regulations, TfL should publicise the introduction of the Regulations, explaining their effect to the public and passengers.

4. TfL action on face coverings

While the Regulations apply when passengers are travelling on public transport vehicles and carriages, it is considered that TfL should use its powers to require passengers to wear face coverings at all times when using its stations and platforms too: to supplement the coverage of the Regulations.

TfL’s public transport network is extensive, and provides a level and frequency of service, serving a volume of passengers, that is unlike any other in England. In addition, parts of the TfL network, such as some Underground, bus and tram stations and platforms, form spaces that are confined and constrained. These factors all presents safety and operational challenges, which are exacerbated in the current COVID-19 crisis.

In view of this, it is considered that requiring passengers to wear face coverings at all times - when using stations and platforms - will further help to reduce the spread of the coronavirus, and help to better protect passenger and public safety.

TfL can introduce this requirement in two ways. One is by issuing notices under TfL's byelaws. The second is by amending its conditions of carriage.

TfL Byelaws

TfL byelaws contain provisions enabling "notices" to be issued giving instructions to the public and passengers for safety reasons.

Disobeying such a notice, without reasonable cause, is a breach of the byelaws and a criminal offence; if there is a decision to prosecute that results in a conviction in the Magistrates' court.

Prosecution can be either by the police, or TfL, and is punishable by way of a fine of up to £1000. Unlike the Regulations, there is no power for on the spot fines to be issued under the byelaws. The British Transport Police and authorised TfL staff are, however, responsible for policing compliance with both the Regulations and the byelaws.

The **TfL Railway Byelaws** apply to trains, track and stations that are part of TfL's railway, including the London Underground, London Overground, TfL Rail and Docklands Light Railway networks.

The **Tramlink Byelaws** apply to the use of the Croydon Tramlink System, its trams, tramstops and stations.

Under these byelaws, TfL may issue to any person reasonable instructions relating to safety on any part of the railway (in the case of the Railway Byelaws), or relating to any part of the Tramlink System (in the case of the Tramlink Byelaws). Such instructions must be given by way of a "notice" on or near that part of the railway, or Tramlink System.

The Notices

The Notices at Appendices 1-2 would need to be appropriately sited at all TfL railway stations, and Tramlink stops and stations. Once published, and clearly visible, the notices would make it a criminal offence for the public to enter and use the relevant station, and platforms or stops, unless they are wearing a face covering at all times.

The notices apply the same exemptions (to the requirement to wear face coverings) as those contained in the Regulations. For policing and enforcement purposes, it is important that the exemptions are aligned. This list of exemptions, referred to in the notice, is at Appendix 3.

The byelaw notices do not cover passengers wearing face coverings while travelling on vehicles or carriages because the Regulations already require this.

The byelaw notices do not apply to TfL staff. Appropriate arrangements are being put in place in relation to staff, and this is being taken forward separately.

In order to issue the notices at Appendices 1-2, the Commissioner must be satisfied that the instruction mandating the use of face coverings is reasonable and in the interests of safety on the relevant TfL networks.

Taking into account all the contents of this paper (including section 5 on Implementation and the section 6 on Equalities, below), it is considered that in the circumstances of the COVID-19 pandemic, it is reasonable and in the interests of public and passenger safety for the Commissioner to issue the notices.

TfL Conditions of Carriage

The byelaws referred to above do not apply to all of the TfL public transport network. They do not apply to buses, bus stations, the Emirates Air Line, Dial-a-Ride, or River Bus piers.

While the Regulations will make it a requirement for passengers to wear face coverings while travelling on the vehicles or cabins of these services, they do not apply to rail or bus stations, the Emirates Air Line terminals or river piers.

Conditions of carriage apply to the use of all TfL's public transport services and facilities. Passengers cannot be fined or prosecuted for breaching TfL's conditions of carriage, but can be refused entry to and asked to leave TfL services and facilities for non-compliance.

The conditions of carriage do not therefore overlap with the operation of the byelaws or the Regulations; and it is appropriate that they are consistent with both these instruments.

Accordingly, and for the same reasons as given above, it is considered appropriate that TfL should amend its conditions of carriage to require that all passengers must wear face coverings at all times when using stations, platforms and services on the TfL public transport network.

The Commissioner is therefore asked to agree that TfL's conditions of carriage be urgently amended to temporarily require that, from 15 June 2020 until further notice, all non-exempt passengers must wear face coverings at all times when using stations, platforms and services on the London Underground, London Overground, TfL Rail, Docklands Light Railway, the Croydon Tramlink system, the TfL bus network, and the Emirates Air Line; and when using TfL's Dial-a-Ride services and river piers. The proposed substantive amendments to the conditions of carriage are identified in Appendix 4.

The same exemptions (to the requirement to wear face coverings) will apply as those contained in the Regulations (and under the byelaw notices). This list of exemptions, referred to in the conditions of carriage, is at Appendix 3.

Conditions of carriage only apply to passengers and not staff. As above, appropriate arrangements are being put in place in relation to staff, and this is being taken forward separately.

TfL has engaged with the Department for Transport, the British Transport Police, the Mayor of London, and the Independent Disability Advisory Group (IDAG) in connection with the development and introduction of its proposals.

5. Implementation

In advance of the Government's announcement on 4 June 2020, TfL has already been running a far-reaching communications campaign to encourage the use of face coverings, with posters, radio and other advertisements, announcements and millions of emails sent to customers.

The latest estimates suggest that between 30-50 per cent of customers on public transport are now protecting other passengers and staff by using a face covering, with the new requirements designed to make face coverings the norm.

To help customers adjust to the forthcoming new requirement, TfL is also piloting the temporary distribution of free face coverings and instructions how to make a face covering at home, at a selection of Tube and bus stations that have typically seen higher numbers of customers travelling throughout the lockdown period.

TfL's distribution of face coverings, one-use only face coverings commenced on Monday 8 June and is expected to run for 3 weeks – with volunteers from TfL and the Greater London Authority (GLA) distributing them.

Face coverings will be made available outside TfL bus and LU services; will be distributed at gateways, destination stations and bus terminals, during AM peaks 7 days a week (06:00-09:00) only; and distribution volumes will be based on forecasted ridership data and distribution resource availability.

From 15 June 2020, notices will need to be published and appropriately sited across the TfL network to introduce the requirements to wear face coverings under the byelaws.

There will be a series of communications to give notice of the changes to the conditions of carriage, and an amended version of the conditions will be published on TfL's webpages on 15 June 2020.

6. Equalities Implications

TfL is subject to ongoing obligation under the Equality Act 2010 to have due regard to the need to:

- ☐ eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act;

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Diversity and Inclusion team has undertaken an assessment of the equalities impacts of the Government proposal to make the wearing of face coverings mandatory. As part of this process, the Diversity and Inclusion team engaged with the Independent Disability Advisory Group (IDAG), and TfL's Social Impact Steering Group. An equalities impact assessment (EqIA) was undertaken and completed on 11 June 2020. It is attached at Appendix 5. The EqIA was completed with reference to the London Underground, but its findings are equally applicable to TfL's other public transport services. The main findings of the EqIA are summarised below:

The EqIA has identified that some customers with mobility impairments may find it difficult to put on and adjust face coverings themselves (for example, they have limited mobility or no hands); that some customers using ventilators, might not be able to wear a face covering and may be using an alternative measure; that some customers with cognitive or learning impairments fail to understand the "new" rules regarding face coverings or find wearing one distressing; and that some customers won't be able to tolerate wearing a mask psychologically (i.e. claustrophobia) or physically (i.e. allergies).

These customers would be exempt from wearing a face covering on the basis that they fall within the category of persons who may find it difficult to manage them correctly.

Niqab and burka wearers will not need to adopt additional fabric layers to cover their nose and mouth. The Niqab and burka meet the requirements of what constitutes a face covering. It is recommended that customer and staff communications are clear that any kind of fabric face covering is acceptable as long as it covers the nose and mouth.

There is a risk that customers with speech impairments may not be understood in dialogue, when wearing a face covering. IDAG has recommended that TfL staff do not challenge these customers if the customer does remove a face covering at 2m distance.

To ensure customers with visual impairments are aware of the requirement to wear face coverings, it is recommended that TfL provides audio reminders over PAs wherever possible at regular intervals, that the rule applies to everyone at all times.

Customers who rely on lip reading to communicate find it difficult to understand TfL staff wearing face coverings. Guidance on alternative ways to communicate has been shared with London Underground staff - i.e. pen and paper/whiteboard or on a device (but not physically the device). This guidance should be rolled-out to TfL staff working on other modes of transport. TfL is also exploring the procurement of transparent masks for staff.

While customers on low incomes may not be able to afford face coverings, Government advice is clear that a face covering can be as simple as a scarf or bandana tied behind the head. Government has also published guidance on *How to make your own face covering*. Customer and staff communications should make it clear that any kind of

fabric face covering is acceptable as long as it covers the nose and mouth.

To ensure customers understand why others are not wearing face coverings, it is recommended that TfL produces and distribute a badge to signify that the wearer is unable to wear a mask. Wearing the badge would be optional. There should be clear communications to customers and staff about the reasons people may be exempt from wearing a face covering.

In respect of all the above, TfL should work with stakeholder groups to ensure the guidance regarding what people should do on public transport is as clear as possible.

The equalities impacts of the proposal to make the wearing of face coverings mandatory on TfL's public transport service will be kept under review, and further steps and mitigations taken as required.

The EqlA concludes that no negative equalities impacts have been identified, either arising from the proposals themselves, or because suitable mitigations have been or will be put in place.

Appendices 1 to 5 are below.

APPENDIX 1

NOTICE UNDER TFL RAILWAY BYELAWS

TRANSPORT FOR LONDON PASSENGER EMERGENCY SAFETY NOTICE Made under paragraph 12(1) of the TfL Railway Byelaws

DATE: 15 JUNE 2020

PASSENGERS ARE ADVISED THAT IN THE INTERESTS OF SAFETY ON THE TFL RAILWAY:

- **PUBLIC ACCESS TO THIS STATION IS RESTRICTED TO PERSONS WEARING A FACE-COVERING WHICH COVERS THEIR NOSE AND MOUTH AND ATTACHES BEHIND THEIR EARS, OR TIES BEHIND THEIR HEAD.**
- **FACE COVERINGS MUST BE WORN BY PASSENGERS AT ALL TIMES IN THIS STATION, AND ON ITS PLATFORMS.**
- **THE ABOVE REQUIREMENTS DO NOT APPLY**
 - **TO CHILDREN UNDER THE AGE OF 11**
 - **TO PERSONS USING AN OXYGEN MASK TO BREATHE, OR**
 - **IN CIRCUMSTANCES DETAILED IN TFL'S FACE COVERINGS EXEMPTIONS LIST PUBLISHED ON THE TfL WEBSITE AND AVAILABLE AT STATIONS.**

IT IS AN OFFENCE TO ACT IN BREACH OF THIS NOTICE OR ANY SAFETY INSTRUCTIONS AND OFFENDERS MAY BE FINED UP TO £1000 ON CONVICTION.

THIS NOTICE WILL REMAIN EFFECTIVE UNTIL FURTHER NOTICE.

**Mike Brown MVO
Commissioner**

[Note: The TfL Railway Byelaws apply to trains, track and stations that are part of Transport for London's railway, including the London Underground, London Overground and Docklands Light Railway networks].

ENDS

APPENDIX 2

NOTICE UNDER TRAMLINK BYELAWS

TRANSPORT FOR LONDON PASSENGER EMERGENCY SAFETY NOTICE Made under paragraph 13(1) of the Tramlink Byelaws

DATE: 15 JUNE 2020

PASSENGERS ARE ADVISED THAT IN THE INTERESTS OF SAFETY ON THE TFL TRAMLINK:

- **PUBLIC ACCESS TO TRAMLINK SERVICES IS RESTRICTED TO PERSONS WEARING A FACE-COVERING WHICH COVERS THEIR NOSE AND MOUTH AND ATTACHES BEHIND THEIR EARS, OR TIES BEHIND THEIR HEAD.**
- **FACE COVERINGS MUST BE WORN BY PASSENGERS AT ALL TIMES IN OR AT THIS TRAMSTOP / STATION.**
- **THE ABOVE REQUIREMENTS DO NOT APPLY**
 - **TO CHILDREN UNDER THE AGE OF 11**
 - **TO PERSONS USING AN OXYGEN MASK TO BREATHE, OR**
 - **IN CIRCUMSTANCES DETAILED IN TFL'S FACE COVERINGS EXEMPTIONS LIST PUBLISHED ON THE TfL WEBSITE AND AVAILABLE AT STATIONS.**

IT IS AN OFFENCE TO ACT IN BREACH OF THIS NOTICE OR ANY SAFETY INSTRUCTIONS AND OFFENDERS MAY BE FINED UP TO £1000 ON CONVICTION.

THIS NOTICE WILL REMAIN EFFECTIVE UNTIL FURTHER NOTICE.

**Mike Brown MVO
Commissioner**

[Note: The Tramlink Byelaws regulate the use and working of, and conduct and travel upon, the Croydon Tramlink and associated premises or other facilities provided in connection with the Tramlink system and the conduct of persons while on those premises.

ENDS

APPENDIX 3

TFL'S FACE COVERINGS EXEMPTIONS LIST

[NOTE: TO BE AMENDED IN LINE WITH THE REGULATIONS, IF THE REGULATIONS ARE ALTERED WHEN FINALLY MADE].

The following are EXEMPT from the requirement to wear a face covering on TfL's public transport stations, platforms and services:

- Children under the age of 11;
- Employees of, or persons providing agreed services to, TfL;
- Police constables (including British Transport Police officers) acting in the course of their duty; and
- Members or employees of the emergency services responding to an emergency.

A person will have a reasonable excuse and will not be required to wear a face covering in the following circumstances:

- where a person cannot put on, wear, or remove a face covering safely, accurately, consistently, without pain, or without severe distress or anxiety;
- where a person is using an oxygen mask to breathe;
- where a person is providing a lip-reading service to a person they are travelling with;
- where a person is eating or drinking, or taking medication; and
- where a person is required to remove the face covering by a police constable (including a British Transport Police officer) or another authorised person.

APPENDIX 4

Proposed substantive amendments to Conditions of Carriage

TO BE ADDED IN SECTION 2 OF CONDITIONS OF CARRIAGE

“Given the coronavirus pandemic, all passengers over the age of 11 years must wear a face covering when travelling on our services, until further notice.

You must wear a face covering when in our bus and rail stations, on our platforms, Emirate Air Line terminals and river piers, and on our bus, tram, train, Emirates Air Line, and Dial-a-Ride services.

Your face covering must cover from the top of your nose to the bottom of your chin, and attach behind your ears or tie behind your head.

Passengers who fail to comply with this requirement may not be allowed entry or may be asked to leave our premises.

You must remove your face covering if asked to do so by police officers or our staff for the purposes of identification.

Some people are exempt from wearing a face covering. For example, those using ventilators to breathe, or those with conditions affecting their dexterity which means they are not able to put on a face mask, and any other categories of persons listed in “TfL’s face coverings exemptions list,” published on the TfL website and available at stations.

You can find out further general information here:
<https://www.london.gov.uk/coronavirus/face-covering-guidance>”

ENDS

APPENDIX 5

Equalities Impact Assessment – attached separately.

To: London Strategic Coordinating Group (SCG)

From: London COVID-19 Scientific and Technical Advisory Cell (STAC)

Subject: Rapid evidence review and update to the London STAC paper 'Update on public use of face masks and coverings in non-health and care settings in London' (March 2021) in the context of Step 4 of the national roadmap.

Date: 9 July 2021

1. PURPOSE

In response to a request from the SCG Steering Group, this briefing note summarises the findings of a rapid review of evidence on use of face coverings, with a particular focus on any new, additional evidence published since the previous STAC paper on this topic in March 2021. The paper also briefly summarises key considerations and issues in relation to face masks in the context of London's current COVID-19 epidemiology, vaccination rates and national policy announcements on stage 4 of the roadmap.

The World Health Organization has urged that even double-vaccinated people should continue to wear face coverings in view of the highly contagious variants, such as Delta, spreading in many countries, and spurring outbreaks.¹

It has not been possible in the time available to provide a fuller risk and mitigation assessment of the implications of no longer requiring face coverings in different settings. Nor has it been possible to robustly assess the impacts on particular groups in London, for example equalities groups with protected characteristics or people disproportionately affected by the pandemic. Use of face coverings is just one of the measures set to be lifted in London and nationally on 19 July 2021 that have operated together to prevent and control the spread of COVID-19 since March 2020.

2. SUMMARY AND RECOMMENDATION

The evidence is clear that face coverings remain an effective and low-cost intervention to reduce transmission with relatively limited adverse impacts.

The links between cases, hospitalisations and deaths have been weakened but not broken, and approximately 5 million Londoners (including over 3 million adults) are currently either unvaccinated or only partially vaccinated. There is therefore a substantial pool of people who are still susceptible to the virus, some of whom cannot be protected by vaccination. Cases are currently rising rapidly in London, and removing all restrictions at the same time as we enter a third wave risks making the wave larger and more prolonged, widening already the stark health inequalities we have seen, creating an avoidable personal and economic burden from long COVID, and increasing the risk of vaccine escape variants evolving. Removing the requirement to wear face coverings is also likely to reduce public confidence to use public transport and go to indoor settings such as shops, and to

¹ CNBC: [WHO urges fully vaccinated people to continue to wear masks as delta Covid variant spreads 25 June 2021](https://www.cnbc.com/2021/06/25/who-urges-fully-vaccinated-people-to-continue-to-wear-masks-as-delta-covid-variant-spreads.html). URL: [Delta: WHO urges fully vaccinated people to continue to wear masks as variant spreads \(cnbc.com\)](https://www.cnbc.com/2021/06/25/who-urges-fully-vaccinated-people-to-continue-to-wear-masks-as-delta-covid-variant-spreads.html)

place substantial strain on businesses, workplaces and essential services due to staff absence and isolation.

The London STAC therefore recommends that the SCG considers and where possible implements measures to maximise face covering usage on public transport and indoor settings such as shops after July 19th.

PART A

3. OVERVIEW OF STAC FINDINGS AND KEY UPDATES ON FACE COVERINGS

3.1 Transmission of SARS-CoV-2 occurs through droplets, aerosols and fomites. Face coverings can limit each of these.

3.2 Key findings from STAC briefing note “Update on public use of face masks and coverings in non health and care settings” presented to SCG on 17/03/21, which continue to apply:

- Careful consideration is needed when interpreting national guidance for local and organisational contexts, and risk assessments may also change at different points in the UK Roadmap, between different individuals, populations and settings, and in response to changing epidemiological data over time.
- Decision-making should incorporate behavioural, effectiveness and efficiency, supply, equity and ethical considerations and should reflect the likely costs and benefits of different options in specific contexts.
- Whilst the precise magnitude of the individual and population-level impact of face coverings and masks is less clear, studies consistently report that the use of face coverings in the community reduce the spread of COVID-19.
- Effectiveness is related both to how closely masks fit to the face (i.e. minimising leakage around the sides, and benefits from masks having nose wires and adjustable ear loops), their breathability and the number of layers, with certain fabrics performing better than others. This evidence suggests that achieving an increased impact on transmission may not necessarily require either surgical masks or FFP2 or FFP3 respirators.
- Decision-makers should consider options around face coverings and related advice in the context of other important public health implications and infection control measures, and should adopt a multi-faceted ‘hierarchy of controls’ approach, as appropriate to the setting and context. Risk assessments should consider interactions with other factors; for example, the importance of high-quality face masks may be higher in poorly ventilated settings where aerosol particles are most likely to accumulate over time, even if physical distancing is observed, or where physical distancing is difficult.
- Education and communication-focused measures to improve public awareness and understanding of practical ways to improve the effectiveness of face masks may be beneficial, particularly in higher-risk contexts and during periods with high levels of viral transmission.

3.3. The national PHE COVID-19 Evidence Team is currently updating a systematic rapid evidence review which examines new evidence on the role of face coverings in relation to COVID-19 transmission. Key findings include²:

- Studies consistently report that the use of face coverings in the community reduced the spread of COVID-19. The studies used varied methods and were from diverse geographical regions including the US, Europe and Asia.
- Most studies examined the effects of a national or regional face coverings policy, and limited evidence from specific community settings was identified. Face covering interventions were typically implemented alongside other interventions (for example, 'stay at home' measures) or behaviours (for example, social distancing), and whilst some studies considered this in their analysis it is possible that factors other than the use of face coverings influenced the results. As a result, the precise effectiveness of face coverings if used in isolation from other interventions and behaviours is less clear.
- 14 laboratory simulations provided mechanistic evidence that various types of face coverings can filter droplets and aerosols to some extent, and that medical masks may offer better protection than fabric alternatives provided they fit well. Only three of these studies investigated human participants. Notably, none of these simulations used SARS-CoV-2 in their experiments.

3.4. Modelling studies have identified factors eg consistent distribution of masks and targeted face covering use among specific populations, which enhance effectiveness³.

3.5. While there remains uncertainty around the precise scale of effectiveness of face coverings to reduce transmission of COVID-19, especially when factoring in differences in mask types, levels of adherence, and patterns of human behaviour, evidence reviews of face covering use and associated reductions of transmission for other respiratory viruses have demonstrated significant reductions in transmission and containment^{4,5}.

3.6. The WHO continues to advocate the use of face coverings (universal mask wearing in indoor spaces, even for those vaccinated) as part of a comprehensive strategy of measures to suppress transmission and save lives in line with updated review findings that face masks are associated with some reduction in risk of transmission in community settings⁶. The European Centre for Disease Prevention and Control (ECDC) continue to recommend using face masks in confined or crowded public spaces, or if people are vulnerable to severe COVID-19, or where a sick person in is the household. The ECDC acknowledge that face masks are most effective where physical distancing, proper hand hygiene and good ventilation practices are also followed⁷.

² PHE COVID-19 Evidence. Face coverings in the community and COVID-19 A rapid review (update 1) January 2021.

³ Worby, CJ et al. Face mask use in the general population and optimal resource allocation during the COVID-19 pandemic. Available at <https://doi.org/10.1038/s41467-020-17922-x>

⁴ Chu, D. K. et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *Lancet* 395, 1973–1987 (2020).

⁵ MacIntyre, C. R. et al. Face mask use and control of respiratory virus transmission in households. *Emerg. Infect. Dis.* 15, 233–241 (2009).

⁶ Chou, R. et al. [Masks for Prevention of Respiratory Virus Infections, Including SARS-CoV-2, in Health Care and Community Settings](#): A Living Rapid Review. *Ann Intern Med.* 2020;173:542-555.

⁷ Using face masks in the community: first update - Effectiveness in reducing transmission of COVID-19 <https://www.ecdc.europa.eu/en/publications-data/help-slow-spread-covid-19-wear-face-mask>

Internationally, countries are applying varied approaches eg Denmark announced on the 14th of June that face coverings would no longer be required in any setting other than when standing on public transport from the 1st of September. While Israel initially lifted the need for face coverings on the 15th of June but then re-imposed the requirement again on the 25th of June despite high vaccination rates following a 'surge in cases' linked to the Delta variant^{8,9}.

3.7. Mode of transmission is important to take into account as face coverings, particularly in indoor, poorly ventilated settings can mitigate transmission. Current evidence indicates that respiratory droplets are an important transmission modality for the SARS-CoV-2 virus responsible for COVID-19 alongside airborne transmission¹⁰. Key considerations include:

- Asymptomatic or pre-symptomatic transmission of SARS-CoV-2 from people who are not coughing or sneezing is likely to account for at least a third, and perhaps up to 59%, of all transmission.
- Transmission of SARS-CoV-2 is higher indoors than outdoors and is substantially reduced by indoor ventilation.
- Viable SARS-CoV-2 has been identified in air samples from rooms occupied by COVID-19 patients and in air samples from an infected person's car as well as in air filters and building ducts in particular settings.
- In laboratory experiments, SARS-CoV-2 stayed infectious in the air for up to 3 hours and long-range transmission has been documented settings¹¹.

3.8. Due to the above complexities and context-dependence, as well as the fact that short-range transmission (from close contacts) can result from both droplet and aerosol transmission, the relative epidemiological importance of different sizes of infectious particles for SARS-CoV-2 transmission is highly challenging to estimate robustly and remains uncertain. It may also vary between settings. There is currently no evidence that the relative importance of different transmission modalities (e.g. droplet transmission versus aerosol) differs between variants of the virus. The relevance of face masks in the context of the new variants is therefore not that they are likely to be more effective, but that they may be more important – as part of a package of control measures – in reducing transmission, due to the new variants' higher R-values¹².

3.9. Additional Considerations

- There are specific aspects of the current London context, particularly during re-opening from lockdown in parallel with vaccine rollout, that make a re-evaluation of various issues related to face mask guidance and use in settings where it is recommended (such as public transport) timely. There is additional risk to London from higher use of public transport use

⁸ Denmark Government (June 2021) - Agreement on further phasing out of restrictions

⁹ Israel, Ministry of Health (June 2021) - Obligation to wear a mask in any place other than an open space

¹⁰ World Health Organization. *Advice on the use of masks in the context of COVID-19: Interim guidance*. Geneva; June 5 2020 (updated Dec 2020). [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-the-community-during-home-care-and-in-health-care-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-the-community-during-home-care-and-in-health-care-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

¹¹ Greenhalgh, T. et al. Ten scientific reasons in support of airborne transmission of SARS-CoV-2. *Lancet* (2021). Available at [https://doi.org/10.1016/S0140-6736\(21\)00869-2](https://doi.org/10.1016/S0140-6736(21)00869-2)

¹² Hayward AC, Beale S, Johnson AM, Fragaszy EB, Group FW. Public activities preceding the onset of acute respiratory infection syndromes in adults in England-implications for the use of social distancing to control pandemic respiratory infections. *Wellcome open research*. 2020;5.

than elsewhere in the country, and from London's high population density and household overcrowding.

- Public transport use rates have been 4-5 times higher in London than other English regions even during the pandemic,¹³ even after accounting for differences in age and sex structure. The average population density across London is 5,701 people/km²; 10 times higher than the next most densely-populated region, with some London boroughs at over 16,000 people/km².¹⁴ This in turn affects levels of occupancy and crowding across many settings, including public transport, shops, hospitality venues and workplaces, as well as being reflected in London's high levels of household overcrowding.¹⁵
- Factors associated with effectiveness. Potential protective effects of masks may be diminished by a number of factors – Poorer quality of masks, compliance and effective use may be inadequate, masks may not be replaced frequently enough to prevent contamination and COVID-19 infection may occur via alternative routes, such as ocular transmission^{16,17}.
- Broader behavioural implications. Face coverings have low economic cost, high compliance and high visibility and therefore act as behavioural cues for others, acting as a public reminder of the continued need for vigilance. ONS reports 97% (self-reported, 23-27 June 21) compliance and experiments by the Behavioural Insights Team have demonstrated that people believe face coverings to have one of the highest protective effects, although it is likely that measures such as ventilation and meeting outdoors are more effective in reducing the risk of transmission^{18,19}.
- Visibility. Compliance with all approaches declines with economic easing as the public interpret this as a signal that it is safe to re-engage with wider "normal" activities and resume socialising (even if restrictions are still in place). Visible and structural changes help to encourage long-term behaviour change by giving the public the opportunity to perform desired behaviours. If social distancing or other public health measures become voluntary it is likely to become more challenging (physically and economically) to implement in certain settings (for example in public transport). Research shows that people have a high level of willingness to take safety precautions, although understanding of some mitigations (eg wearing a face covering indoors/ in crowded areas), are not as well understood.

¹³ UCL Virus Watch study data on public activities in November and December 2020 (R. Aldridge, personal communication – manuscript in preparation)

¹⁴ [https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019#:~:text=London's%20population%20density%2C%20at%205%2C701,region%20\(the%20South%20West\)](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019#:~:text=London's%20population%20density%2C%20at%205%2C701,region%20(the%20South%20West))

¹⁵ Overcrowded housing (England) - UK Parliament research briefings

<https://researchbriefings.files.parliament.uk/documents/SN01013/SN01013.pdf>

¹⁶ MacIntyre, C. R. et al. Face mask use and control of respiratory virus transmission in households. *Emerg. Infect. Dis.* 15, 233–241 (2009).

¹⁷ Li, J. O., Lam, D. S. C., Chen, Y. & Ting, D. S. W. Novel coronavirus disease 2019 (COVID-19): the importance of recognising possible early ocular manifestation and using protective eyewear. *Br. J. Ophthalmol.* 104, 297–298 (2020)

¹⁸ Proceedings of the National Academy of Sciences of the United States of America (August 2020) - Social and behavioural consequences of mask policies during the COVID-19 pandemic

¹⁹ Social Distancing Review: Report (July 2021).

Understanding (along with motivation and opportunity) is critical to embedding behaviour change^{20,21}.

- Adherence. Self-reported facemask use in the UK has been consistently high since mid-2020: ONS surveys in early December 2020 found that 97% of adults report wearing a facemask when outside the home and in late February this figure was 95%. Observational data, including from London Waterloo station, supports usage rates of over 90%²².
- Public transport. A SAGE EMG paper from May 2020 highlighted “evidence that there is an enhanced risk of transmission of SARS-CoV-2 for both transport workers and passengers on public transport” and highlighted the importance of face coverings as a key mitigation measure.²³ This paper also concluded that “there is a good body of evidence to associate public transport with transmission of respiratory infections from a mixture of epidemiological studies and modelling studies.” A 2020 rapid review of interventions to limit transmission of respiratory viruses on public ground transport²⁴ concluded that ‘risk is associated with seating proximity to an infected person, duration of time spent aboard and inadequate ventilation’.

4. KEY POINTS

1. The use of face coverings and recommendations are particularly salient in the London context (particularly around public transport) and when considering population groups who face high risks of exposure (such as bus and taxi drivers, people in certain other workplaces, and the household contacts of people with suspected or confirmed COVID-19). There are also a range of specific issues arising for adults who are not able to be vaccinated, and potentially for those who may remain at increased risk of severe outcomes despite vaccination.
2. There is consistent evidence that wearing a face covering within the community can help to reduce the spread of COVID-19 when a national or regional policy is in place. Face coverings of varying materials can be effective, and multi-layered face coverings are more effective than single-layer. Face covering fit, use in particular settings and quality of masks have been shown to influence effectiveness. This rapid review focussed on effectiveness of face coverings on reducing Covid-19 transmission but highlights some of the key broader or indirect impacts on eg population cautionary behaviour or confidence/sense of safety that face coverings also affect.
3. Infection rates are rising rapidly. In the London region we are currently seeing approximately 3000 new confirmed cases/day with the rate of increase rising week on week. Cases are concentrated in the unvaccinated, younger and more deprived populations.

²⁰ ONS (June 2021) - Opinions and Lifestyle Survey.

²¹ SPI-B (April 2021) - Sustaining behaviours to reduce SARS-CoV-2 transmission – To be published on the SAGE website.

²² <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/5march2021>

²³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888755/4b_EMG-Transport_Overview_18502020-updated_S0407.pdf

²⁴ Zhen, J., Chan, C., Schoonees, A., Apatu, E., Thabane, L. and Young, T., 2020. Transmission of respiratory viruses when using public ground transport: A rapid review to inform public health recommendations during the COVID-19 pandemic. South African Medical Journal, 110(6).

4. A significant proportion of the London population remains unvaccinated or partially vaccinated. In addition, vaccines are designed to protect against severe disease, hospital admission and mortality. Some populations are unable to access or remain hesitant while others may not derive protection from vaccines (eg immune-compromised).
5. The long-term impacts and risk of Long Covid have not been quantified but emerging evidence indicates this could be especially relevant and prevalent in younger unvaccinated populations – currently more than 30% under 45 years and between 40-50% over 45 years still experiencing symptoms after onset²⁵. Overwhelming the NHS short-term is one aspect but longer-term burden on healthcare system also needs to be considered.
6. Variants – as cases increase and transmission increases, more viral replication and mutation leading to the evolution of new variants occurs. Mitigating transmission is key to reducing opportunities given to the virus to mutate and generate more transmissible and harmful variants.
7. While evidence builds, inconclusive evidence on the specific effectiveness of face coverings on reducing transmission of COVID-19 should not limit action. Consideration of London's rapidly changing COVID-19 epidemiological picture, lower than average vaccination uptake, comparatively younger population structure and the concentration of poorer outcomes in populations that are more deprived, still unprotected and more likely to live and move in higher risk settings - may magnify the risks around increased community transmission whilst restrictions are eased. Even limited protection that face coverings could provide could prevent some transmission of COVID-19 and save lives. Face coverings are simple, cheap, adhered to and potentially effective. Worn in situations where social distancing is not possible (for example, shopping, public transport), face coverings could have a positive impact on transmission with a relatively small impact on social and economic life.
8. While evidence suggests that the mandating and enforcement of face coverings in certain settings increases population compliance, higher levels of compliance have been seen when there are stricter and consistent restrictions and guidance in place. Frequently changing rules or applying them in an inconsistent way (for example, requiring social distancing in some settings but not others) is likely to lead to disengagement and lower levels of compliance. Social groups also have shared norms for how one should respond to risks and establishing the normative character of risk protection measures and behaviours in specific settings is key to sustained implementation and adherence²⁶. As compliance in general will decline with economic easing as the public interpret this as a signal that it is safe to re-engage with wider "normal" activities and resume socialising, the continued use and consistent communication around use of face coverings in specific settings could serve both

²⁵ Whittaker, M. et al. Persistent symptoms following SARS-CoV-2 infection in a random community sample of 508,707 people. Imperial REACT-2 pre-print (July 2021). Available at [Spiral: Persistent symptoms following SARS-CoV-2 infection in a random community sample of 508,707 people \(imperial.ac.uk\)](https://www.imperial.ac.uk/healthcare-research/department-of-virology/persistent-symptoms-following-sars-cov-2-infection-in-a-random-community-sample-of-508707-people/)

²⁶ [SPI-B: Sustaining behaviours to reduce SARS-CoV-2 transmission, 30 April 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/spi-b-sustaining-behaviours-to-reduce-sars-cov-2-transmission)

to maintain a level of caution, establish shared norms and promote adherence to protective measures²⁷.

9. Polling conducted by the GLA on 5 July 2021 indicates that a high proportion of Londoners support continued use: 68% of Londoners say face masks should continue to be mandatory on public transport and 60% support a continued requirement in shops for a further period of time, and belief in this rises with age. 61% of Londoners (and 70% of British adults) say they would feel less safe if they were in a crowded or un-ventilated place and people were not wearing face masks. Impact on return to high street and workplaces and economic recovery is likely to be strengthened by higher use of face coverings and improved confidence in the safety of public transport options²⁸.
10. A number of major UK airline providers have already announced that they will retain the requirement to wear face coverings after July 19th ²⁹.
11. The pandemic has had a disproportionate impact on a number of groups. In particular, ethnic minority and deprived communities also have the lowest levels of vaccine uptake. This could compound existing inequalities as measures are relaxed. In particular, London's younger, more mobile and highly diverse population, for whom rates of both first and second dose vaccination are lower than many other parts of the country; a significant proportion remain susceptible. Lifting of measures that limit transmission, such as social distancing, working from home guidance, and face coverings, may lead to an increase in transmission, which in turn could disproportionately impact these same groups further³⁰. Minority and socio-economically deprived groups face major barriers in applying risk-mitigating practices in their workplaces, communities, transport and domestic spaces. The most effective approaches to promote equitable uptake and benefit are those interventions that create environments to avoid or overcome barriers, established social norms across all population groups to promote cohesion and complemented where necessary with targeted, consistent and co-produced communication interventions²⁶.
12. Some clinically extremely vulnerable (CEV) and disabled individuals - and particularly those who may be unable to mount a strong immune response or who are allergic to the vaccine - are likely to feel less comfortable to use public transport or enter shops without widespread face covering use. 26% of CEV individuals in England are in work (approximately 990,000 people), with only half (49%) of those expecting to return to work in the next months and reported feeling comfortable with this³¹. These risks, both actual and perceived, may result in these groups potentially avoiding public transport and facing increased barriers to accessing essential services, employment, social contact, leisure etc, and/or facing greater risks if they do use public transport.

²⁷ ONS (June 2021) - Opinions and Lifestyle Survey

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/25june2021>

²⁸ [Goldman Sachs | Insights - Face Masks and GDP](#)

²⁹ [Updated: Airlines to retain face mask requirement despite planned easing of restrictions | Travel Weekly](#)

³⁰ OpenSAFELY (July 2021) - NHS COVID-19 Vaccine Coverage

³¹ ONS (June 2021) - Coronavirus and clinically extremely vulnerable people in England: 17 to 22 May 2021 and NHS - SPL Dashboard

13. As highlighted above the impact of face coverings impact population health beyond reducing COVID-19 transmission with effects across general public health and mental health, health inequalities, individual and population-level behaviour, community cohesion and future resilience. Face coverings have low economic cost, high compliance and high visibility and therefore act as behavioural cues for others, acting as a public reminder of the continued need for vigilance, shared understanding and a sense of cohesion to protect not only ourselves but also those around us and those more vulnerable¹⁵.
14. Public transport use rates are substantially higher in London than any other English region. As the guidance to work from home comes to an end on the 19th of July – many Londoners dependent on the transport network for work and school face limited choice on keeping safe and limiting time in enclosed, crowded spaces as many global guidelines continue to recommend. By promoting the use of face coverings alongside other measures across public transport networks; the scope and scale for impact on keeping London communities safe and reducing COVID-19 transmission risk and broader impacts across a range of public health domains, particularly in groups that need this the most, is considerable.

PART B

5. NATIONAL EPIDEMIOLOGY AND POLICY – STEP 4 OF THE ROADMAP

- 5.1 We are currently in the epidemic growth phase of a third wave, with prevalence doubling approximately every 6 days according to the REACT-1 study.³² A growth in cases was expected when the roadmap was published due to increased social mixing. Steps 2 and 3 of the roadmap coincided with the emergence of the Delta variant first identified in India, which is approximately 60% more transmissible than the alpha variant that was predominant in London previously. Currently, case rates nationally are higher amongst younger people particularly those aged 10-29 years. Vaccination is protective from severe disease and hospitals are not currently overwhelmed in most of the country; however, recent weeks have seen continuing rises in the number in hospital in England with a **46% increase in the last week**, since 2 July 2021. An increasing proportion of hospitalisations are amongst younger adults.
- 5.2 The link with hospitalisations and deaths has been weakened but not broken by the vaccination programme, and national modelling suggests that England could see 100,000 new infections per day within weeks, with central estimates for peak daily hospital admissions of >1000/day, and potentially higher than this.³³ High case rates are of concern not only regarding hospitalisation or death, but also because of risks of long COVID, which is not yet well-understood but may be substantial, and because they promote the evolution of new variants, including variants with greater vaccine escape potential.

³² [Latest REACT-1 study findings show COVID-19 infection rates 3 times lower for double vaccinated people - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/react-1-study-findings-show-covid-19-infection-rates-3-times-lower-for-double-vaccinated-people)

³³ SPI-M-O: Summary of further modelling of easing restrictions – roadmap Step 4, 9 June 2021. <https://www.gov.uk/government/publications/spi-m-o-summary-of-further-modelling-of-easing-restrictions-roadmap-step-4-9-june-2021>

- 5.3 There remains substantial uncertainty about the scale and duration of the third wave, however, the Scientific Pandemic Influenza Group on Modelling (SPI-M) has advised that baseline interventions such as face masks and ventilation will help to lower the R value and reduce the peak of this wave.³⁴
- 5.4 As announced on 5 July 2021, all legal Covid-19 restrictions in England are set to end on Monday 19 July in alignment with Step 4 of the Roadmap. At present this includes the following:
- Ending of social contact limits - no restrictions on indoor or outdoor gatherings.
 - All venues currently closed will be allowed to re-open.
 - Face coverings will no longer be legally required in shops, schools, hospitality, or on public transport. Directives indicate that guidance will be in place to recommend where face coverings could be worn and advocated but this at present will not be legally mandated and the details of this guidance have not been clarified.
 - Guidance to work from home where possible will end.
 - Specific guidance for schools is currently being developed.
 - The 1m-plus rule will be lifted other than in specific places such as at the border to help manage the risks of new variants coming into the country.
- 5.5 At the time of writing, a further announcement is anticipated on Monday 12 July setting out the data and further guidance is expected on; testing (including asymptomatic/LFD testing), contact tracing arrangements, advice for immunocompromised and clinically extremely vulnerable individuals and updated guidance for specific settings.

6 VACCINATION CONTEXT

- 6.1 The vaccine rollout is progressing well nationally but is not yet complete, and London's young and mobile population means that a higher proportion are unvaccinated than elsewhere. The AZ and Pfizer vaccines both provide good protection from the Delta variant after two doses, but they are not 100% protective from either symptomatic disease or severe outcomes such as hospitalisation and death. They are, respectively, estimated to give 71% protection against the risk of hospitalisation (AZ) or 94% (Pfizer) after one dose, and 92% (AZ) or 96% (Pfizer) after two doses (see Appendix for further detail). The effect in preventing symptomatic disease is lower, at 33% after 1 dose (both vaccines), and approximately 60% (AZ) to 88% (Pfizer) after two doses.
- 6.2 Their effectiveness also decreases with time elapsed since the second vaccine, meaning that the oldest Londoners (who were vaccinated earliest in the roll-out) have lower protection than earlier in the year and may need booster doses.

7 COVID-19 PREVENTION AND CONTROL MEASURES

- 7.1 A joint ADPH/FPH Statement³⁵ on the COVID-19 Roadmap states that "Learning to live with COVID-19 cannot mean simply allowing infections to spread unchecked causing hospitalisations,

³⁴ EMG, SPI-M and SPI-B: Considerations in implementing long-term 'baseline' NPIs, 22 April 2021. <https://www.gov.uk/government/publications/emg-spi-m-and-spi-b-considerations-in-implementing-long-term-baseline-npis-22-april-2021>

³⁵ ADPH/FPH. Joint Statement: The COVID-19 Roadmap. 5 July 2021
[ADPH Joint Statement: The COVID-19 Roadmap - ADPH](#)

illness – including Long COVID, and deaths; and increasing the possibility of new variants of concern.” They advocate for caution, balanced communication and collective action to reduce transmission and keep case numbers low. The statement highlights a combination approach to protect local communities which in addition to vaccination includes handwashing, ventilation, testing, isolating and face coverings in high-risk settings.

- 7.2 On the 7th of July, more than 100 global experts published a Letter in the Lancet, warning that removing restrictions on 19 July will cause millions of infections and risk creating a generation with chronic health problems and disability from long COVID, the impact of which may be felt for decades. They highlight the disproportionate impacts on unvaccinated children and young people; the significant educational disruption likely to result from a large third wave; the fact that this strategy increases the risk of emergence of vaccine-resistant variants; the risks of placing substantial additional pressure on the NHS and exhausted health-care staff, particularly at a time when millions of people are waiting for medical procedures and routine care; and the risk of deepening inequalities.
- 7.3 The group advocate continuing with targeted public health measures to prevent the spread of COVID-19 until enough of the population are fully vaccinated with both doses, and specifically highlight the universal use of face coverings in indoor spaces including by those vaccinated.³⁶
- 7.4 The most important measure in reducing transmission, as highlighted by SAGE, is for symptomatic individuals to isolate as early as possible (not only from the receipt of a positive test result).³⁷ The symptoms most strongly associated with COVID-19 infection are cough, fever or loss/change in sense of taste or smell; however a wider range of symptoms including headaches, fatigue and sore throat can also occur. Tracing and isolation of identified close contacts is also important to reduce transmission in the pre-symptomatic infectious phase.
- 7.5 Mitigations including face coverings have contributed to preventing a large and avoidable health burden arising from COVID-19 infections in the population, as well as wider social and economic consequences including:
- Impact on businesses and essential services (including health and care services) due to staff absence (both due to illness, self-isolation and caring for children or other relatives unwell with COVID-19)
 - Long COVID (whether individuals are hospitalised or not) – this represents a large and avoidable personal, social and economic burden which may fall disproportionately on younger adults, with more than 30% under 45 years and between 40-50% over 45 years still experiencing symptoms 12 weeks after onset³⁸.
 - Risks to those likely to experience poor outcomes if they get COVID-19, particularly older and immunocompromised people.

³⁶ Gurdasani, D. et. al. Mass infection is not an option: we must do more to protect our young. Available at [https://doi.org/10.1016/S0140-6736\(21\)01589-0](https://doi.org/10.1016/S0140-6736(21)01589-0)

³⁷ [S1216 Considerations in implementing longerterm baseline NPIs.pdf \(publishing.service.gov.uk\)](#)

³⁸ Whittaker, M. et al. Persistent symptoms following SARS-CoV-2 infection in a random community sample of 508,707 people. Imperial REACT-2 pre-print (July 2021). Available at [Spiral: Persistent symptoms following SARS-CoV-2 infection in a random community sample of 508,707 people \(imperial.ac.uk\)](#)

- Increased demand on health and care services, including primary care, urgent and emergency care, ICU and inpatient wards, ambulance and the social care system. This additional pressure has implications for elective care, where there is a significant backlog already, as well as routine care and delayed diagnosis. Ultimately the NHS has finite headroom and is likely to face significant other pressures on services over the summer, including urgent care demand arising from more people travelling/out and about (e.g. accidents), and risks of extreme heat related health impacts if we experience a late July or August heatwave.
- Health inequalities and disproportionality – there is a significant risk of a third wave widening the gap between the least and most deprived groups and areas due to both lower rates of vaccine uptake in deprived areas and higher risks of transmission, as in previous waves (e.g. household overcrowding, fewer people able to work from home).
- Risk of emergence of new more transmissible variants, and particularly vaccine escape variants, both to people in the UK and to other countries with low levels of vaccination.
- Lower case rates and perceptions of COVID safety also help to build the public's confidence to come back into the workplace, leisure, hospitality, public transport etc, supporting the economy.

8. THE LONDON CONTEXT

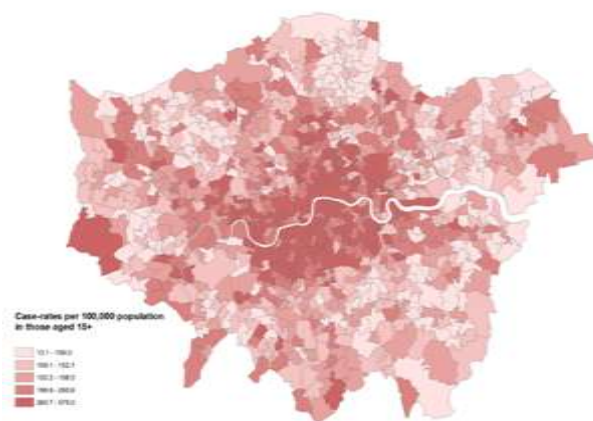
8.1 Epidemiology

- London is in the epidemic growth phase of a third wave.
- Currently across the London region cases rates are increasing in all age groups, ethnic groups and boroughs.
- The Delta variant has become established as the dominant variant in London, as for the rest of the country. A very small number of other variants of concern and variants under investigation continue to be identified through whole genome sequencing, although we are not seeing any significant clusters or community transmission of non-Delta variants. The Delta variant is more transmissible across all age groups which, while augmenting community transmission rates, further accentuates the need to keep case rates low.
- The rate of increase is rising consistently week on week. In the most recent week (27th June 2021 – 3rd July 2021) **18,889** cases were identified in London with a case-rate of **211 per 100,000** population. This compares with **11,811 cases and a rate of 132 for the previous week**. In the most recent week in England as a whole, the case-rate for the latest 7-day period was **264 per 100,000** population. The latest REACT-1 study report estimates a doubling time of 9.3 days and an R of 1.54 for London³⁹.
- The REACT-1 study also highlights that the largest increase in prevalence was seen in London out of all English regions: prevalence has increased more than eightfold in approximately one month, from 0.13% in round 12 (20th May to 7th June) to 1.08% in round 13 (24th June to 5th July).

³⁹ [Latest REACT-1 study findings show COVID-19 infection rates 3 times lower for double vaccinated people - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/latest-react-1-study-findings-show-covid-19-infection-rates-3-times-lower-for-double-vaccinated-people)

- For the week 27th June to 3rd July 2021, higher case-rates are among those aged 20-24 (671 per 100,000 population) followed by those aged 25-29 (468 per 100,000). **Cases in those aged 60+ have increased by 90% in the last week** (to 43 per 100,000 population) which is a faster rate of increase than the rate in all ages which has increased by 60% in the last week.
- Positivity has been increasing in younger age groups. Positivity had been consistently highest in the 0-9 age group until early June when positivity in the 20-29 age group superseded it and continues to increase, now followed by the 0-9 age group.

Figure 1: COVID-19 case rates per 100, 000 population in those aged 15+ in London (as reported 5 July 2021)



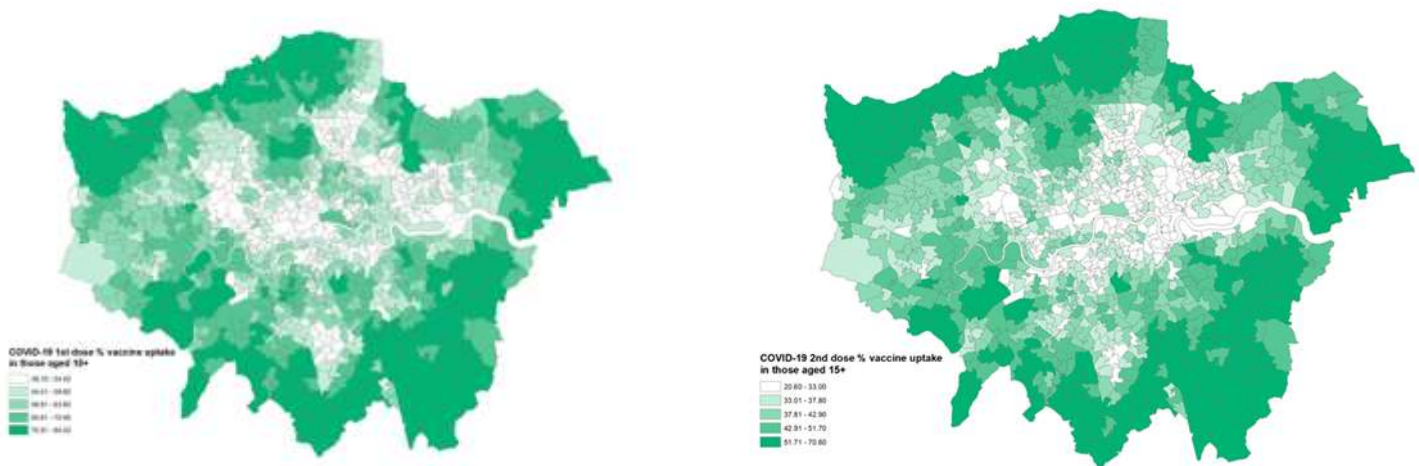
Source: PHE Local Knowledge and Intelligence, SGSS and HPZone derived (denominator - ONS 2019 mid-year population estimates)

- Currently, **435 patients** with Covid-19 are inpatients in London hospitals (reported on 9 July) demonstrating a 52% increase in the last 2 weeks. Up to 6 July, there was 45% week-on-week increase in the weekly hospital admission rate amongst 18-64 year olds, and an 18% increase amongst 65-84 year olds.
- Deaths remain low, however hospitalisations and deaths are lagging indicators.
- The link between infections and hospitalisations has been weakened but not entirely broken by vaccination.
- Modelling projections indicate that hospital admissions are at risk of increasing significantly over the coming weeks.

8.2 Vaccination Uptake and Coverage in London

- In London, up to the end of 7 July, 5.397 million people have taken up their first vaccine and 3.652 million have had their second dose. In those aged 18+, 77.9% have had their 1st dose and 52.7% have received their second dose. In England, in those aged 18+ years 85.5% had their 1st dose and 64.3% have received their second dose. (Percentage coverage calculated using ONS 2019 population estimates.)
- Among young Londoners (up to 7 July):
 - 400k aged 18-24 years have had their 1st dose (53.6%)
 - 513k aged 25-29 have had their 1st dose (66.7%)

Figure 2: COVID-19 1st and 2nd dose % vaccine uptake in those aged 15+ in London (as reported 5 July 2021)



Source: PHE Local Knowledge and Intelligence, National Immunisation Management System derived (denominator - NIMS)

- There are significant inequalities in vaccine uptake between ethnic groups and those living in the most deprived areas have a lower uptake compared with those living in least deprived areas. As of 20 June 2021 the highest vaccine uptake in those aged 18+ by ethnic group was among White-Irish (67%) and White-British (64%) followed by Indian (58%). The lowest vaccine uptake in those aged 18+ by ethnic group is among Black Caribbean (27%) and any other Black background (29%).
- Vaccine eligibility was only extended to all adults aged 18 and over from Friday 18 June 2021. Those aged 18 + years who were able to receive their first dose by 28 June are not eligible to have their second dose until w/c 23 August and therefore would not be expected to develop protection from second dose until w/c 6 September at the earliest.
- Approximately 1.5 million (22%) Londoners over the age of 18 are not vaccinated at all, and a further 1.76 million (26%) haven't had their 2nd dose, in addition to just over 2 million under 18s who are unable to be vaccinated. By 19th July we hope this gap will have reduced further, but it will not be closed.
- There is some protection from natural infection-derived immunity, but this is difficult to quantify accurately and what level of protection is provided is not well-understood.
- Therefore, there are several populations which remain unprotected or only partially protected by vaccines in London:
 1. **Those aged 18+ who haven't had a 1st dose yet and remain completely unprotected** – estimated at approximately **1.5 million**, although there is considerable uncertainty around this figure:

- People experiencing barriers to vaccine access e.g. inclusion health groups (rough sleepers, asylum seekers, undocumented migrants), childcare, locations/travel, times of day (e.g. night shift workers), digital exclusion
 - People who are not registered with a GP; undocumented migrants
 - People who are vaccine hesitant
 - Where the vaccines are contraindicated for that individual (for example, people allergic to the vaccine) and they are unable to be protected by vaccines.
- 2. Those aged 18+ who haven't had their 2nd dose yet and are only partially protected** (vaccine effectiveness is much lower after only one dose) - estimated at approximately **1.76 million**
- People currently waiting until 8 weeks has passed for their second dose
 - People who are hesitant about risks from AZ (who had this as their first dose)
 - People unable to have it yet e.g. having recently had COVID and need to wait, or who are self-isolating
 - People experiencing barriers to vaccine access, as above
- 3. People likely to have a poor immune response to the vaccine** – particularly older adults and people with compromised immunity (e.g. blood cancers) and are relatively unprotected, as well as people with very severe health conditions likely to be at risk of more severe illness despite vaccination
- 4. Under 18s (who are not currently eligible for vaccination)** - approximately **2 million**.
- 5. People whose immunity (whether natural or vaccine-derived) has waned due to the length of time elapsed.**

Appendix: Delta (B.1617.2) variant vaccine effectiveness estimates

Background and purpose of this note

1. Characteristics of the Delta variant (also known as the variant first identified in India) mean that vaccines are slightly less effective against it, and earlier estimates of vaccine effectiveness were derived when the Alpha (Kent) variant was dominant.
2. This paper therefore provides an update of the most recent available estimates, based on real-world observational data. It focuses on effectiveness against the Delta variant specifically, and outlines where uncertainties remain.

A study led by PHE and the Cambridge MRC Biostatistics Unit on 28 June estimated that vaccines have prevented between 6.4 and 7.9 million infections and approximately 27,000 deaths in England alone, up to 19 June.ⁱ

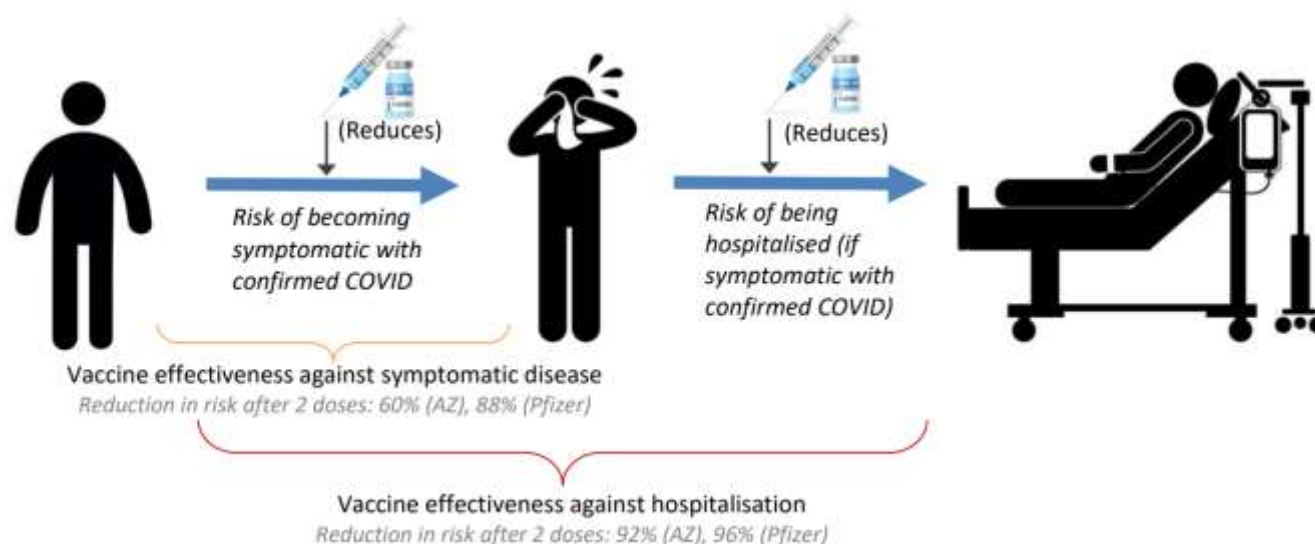
Overview of current evidence regarding the effectiveness of AZ and Pfizer vaccines against the Delta variant after 1 and 2 doses (relative to unvaccinated individuals)

	1. Effectiveness against symptomatic disease	2. Effectiveness against transmission	3. Effectiveness against hospitalisation	4. Effectiveness against mortality
<i>What this means</i>	This is the reduction in risk of developing COVID symptoms amongst people who are vaccinated relative to people who are unvaccinated, with everything else constant. This should also help to prevent long COVID, but further research is needed.	This is both effectiveness against symptomatic disease and reductions in contacts' risk of being infected if they have contact with a vaccinated vs. an unvaccinated COVID-19 case.	This measure incorporates both protection against symptomatic disease, and a further protective effect against more severe disease (amongst those with symptomatic disease). ⁴⁰	This is influenced by the measures of effectiveness in columns 1 and 3 as well as potential additional protection (not yet established) from death.
<i>Evidence following:</i>	Effectiveness against symptomatic disease from two weeks after 1 dose is estimated at around 33% after both the Pfizer and AZ vaccines. ⁱⁱ This means that for every 100 unvaccinated people who develop COVID symptoms and are	There is not yet evidence on effectiveness against transmission for the Delta variant. Evidence for the Alpha variant shows a further reduction (of around half) in the risk of transmission from symptomatic	Recent PHE analysis suggests that vaccine effectiveness in preventing hospitalisation after 1 dose is estimated at 94% with the Pfizer vaccine and 71% with the AZ vaccine, or on average 75% across both vaccine types. ^{iv} In other	Vaccine effectiveness in preventing death from the Delta variant has not yet been quantified (due to small case numbers) but is expected to be high, since
1 dose (from 2-3 weeks)				

⁴⁰ Vaccine effectiveness against hospitalisation was calculated in this analysis using the formula: $1 - (\text{Odds Ratio of symptomatic disease} \times \text{Hazard Ratio for hospitalisation (amongst identified Delta cases with symptoms)})$

	confirmed as cases (with symptoms ranging from very mild to severe), if the same group of people had, hypothetically, had 1 dose two or more weeks before exposure to the virus, only approximately 67 would be expected to develop symptoms and be confirmed as COVID-19 cases.	index cases to their household contacts from three weeks after the first dose of vaccination. ⁱⁱⁱ So for every 100 unvaccinated household members of an unvaccinated person with confirmed COVID-19 who go on to become symptomatic and test positive themselves, only around 51-53 would be expected to do so if the first household member with COVID had been vaccinated with their first dose ≥ 21 days prior.	words, for every 100 unvaccinated people with confirmed COVID-19 severe enough to need hospitalisation, only around 6 (Pfizer) and 29 (AZ) would be expected to be hospitalised had the same group been given 1 vaccine dose. However, further analysis is needed to better understand the clinical course of disease with Delta as most cases are still under follow-up. ^v	the protection from symptomatic disease and hospitalisation (as detailed on the left) contribute to a reduced risk of dying. What is not yet known for the Delta variant is whether, of those who are hospitalised (and after taking account of differences in age, sex and pre-existing health conditions), there is a difference in the risk of dying between vaccinated and unvaccinated individuals. Studies undertaken when the Alpha variant was dominant showed an additional protective effect (for the Pfizer vaccine). ^{vi}
2 doses (from 2 weeks)	This figure rises to an 88% estimated effectiveness against symptomatic disease with the Pfizer vaccine and 60% with the AZ vaccine, from 2 weeks after dose 2. ⁱ (This means that of 100 unvaccinated who would otherwise become symptomatic with confirmed COVID-19, only around 12 and 40 double-vaccinated individuals respectively would be expected to do so, following the hypothetical scenario above). ^{vii} A study from Scotland found broadly similar figures of 79% and 60% for Pfizer and AZ respectively, using S-gene target positivity as a proxy for the Delta variant. ^{viii} Corresponding estimates for the Alpha variant are 93% and 66%. ^v	Comparable estimates for the Delta variant, or after two doses, are not yet available.	The same analysis found that after 2 doses, the Pfizer vaccine is approx. 96% effective and the AZ vaccine is approx. 92% effective in preventing hospitalisation. ⁱⁱⁱ This means that (for Pfizer and AZ respectively), out of 100 people who would be hospitalised due to COVID-19 if unvaccinated, only 4 and 8 people would be expected to be hospitalised if the same group were fully-vaccinated. These figures take into account both protection from symptomatic disease (column 1) and the fact that amongst vaccinated people with confirmed, symptomatic COVID, the risk of needing hospitalisation is around 71% lower than for an otherwise identical group of unvaccinated people with confirmed COVID. ⁱⁱⁱ	

Visual summary (data for the Delta variant):



ⁱ PHE monitoring of the effectiveness of COVID-19 vaccination COVID-19 vaccine surveillance report - week 25 (publishing.service.gov.uk)

ⁱⁱ Bernal JL, Andrews N, Gower C, Gallagher E, Simmons R, Thelwall S, Tessier E, Groves N, Dabrera G, Myers R, Campbell C. Effectiveness of COVID-19 vaccines against the B. 1.617. 2 variant. medRxiv. 2021 May 24. [Effectiveness of COVID-19 vaccines against the B.1.617.2 variant \(medrxiv.org\)](https://medrxiv.org)

ⁱⁱⁱ Harris et al. (2021) Impact of vaccination on household transmission of SARS-CoV-2 in England URL: [35bf4bb1-6ade-d3eb-a39e-9c9b25a8122a \(khub.net\)](https://khub.net)

^{iv} Stowe et al. (2021) Effectiveness of COVID-19 vaccines against hospital admission with the Delta (B.1617.2) variant ([Public library - PHE national - Knowledge Hub \(khub.net\)](https://public.library-phe.national-knowledge-hub.org))

^v PHE Technical Briefing 16: [SARS-CoV-2 variants of concern and variants under investigation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

^{vi} [Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study | The BMJ](https://www.bmj.com)

^{vii} Bernal JL, Andrews N, Gower C, Gallagher E, Simmons R, Thelwall S, Tessier E, Groves N, Dabrera G, Myers R, Campbell C. Effectiveness of COVID-19 vaccines against the B. 1.617. 2 variant. medRxiv. 2021 Jan 1.

^{viii} Sheikh A, McMenamin J, Taylor B & Robertson C. The Lancet. 14 June 2021. SARS-CoV-2 Delta VOC in Scotland: demographics, risk of hospital admission, and vaccine effectiveness. URL: [SARS-CoV-2 Delta VOC in Scotland: demographics, risk of hospital admission, and vaccine effectiveness - The Lancet](https://www.thelancet.com)

APPENDIX 3

Face coverings on the TfL network: risk assessment 14 July 2021

The Mayor of London has asked TfL to retain the requirement for passengers to wear face coverings on all TfL services under its conditions of carriage from 19 July 2021. This document considers the risks associated with this requirement and recommends next steps.

This risk assessment considers how TfL could continue to protect the health and safety of our people and our customers as we move into Stage 4 of the Roadmap. We have considered the risks to the health of our customers and those who work on the TfL network. In doing this, we considered the risk if TfL was not able to provide a transport service (because of COVID-19 related illness amongst our staff) for those who rely on it to travel to work - including for key workers. Running a reliable transport service is essential to allow many of those key workers who play a role in responding to the pandemic to travel to work.

The risk assessment concludes that there is a positive case on health and safety grounds to require face coverings to be worn on the TfL network, in line with the Government's guidance. This conclusion is informed by the Government Roadmap Tests, the Government position on the wearing of face coverings and advice from the London COVID-19 Scientific and Technical Advisory Cell, which are set out in the Memo to the Commissioner on face coverings dated 15 July 2021, and are not repeated here.

Risk Assessment

The overall risks to our colleagues and customers relating to COVID-19 are set out in the [TfL COVID-19 risk assessments](#). This risk assessment specifically considers the

- risks associated with removing the requirement for customers to wear face coverings
- risks associated with maintaining the requirement for customers to wear face coverings

in the context of the current infection rate and in the context of the existing controls that TfL has in place to manage the risk of COVID-19 transmission to our customers and colleagues. These risks are set out in Table 1.

The existing controls mentioned above refer to a number of other controls TfL has put in place to manage the transmission of the virus on the transport network. These include enhanced cleaning regimes, regular testing, provision of over 1,000 hand sanitisers and installation of UV light devices on escalator handrails to eliminate viruses. These are documented in greater detail in the [TfL COVID-19 risk assessments](#).

To ensure that our controls are working effectively, we have commissioned Imperial College London to undertake regular independent sampling across our network. Results from all testing on the transport system to date (from September 2020) has shown to be negative for coronavirus.

The controls will be maintained as we move into Stage 4. All of our measures will be kept under regular review. Before we make any significant changes, we will carry out appropriate H&S risk assessments and will consult with our Trades Unions Health & Safety colleagues.

Conclusion

Having regard to the above, and with particular consideration of the STAC paper in Appendix 1, it is considered that there is a positive case on health and safety grounds to require face coverings to be worn on the TfL network, in line with the Government's guidance. It is recommended that TfL maintain the requirement on customers to wear face coverings on TfL services.

Table 1: Assessment of risks

	Risks associated with removing the requirement for customers to wear face coverings	Risks associated with maintaining the requirement for customers to wear face coverings
Risk of our customers catching the virus	Scientific advice (STAC paper in Appendix 1) highlights the increasing risk of transmission of the virus in London to members of the general public. The STAC paper recommended that measures be taken to maximise face covering usage on public transport after 19 July 2021. Risk in increased transmission of the virus in the population of London and other parts of the UK. Risk that increasing infection rates may require London and/or other parts of the UK to revert to more stringent COVID-19 controls.	Reduced risk of transmission of the virus to members of the general public (London and more widely) if the requirement for customers to wear face coverings is maintained. Managing the risk to individuals will contribute to managing the risk to others in London and/or other parts of the UK who come into contact with those who travel on TfL services. Managing this risk may prevent London and/or other parts of the UK having to return to more stringent COVID-19 controls if the infection rate increases.
Risk of our colleagues catching the virus	Should the risk of transmission and the level of infection stay high, this increases the risk to the health of our colleagues.	Reduced risk of transmission of the virus to members of the general public (London and more widely) if the requirement for customers to wear face coverings is maintained. This reduces the risk of our colleagues catching the virus.
Risk of our colleagues catching the virus and their absence impacting on TfL's ability to deliver safe services which contribute to London's response to managing the pandemic (i.e. helping key workers get to work). It is positive that the severity of infection is reducing for those who have been vaccinated. However, regardless of the level of infection, if a member of staff is absent, this has an impact on the transport service we can deliver to our customers.	If our colleagues catch the virus, they will be required to self-isolate. Given the high infection rate in London, and the lower vaccination rate in London (compared to the rest of the UK), we have recently (in June/July 2021) seen an increased number of colleagues who have had to self-isolate (either because they have tested positive or they have been advised to isolate by the NHS Track & Trace app). The impact of increasing levels of staff absence will include (based on experience to date) reduced services to our customers. The impact of this for our customers could be increases in levels of crowding on our services (with a potential risk of virus transmission) and/or delays for customers journeys. While for many of our customers this will be an inconvenience, for some key workers, it may have an impact on their role in providing key medical or care support in response to the pandemic.	Reduced risk of our colleagues catching the virus, which results in a reduced risk of absence, and increases TfL's ability to deliver a reliable service. This will ensure that those key workers who play a role in responding to the pandemic can travel to work without risk to their health or their patients' health.

Proposal name	Update to Face Coverings EQIA (TfL)					TfL Modes Impacted												
Proposal contact details	Name:		Email:	c@tfl.gov.uk	Phone:		Please place a tick (✓) in the box below for all of the TfL modes affected											
D&I contact (will be identified when feedback is given)	Name:		Email:	@tfl.gov.uk	Phone:		Buses	LU	LO	TfL Rail	DLR	Trams	TPH	LRS	EAL	Cycle Hire	Streets	D-a-R
REqIA number and stages record (allocated by D&I)	Number:	6	Stage:	C	Version:	2	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
Key dates	Date submitted	15.07.21	SISG review		IDAG review		D&I review and response			15.07.21								

Reviewers	Job title/team	Date reviewed	Information from	Job title/team	Other TfL projects that affect, may be affected by or link
	Change Project Manager				
	Customer Experience				
	Customer Experience				
	Head of Ticketing,				
	Customer Experience				
	TfL Occupational Health	08/06/2020			

Any other relevant information

From the start of the pandemic in March 2020 until 15 June 2020 the wearing of face coverings was strongly advised but not mandatory. Then from 15th June 2020 until 18 July 2021, national regulations mandated the wearing of face coverings on public transport, unless an exempt: children under the age of 11; Employees of, or persons providing agreed services to, TfL; Police constables (including British Transport Police officers) acting in the course of their duty; Members or employees of the emergency services responding to an emergency; and passengers who have good reason not to.

Following the 15th June 2020 change for the public, LU staff were given face masks and encouraged to wear them, however it was not mandatory. This is because the change in rules for customers forms part of the Conditions of Carriage agreement which does not apply to staff. From 19 July 2021 staff will continue to be encouraged to wear face coverings to ensure safety in the workplace alongside continued guidance on key protective measures (hands, face, space).

LU staff have been given guidance that they may remove their face masks in order to better communicate with customers as part of the Turn Up and Go service staff briefings (October 2020).

LU staff have been instructed not to enforce mask wearing amongst the public.

3 million face masks were distributed to customers from 8th June 2020 at LU gateway and destination stations. Distribution was "passive" in that customers were given the opportunity to take one if they choose to and they are not being actively thrust upon them. Uptake has been extremely high. A TfL leaflet outlining how to make your own mask was distributed following on from the free mask hand out phase.

From 19 July 2021, in line with the Government's Roadmap 'Step 4' and the opening up of society, wearing a face covering is no longer mandatory and enforceable under national regulations. From 19 July 2021: "the Government expects and recommends that people wear face coverings in crowded areas such as public transport." <https://www.gov.uk/government/publications/covid-19-response-summer-2021-roadmap/coronavirus-how-to-stay-safe-and-help-prevent-the-spread>. In response to the Government's move to Step 4, TfL will be requiring as a condition of carriage customers to wear face coverings in its stations and on its services, unless exempt. This includes the Tube, bus, tram, DLR, Overground and TfL Rail networks, Dial a Ride Services, the Emirates Air Line and the Woolwich ferry. TfL staff and other staff working on TfL services will be required to wear face coverings in public areas unless exempt. We also strongly recommend face coverings are worn in any indoor location when in close proximity to others. TfL will be using a wide range of communications channels to ensure customers are clear on the requirements, including customer emails, signage, digital advertising screens, social media, in-station announcements, the TfL Go app and the TfL website. These channels will also be used to encourage customers to travel during the quieter times wherever possible, which will help spread demand throughout the day and ensure that everyone has the most space possible. we will start with a period of engagement and education with customers, including handing out masks given the risk that customers may be uncertain of requirements.

LU staff have been given face masks and encouraged to wear them, however it is not mandatory. They have been given guidance on how to safely wear them. Since October 2020 LU staff are able remove their face masks in order to better communicate with customers - LU staff briefing note on accessibility and the Turn Up and Go service. Note Bus drivers aren't being given masks.	N	14	The above specific customer impacts (2-13) will apply to our workforce too	The voluntary nature of face coverings means that there will be no impacts for anyone who is not able to wear one. This may however increase the risk of infection between staff. We know that those who are male, older, BAME and have underlying health conditions are most at risk. Recommendation: We will continue to communicate to all staff the risks that not wearing a face covering poses to their colleagues and urge everyone to wear one if at all possible. We will stop short of comms that risk stigmatising those who can't wear one. Recommendation: design a badge which can also be worn by TfL staff The voluntary nature of face coverings means that there will be no impacts for anyone who is not able to wear one. This may however increase the risk of infection between staff. We know that those who are male, older, BAME and have underlying health conditions are most at risk		✓	From 19 July, there will be a further communications campaign to create and maintain staff and passenger awareness and understanding of the ongoing requirements. From 19 July, TfL staff and other staff working on TfL services will continue to be required to wear face coverings in public areas unless exempt. We also strongly recommend face coverings are worn in any indoor location when in close proximity to others.						
Face coverings were given away to customers, free of charge, at some stations w/c 8th June 2020 - customers had to take one rather than being handed actively to everyone, and this activity was for a limited time period prior to 15th June changes.	P	15	No negative impact due to voluntary nature of the hand out.	N/A	✓		None needed.From 19 July, we will start with a period of engagement and education with customers, including handing out masks given the risk that customers may be uncertain of requirements.						

Recorded dates of sign-offs			
Stage	Version	Stage definition	Date signed off
A		Proposal with agreed amendments	
B		Changes to proposal	
C		Post implementation	
D		Post implementation evaluation	

Sign-off of current stage				
Accountable line manager	Job Title	Customer Experience Lead	Name	
	Signature		Date	
Produced by	Job Title	Customer Experience Manager	Name	
	Signature		Date	16.06.20
Reviewed by	D&I Job Title	Inclusive Design Advisor	Name	
	Signature		Date	15.07.21
	Final sign-off job title	Diversity and Inclusion Lead	Name	
	Signature		Date	

Purpose	The purpose of this Rapid Equality impact Assessment (REqIA) is to identify how TfL's changes to infrastructure, operation, policy or programme will impact on customers and staff, potentially creating barriers to travel or ability to work. TfL recognise that everyone is likely to be affected by Covid-19 but we are focused on people who come within the Equality Act 2020 (EA) defined Protected Characteristic Groups (PCGs) in addition to people who may also be disproportionately affected due to their financial and socio-demographic situation. This document highlights potential mitigations and further investigations that may be required to reduce or eliminate the identified barrier. It will provide a record of the barriers identified and how they have been addressed with due regard to staff and customers.
Instructions	Please fill out this form and submit to EqIA@tfl.gov.uk. This is a live document which will be updated as information is received. D&I will assist teams in ensuring that we have reduced or removed negative impacts, where possible. Where negative impacts remain it will be even more important to interrogate our decisions to enable TfL to make informed decisions regarding the impacts on staff and customers and the potential exposure of TfL to not meeting it's obligations under the Equality Act 2010. As the document is live, there are different stages for sign-off to ensure that any changes throughout implementation are recorded and any post evaluation is recorded.
	Following the initial filling out of the form, it will then be controlled by D&I. Please send any required changes or updates to D&I so that up-to-date information may be centrally maintained.
	The information will be sent to TfL's Independent Disability Advisory Group (IDAG) for review where this is deemed of benefit. The form will also be submitted to the Social Impact Steering group (SISG) to raise any impacts where the risk of negative impact is high.
Tabs overview	There are six tabs/sheets. The first three (shaded blue) will need to be filled out and the next three (shaded light green) are for information and reference to help with understanding and filling the form out.
Key information	This needs to be filled out and provides the overall information for the proposal
Impacts & mitigations	This sets out the proposed changes, the associated identified impacts and mitigations. There are other tabs which will broadly assist TfL in tracking decisions through the process of implementation of the changes.
Sign-off	Sign-off needs to be completed prior to work commencing.
Instructions	The instruction sheet provides information to assist with filling out the form
Completed example	Not yet provided
Abbrev.	Any abbreviations or definitions and references are listed here
Key information	The key information is provided by the key contact who initially fills out the form
Name of Project/ Policy/ Change proposal	Provide the name of the proposed project, policy or any other change that will affect either our staff or customers.
Project contact details	Please provide details of the person responsible for the project
D&I contact details	The details of who will be assisting the team with regards to reviewing the proposals will be provided by D&I
REqIA	The number will be provided by D&I and will consist of: the number of the proposal: each REqIA will have a unique number; the stage that the proposal: there will be is submitted for and the version.
	The number of the proposal: each REqIA will have a unique number to assist with identification and reference.
	The stage that the proposal is seeking sign-off for: There are four stages for sign-off which consist of:
	A - Proposal with agreed mitigations
	B - Changes to the proposal, risks or mitigations
	C - Post implementation, including any changes
	D - Post implementation evaluation
Key dates	The dates will record submission date, D&I review date, IDAG review date (if required) SISG review date.
TfL modes impacted	Please tick any box which is below the TfL mode of transport affected by the change(s). If those affected are not provided for in the boxes then please provide more information in the 'Any other information' box below. Please provide all modes affected even if some are not affected by all of the impacts.
Other information	The boxes below those specified above are to highlight any reviewers, information providers or other projects that may affect the proposals or be affected by them. A box is also provided for any other information.
Impacts & mitigations	It will not be possible to fill out all of this part of the form when first submitting. Provide as much information as possible under the initial columns. The columns in grey will need to be filled out after submission.
Proposed change	Identify the changes that are being proposed. This could be physical changes to the environment, changes to a policy, strategy, business plan, practice or procedure or any change which could affect either our staff, customers or both.
Associated files or links	Please submit any additional information which will assist the reviewer in understanding what is being proposed.
Impact number	There may be a number of impacts associated with a specific change and so, to make referencing easier, each of the identified impacts is given a separate number. Please add in lines adjacent to the change to accommodate the identified impacts.
Positive or negative impact	Our key aim is to identify negative impacts to allow us to assess them and record mitigations. It can also be useful to identify positive impacts or changes we can make to enhance experience. This column helps us to easily identify whether the impact is positive or negative.
TfL modes impacted	This column can be hidden if the REqIA deals with only one mode of transport. If the EqIA covers a number of different modes then please use this column do identify the mode(s) that are affected by the impact.
Impact for customers or staff	This column identifies the impact that will be a result of the change. Ensure that each separate impact has a different line so that it can be assessed separately. Whilst many people may be affected by a change we are particularly interested in how the change will impact on protected characteristic groups(PCGs). These are identified within the EA and are listed below:
	Protected characteristic groups:
	Age
	Disability - disability covers a wide range of users who may have mobility, sensory, cognitive or neurodiverse characteristics which means that changes could have a greater impact
	Gender reassignment -
	Gender (Sex)
	Marriage and civil partnership - This does not need to be considered with regards to the public but should be considered when proposals affecting staff are being proposed.
	Pregnancy and maternity
	Race (ethnicity)
	Religion and belief
	Sexual orientation
	We must also consider the needs of people who have the potential to be socially excluded, such as:
	People on low incomes
	Refugees and asylum seekers
	The homeless
	Job seekers
Evidence to substantiate the impact	Identify any evidence, including consultation, research, local geography and demographics etc. to demonstrate your understanding of the project and the potential impacts. Decisions to progress work or make changes are not carried out arbitrarily and so what information is available to evidence that inclusion has been considered throughout the decision-making process.
Mitigations/ recommendations	Include incorporated or proposed mitigations and recommendations to reduce any negative impact or increase positive impact.
Mitigation implementation	
Implementation explanation	
Residual risk	The risk is assessed once the change, impact and mitigation sections are complete and agreed. The risk will be assessed by D&I in conjunction with the team. The definitions of the colour coding are outlined below:
	This impact will have a significant effect on the identified group(s) of people. This may create a barrier that prevents someone from completing their journey. There may also be an impact on mental health and wellbeing. This will result in discrimination due to the increased impact above what someone without the characteristic might experience.
	This impact is likely to have a negative effect on the group(s) identified although it is unlikely to prevent access to or completion of the journey. It is likely to result in greater inconvenience when measured against someone who does not have the particular protected characteristic. This will result in discrimination.
	Either no negative impacts have been identified by the change or mitigations have provided suitable provision to ensure that people are not put at greater inconvenience to someone who does not have the protected characteristic.
	It has not been possible to eliminate all negative impact but TfL has assessed the risk of the negative impact and determined that the change needs to be made and/or the risks are low.
Mitigation communicated with staff	
Mitigation communicated with customers	
Ongoing monitoring and responses	Please set out how, when and by whom the impacts of the changes will be monitored.

Completed Example	Not yet available

Reference number	Abbreviation	Reference documents or abbreviation meaning
	D&I	TfL Diversity and inclusion team
	DAR	Dial-a-Ride
	DLR	Docklands Light Railway
	EA	Equality Act 2010
	EAL	mirates Air-line
	IDAG	Independent Disability Advisory Group
	LO	London Overground
	LRS	London river services
	LU	London Underground
	PCG	Protected Characteristic Group (As identified within the Equality Act)
	PSED	Public Sector Equality Duty (section 149 of the Equality Act)
	REqIA	Rapid Equality Impact Assessment
	SISG	Social Impact Steering Group
	TfL	Transport for London
	TPH	Taxi and private hire
	TVM	Ticket Vending Machine

[REDACTED]

From: Carter Howard <[REDACTED]>
Sent: 15 July 2021 20:11
To: andybyford
Cc: Heidi Alexander; andylord [REDACTED]; Powell Gareth; LilliMatson; Hayward Siwan (Director of CPOS); vernoneveritt [REDACTED]; Keane Kate; Ella.Tagg; Branks Kirsten; Clarke Andrea (Exc); McConochie Mark; [REDACTED]@tfl.gov.uk; [REDACTED] (Legal Support)
Subject: TfL Conditions of Carriage and Byelaws - Face Coverings post 19 July 2021- Memo to the Commissioner - Letter from the Covid Liability Committee
Attachments: TFL Notice to Cease and Desist.pdf

[REDACTED]

TfL RESTRICTED

From: Carter Howard
Sent: 15 July 2021 13:01
To: Byford Andy [REDACTED]
Cc: Heidi Alexander [REDACTED]; Lord Andy [REDACTED]; Powell Gareth [REDACTED]; Matson Lilli [REDACTED]; Hayward Siwan (Director of CPOS) [REDACTED]; Everitt Vernon [REDACTED]; Keane Kate [REDACTED]; Tagg Ella (ST) [REDACTED]; Branks Kirsten [REDACTED]; Clarke Andrea (Exc) [REDACTED]; McConochie Mark [REDACTED]; [REDACTED] (Legal Support) [REDACTED]
Subject: TfL Conditions of Carriage and Byelaws - Face Coverings post 19 July 2021- Memo to the Commissioner Andy

Please find attached a memo seeking your approval to retain the requirement under TfL's Conditions of Carriage for customers to wear face coverings on our network from 19 July 2021, when the national regulations end. The main changes from the draft you have already seen are at:

- 3.75 (text added to explain outcome of updated Equality Impact Assessment (EQIA);

- 4.3 (to mention taxi and private hire); and
- attaching the updated EQIA as Appendix 4.

There are four appendices to the Memo, which are attached.

Appendix 1: Memo dated June 2020 to the former Commissioner, concerning the introduction of face coverings last year

Appendix 2: Advice from the London COVID-19 Scientific and Technical Advisory Cell (STAC) on the public use of face masks in the context of Step 4 of the national roadmap

Appendix 3: TfL Risk Assessment

Appendix 4: Updated EQIA.

Please can you consider the note and attachments and confirm whether you agree with the recommendations and take the decisions requested.

Just let me know if you have any questions or require any further information before taking a decision.

Howard

TfL RESTRICTED

TfL RESTRICTED



To: Transport For London - Legal Department

15th July 2021

NOTICE TO CEASE AND DESIST

Dear Sirs

The Covid Liability Committee is a group of legally qualified persons and interested parties working in a pro bono capacity to notify and remind public and private bodies of their legal obligations and potential liabilities arising from their response to the Covid-19 pandemic, and to record evidence which may be used in future legal actions.

We write in response to the recent announcement that the Mayor of London Sadiq Khan intends to retain the requirement to wear facemasks throughout the Transport For London network.

It is quite clearly unlawful for any organisation, and particularly a public service, to impose such a policy for the reasons we shall set out below:

Facts and evidence concerning Covid-19 and facemasks

The facts concerning facemasks are as follows:

There is no clear medical consensus in favour of the efficacy of facemasks being worn in the community. At the start of the Covid pandemic, when the disease was feared to be a far greater threat than it transpired to be and when no one was vaccinated, medical agencies including the WHO, CDC, PHE, Drs Fauci, Whitty, Vallence, Harries, Van Tam etc. gave very clear advice against facemask use in the general population based upon years of studies on the subject.

Evidence from SAGE confirms that mask mandates were subsequently introduced last summer as an extremely misguided psychological reminder that there was a virus present and that people should be cautious. It was also purportedly to give confidence to those who were scared although this appears to have had quite the opposite effect.

A few laboratory studies suggest masks may be effective in stopping droplets, but Covid 19 is predominantly spread by aerosols and widescale real world studies over several decades do not find masks to be effective in preventing viral spread. It appears that many masks may in fact aerosolise droplets through the fabric, increasing transmissibility.

Studies of many comparable and proximate regions and countries that do and do not have widespread mask use show no meaningful statistical difference in infection and death rates from Covid-19 between different areas.

Even if masks were effective in reducing infection rates the threat of Covid-19 to the vast majority of people is no greater than that of flu and is, in fact, lower amongst the young. The overall infection fatality rate estimated in studies by Professor John Ioannidis and published by the WHO is only 0.15 - 0.2% worldwide. SARS-CoV-2 is not fundamentally different from numerous other respiratory pathogens that we have lived with throughout history.

The mortality rate for the first six months of 2021 is lower than the ten year average. The large majority of the UK 's population is now protected by vaccines or natural immunity. The recent increase in recorded "cases" has not been followed by a commensurate increase in hospital admissions showing that the vaccines are working and/or SARS-CoV-2 is becoming less virulent. Total all cause mortality for the first half of 2021 is lower than the ten year average.

Even if there were compelling evidence in favour of the efficacy of facemasks their use would be entirely unnecessary by this point in the pandemic.

Therefore, given that

- Covid-19 is a relatively low risk disease
- There is a lack of evidence for the effectiveness of masks
- There is substantial evidence of the harms they cause
- There is minimal evidence of significant viral spread on the transport network

requiring the public to wear masks is unnecessary, perverse, harmful and an infringement of the right to bodily autonomy.

The Equality Act 2010

The Equality Act protects people from discrimination on the basis of many criteria, including their philosophical and moral beliefs.

In defining what is or is not a philosophical belief the principles are set out in the case of *Grainger PLC & Others v Nicholson*.

This confirmed that such a belief must:

- Be genuinely held
- Be a belief and not an opinion or viewpoint dependent upon the present state of information available
- Concern a weighty and substantial aspect of human life and behaviour
- Have a certain level of cogency, seriousness, coherency, and importance
- Be worthy of respect in a democratic society, not be incompatible with human dignity, and not conflict with the fundamental rights of others

For a large number of people, the requirement to cover one's face in the absence of any compelling and proven reason to do so is fundamentally contrary to their deeply held moral beliefs which may arise from one or more of the following points:

Bodily Autonomy

The fundamental right to personal body autonomy and integrity is a well recognised belief which, we submit, many or most people would claim to agree with. If that belief is to be respected it means allowing individuals to choose what they wear or attach to their bodies, especially if such attachments affect their physical functions, health and dignity.

It is not an exaggeration to say that the requirement to wear a facemask constitutes psychological torture for some people.

It is frequently the poorest and most vulnerable in society who suffer most from wearing facemasks given their reliance on public transport, deference to authority and reticence in standing up for their rights.

Religion

Mask wearing is closely associated with satanism and other occult practices which are anathema to many religions. For many, but not all, adherents of those religions masks are abhorrent. Making people wear symbols contrary to their religious principles is a breach of their religious freedoms just as much as preventing them from wearing symbols of their own religion.

Politics

Mask wearing has become closely associated with political belief, both on party political lines but also on ideological principles and in particular the policies pursued in response to Covid 19. Mask wearing is closely associated with support for lockdowns and other highly politicised restrictions.

People on social media and elsewhere often advertise the fact that they wear a mask in order to express a set of political values or world view. A mask has become the epitome of a "virtue signal": It symbolises that the wearer wishes to be regarded as a "good" or "moral" person over and above the matter of whether the action undertaken or symbol worn is of any practical use or benefit whatsoever (or may indeed be harmful or counterproductive).

A mask has demonstrably become a symbol of collectivism which some people support but many people vehemently oppose.

It is not politically neutral. Wearing a mask is personally compromising for a large number of people in the same way that wearing a party political symbol would be.

Personal integrity

For people who know or believe that facemasks are of no meaningful medical value and are being used for purposes of psychological manipulation, collaborating in such a deception by wearing a mask is morally compromising for the wearer. They are, in effect, supporting a lie and spreading disinformation by being forced to pretend that there is any compelling scientific need to be wearing a mask in a public setting in response to Covid.

Wearing a mask is not "kind" to someone who fears Covid: It is enabling and prolonging hugely exaggerated fear which is causing immense psychological and societal harm. If someone has a genuine fear of someone else not wearing a mask then they are suffering from an irrational phobia. Such people should be helped to overcome such phobias. It is irresponsible to pander to and reinforce such fears.

Masks are a constant visual reminder of a "deadly" disease which, in reality, is deadly only for a tiny proportion of those who catch it, most of whom are only susceptible because of serious pre-existing comorbidities.

Constant fearmongering, supported by masks, has increased fear of Covid out of all proportion with all other potential causes of death.

Human Dignity

Historically mask wearing has been and is closely associated with:

- Silencing, subjugation and humiliation
- Slavery and imprisonment
- The muzzling of animals
- Sexual perversion, hence the frequent use of masks in BDSM practices

A great many people feel humiliated and degraded by having to wear a mask.

Requiring someone to unnecessarily wear an invasive piece of quasi-medical equipment against their will is quite clearly a breach of medical and bodily autonomy.

European Convention on Human Rights

For the reasons set out above, the mandate also clearly contravenes many of the articles of the ECHR, in particular:

Article 3: *Which includes the prohibition of inhuman and degrading treatment*
Article 8: Right to respect for private and family life
Article 9: Freedom of thought, conscience and religion
Article 10: Freedom of expression

Physical and psychological injury

There are many physical dangers to wear masks, many of which were warned of at the start of the pandemic when the public were advised not to wear masks:

- Mask wearing can significantly raise respiratory CO2 levels
- Poor quality masks have been found to contain particulates and chemicals which may be harmful
- Masks can cause facial abrasions and skin complaints
- Masks obscure lower peripheral vision making trips and falls more likely
- Masks can also cause disorientation

The psychological harms are even more significant as they can result in

- Exaggerated and prolonged irrational fear of Covid
- Low mood and depression
- Increased suggestibility
- Loss of self respect and agency

Have extensive and sufficient risk assessments been conducted for the significant and wide ranging harms caused by enforced mask use?

By forcing customers and staff to wear masks you are exposing yourselves to employers' and public liability claims for physical and psychological injuries caused.

The announcement that facemasks will continue to be compulsory has already caused many people who struggle to wear them or who are morally opposed significant distress.

Public service

The transport system is not a private business that is free to do as it pleases. It is operating under a charter to provide a service to the whole of the public.

It is blatantly obvious from the way this policy has been announced that politics plays a very significant part in it. Your organisation is demonstrably compromising people's human rights, bodily integrity, health and wellbeing for political purposes.

Summary

For the above reasons and many others it is, in the absence of any clear and compelling scientific or medical evidence that their use is necessary, beneficial or proportionate, entirely unlawful that you should require the wearing of masks as a condition for using your public service.

It is not sufficient to merely allow limited exemptions to the facemask requirement as these will inevitably not cover everyone whose principles and personal integrity will be violated by such measures. Neither would it be lawful to question or harass customers over their exemptions. Many people over the last year have been too afraid to exercise their legitimate exemptions provided under the national government's mask mandates for fear of confrontation and harassment.

We require that you urgently review and withdraw these unlawful and discriminatory proposals.

We will provide appropriate assistance to parties bringing inevitable legal actions against you should these measures be imposed.

Yours faithfully

Chair of the Covid Liability Committee

[REDACTED]

From: Byford Andy [REDACTED]
Sent: 15 July 2021 22:58
To: Carter Howard
Cc: Heidi Alexander; [REDACTED] Powell Gareth; LilliMatson; Hayward Siwan (Director of CPOS); v [REDACTED]@tfl.gov.uk; Keane Kate; Ella.Tagg; Branks Kirsten; Clarke Andrea (Exc); McConochie Mark; [REDACTED] (Legal Support)
Subject: Re: TfL Conditions of Carriage and Byelaws - Face Coverings post 19 July 2021- Memo to the Commissioner - Letter from the Covid Liability Committee

Hi Howard

I have reviewed your memo and the appendices pertaining to retention of the requirement for face masks on TfL services, post July 19.

I have further read the letter that subsequently came in on the same subject - and your advice as it pertains to this matter for taxi and private hire services regulated by TfL.

Having considered the evidence and the arguments, I am satisfied that such retention of a requirement to wear masks under TfL's Conditions of Carriage is warranted and reasonable and as such my decision is to PROCEED in accordance with your advice.

Please make the necessary arrangements.

Thanks

Andy

Andy Byford
Commissioner, Transport for London

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From: Carter Howard [REDACTED] >
Sent: Thursday, July 15, 2021 8:11:27 PM
To: Byford Andy [REDACTED]
Cc: Heidi Alexander [REDACTED]; Lord Andy [REDACTED]; Powell Gareth [REDACTED]; Matson Lilli [REDACTED]; Hayward Siwan (Director of CPOS) [REDACTED]; Everitt Vernon [REDACTED]; Keane Kate [REDACTED]; Tagg Ella (ST) [REDACTED]; Branks Kirsten [REDACTED]; Clarke Andrea (Exc) [REDACTED]; McConochie Mark [REDACTED]; [REDACTED]
[REDACTED]

Subject: TfL Conditions of Carriage and Byelaws - Face Coverings post 19 July 2021- Memo to the Commissioner - Letter from the Covid Liability Committee

Andy

[REDACTED]

[REDACTED]

Howard

TfL RESTRICTED

To:	GLA Gold Cell
From:	[REDACTED] - GLA Health Team; Alex Conway - Economic Development and European Programmes; Tim Steer - GLA Transport, Infrastructure and Digital Connectivity Team and [REDACTED], TFL.
Subject:	Face covering use in London - key impacts and policy considerations
Date:	7 July 2021

Face covering use in London - key impacts and policy considerations

Purpose of this note

To inform GLA Gold Cell's position on face coverings on public transport and other indoor settings such as shops ahead of Step 4 July 19th, following the announcement on 5th July that Government intends to end the legal requirement to wear face coverings across all settings after Step 4.

The note includes:

- Options for the GLA
- Key questions for discussion

Summary of key issues

Health and inequalities

- **From a health perspective**, particularly considering the impact on vulnerable groups in settings that they have no option to be in, **continued widespread wearing of face coverings would be positive**, especially with the current spread of the delta variant, which we know to be highly transmissible and the current epidemic phase in London.
- The Government's Social Distancing review¹ highlights that **face coverings are an effective, low-cost intervention** which is a visible signal of the need for vigilance with high compliance to date and that appropriate exemptions are in place, and their continued use has been recommended by SAGE.² This is also the London STAC position (currently being updated).
- **Higher rates of use are likely to slow growth of COVID-19 cases** more than lower usage (which are likely without their use being mandatory). This protects vulnerable individuals to a greater extent, reduces the number of Londoners at risk from long COVID, and reduces the potential for new (& vaccine-escape) variants to evolve, with minimal adverse impact.
- **Vaccination coverage is currently insufficient** – in London to a greater extent than nationally - and unequally spread. Up to 5 July 2021, approximately 1.6m adults in London have not yet received their first dose and approximately 3.3m adults have not yet received their second dose (current 18+ coverage is 77.6% for first doses and 52.0% for second doses).

¹ HM Government. Social Distancing Review: Report. July 2021

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999413/Social-Distancing-Review-Report.pdf

² SAGE: Considerations in implementing longer-term baseline NPIs

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992738/S1216_Considerations_in_implementing_longerterm_baseline_NPIs.pdf

- **Vaccines are not 100% effective. And not everyone can benefit from one.** Some Londoners cannot benefit from vaccination either because it is contraindicated for them, or because they are unable to mount a strong immune response (e.g. due to a compromised immune system, blood cancers or advanced age). There is therefore a potentially significant benefit to people with health and disability-related vulnerabilities, particularly in spaces where they have no choice but to be in close proximity with others. Others will not benefit from the protection of vaccination due to hesitancy or barriers to access.

Polling

- **A majority of the public across London and England support** a continued requirement for the use of face coverings in public transport and shops.
- [Polling](#) conducted by the GLA on 5 July 2021 indicates that a high proportion of Londoners support continued use: [68% of Londoners](#) say face masks should continue to be mandatory on public transport and [60%](#) support a continued requirement in shops for a further period of time, and belief in this rises with age. [61%](#) of Londoners (and 70% of British adults) say they would feel less safe if they were in a crowded or un-ventilated place and people were not wearing face masks.

Economy and environment

- Impact on return to high street and workplaces and economic recovery is [likely to be strengthened](#) by higher use of face coverings and **improved confidence** in the safety of public transport options. In the US state-level mask mandates have been found to be associated with [more time spent in commercial settings and restaurants](#).
- A reduction in use of face coverings could have adverse impacts for a green and fair recovery and the need to avoid a car-led recovery and ensure that people feel safe to use public transport.

International perspective

- Other European countries (including France, Spain, Italy, Portugal, Poland) and global cities/states (including Melbourne, Sydney, Ontario) with similar vaccination rates are **continuing with mandatory face coverings** in indoor public settings and on public transport, in many cases despite much lower daily case rates.
- **Israel reintroduced face coverings indoors** on June 25th, having lifted the requirement in mid-June, due to rising case rates (despite higher vaccination rates than the UK).
- The **US CDC has issued a Face Mask Order requiring them to be worn on public transport and in transportation hubs such as airports and stations**; the CDC also advises their use when in public settings and when around people from another household.
- See further details in appendix B.

Policy context and other levers

At national level, the Coronavirus Act's main provisions expire after two years, on 24 March 2022, unless extended, with review every two months. Government plans to end the legal requirement to wear face coverings across a [wide range of settings](#) on July 19th 2021, although guidance would still encourage their use on a voluntary basis in a range of context (details TBC).

The Mayor's position with regard to their use on public transport, as previously, is that face coverings have an important role to play both in giving Londoners confidence to travel on public transport, which will be crucial in our economic recovery, and as a tool to protect each other during the pandemic.

The Mayor has argued that 'the simplest and safest option would have been for government to retain the requirement for face coverings on public transport as many millions of Londoners use both national and TfL rail services to complete their journeys each day, and any divergence of rules across different modes of transport would be complex as well as confusing for passengers.

TfL will continue discussions with the Department for Transport, Trade Union colleagues and other transport operators over the next week to work collaboratively and consider next steps.'

More generally, GLA's current position is to recommend their use whenever you are in a busy, crowded place.

Overview of levers at London level

- TfL byelaw notices, conditions of carriage and amending Byelaws (see: Option 4 below).
- TfL and GLA communications
- Directions from Local Authority Directors of Public Health
- Leading by example

Possible options for GLA/TfL

1. **Continue to lobby for change in national policy position**, alongside other Metro Mayors and relevant businesses, so that face coverings remain mandatory in a range of indoor settings.
2. **Lobby for the existing requirements on face coverings and social distancing to be extended to late September.** (This is to allow time for all adults to have received their second vaccine dose and to be better informed on the data on the pandemic post-19 July).
3. **All train operating companies and major cities to take a consistent position requiring their use on public transport networks** (potentially alongside major supermarket chains); several [airlines](#) have already done so. There is already a growing consensus at the Rail Delivery Group on this. (The TfL network includes the Tube, buses, London Overground, Docklands Light Railway (DLR), TfL Rail, London Trams, river services, taxis and private hire vehicles, and Victoria Coach Station)
4. **TfL are currently considering options to mandate face coverings on the TfL Network.** They are:
 - issuing Byelaw Notices requiring non-exempt passengers to wear face coverings. While Byelaw Notices would allow fines to be imposed (on criminal conviction) for non-compliance, Byelaw Notices cannot be issued to apply to all of the TfL public transport network. They do not apply to buses, bus stations, the Emirates Air Line, Dial-a-Ride, or River Bus piers. The BTP, Police and Trade Unions would need to be supportive for

effective enforcement of the Byelaw Notices. Further consideration would need to be given to legal powers.

- retaining amendments to TfL's conditions of carriage to continue to require passengers to wear face coverings on the whole TfL network.
Passengers cannot be fined or prosecuted for breaching TfL's conditions of carriage, but can be refused entry to and asked to leave TfL services and facilities for non-compliance. It may however be difficult to ensure consistency in the use of this, and could leave staff vulnerable to confrontation. Further difficulties relate to operational concerns about people changing from national to London services etc. TfL is in close touch with the DfT on these considerations.
- seeking a change to relevant TfL Byelaws themselves (as opposed to issuing notices under existing byelaws) to require face coverings to be worn. This could not apply to travel on the buses. An amendment to the Byelaws would require Ministerial consent, and a minimum of 28 days prior consultation. In reality, the process is likely to take longer than 3 months.

5. If TfL does not mandate face coverings on the TfL Network (option 4 above), **TfL are considering strongly encouraging the voluntary wearing of face coverings for customers on the TfL network.** This could include a strong promotional campaign on face covering use by customers and staff (face covering use optional but advised), emphasising the value of face coverings to protect both others around you and yourself and the importance of wearing one even if double vaccinated. Communications should also include wider actions people can take such as self-isolating and getting tested if they have symptoms, handwashing, getting vaccinated as soon as possible.

Key questions:

- Do we think there is any prospect of national govt shifting their position on masks? How do we most effectively advocate (including with other metro mayors/TOCs)?
- If national govt do not shift their position, should London consider mandating on transport? How would we work with other TOCs to achieve consistency? What would be the implications (political and practical) for TfL?
- If London cannot/does not mandate, how would we most effectively encourage people to continue mask wearing?
- What further evidence do we need to support positions on any/all of the above?

Appendix A: Key issues & risks

1. Health and wellbeing

- Face coverings are an effective intervention to reduce viral transmission.^{3,4,5} They protect people around the wearer, effectively reducing the emission of respiratory particles from an individual. They may also provide a small amount of protection to an uninfected wearer. SAGE evidence states that face coverings are likely to be most effective in reducing transmission indoors where social distancing is not feasible.⁶ See below a figure taken from the [Social Distancing Review](#) illustrating representative behaviour of different sizes of respiratory particles and the influence of face coverings on this.

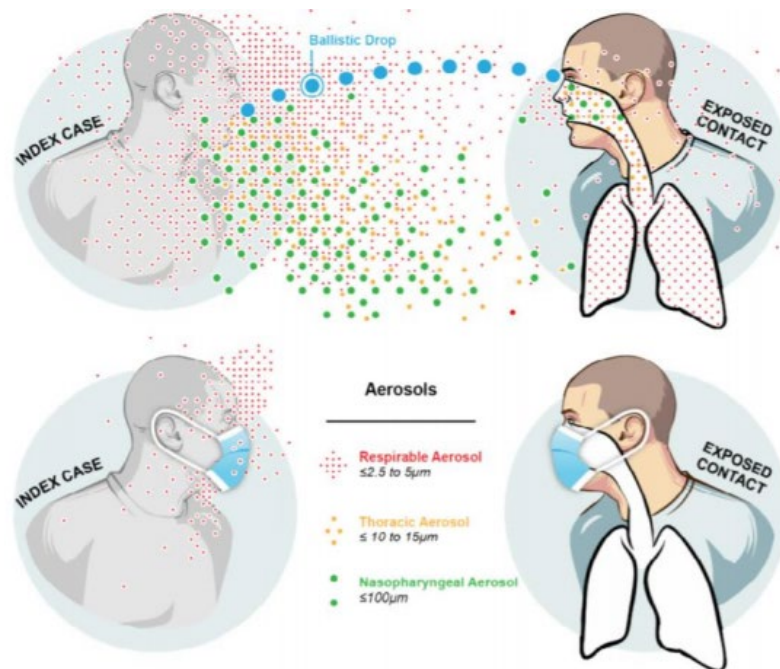


Figure source: SAGE-EMG (January 2020); reproduced from Milton 2020 - Application of physical distancing and fabric face coverings in mitigating the B117 variant SARS-CoV-2 virus in public, workplace and community settings

- Removing mandatory requirements for the wearing of face coverings would be expected to reduce the overall proportion of people who wear them in the contexts to which requirements apply; estimates for the US based on [analysis by Goldman Sachs](#) estimate that a mask mandate would lead to approximately 25% higher rates of use in States without one. Whilst the UK context is different this likely provides a reasonable estimate for the potential drop in usage in settings where they are no longer mandatory.
- This is likely to lead to a more rapid increase in cases, with both health and economic impacts – the above analysis suggests that face covering mandates have been associated with a 1% reduction in the rate of growth of cases per day in the US (from 1.6% to 0.6%), as

³ HM Government Social Distancing Review: Report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999413/Social-Distancing-Review-Report.pdf

⁴ World Health Organisation (December 2020) - Mask use in the context of COVID-19

⁵ Perski O, Simons D, West R, Michie S. Face masks to prevent community transmission of viral respiratory infections: A rapid evidence review using Bayesian analysis. Qeios. 2020 May 1.

⁶ SAGE EMG paper (January 2021) - EMG paper on material face coverings

locations with mandates have much higher use rates than those where they are optional. Over a single month this translates to approximately a 35% difference in total daily cases.

- Vaccines are not 100% effective so other lines of defence are important to protect vulnerable individuals. The World Health Organization [recommends](#) that even double-vaccinated individuals continue to wear face masks, particularly in view of concerns around the Delta variant.
- High case rates also increase the potential for vaccine escape variants, and a lack of low-level interventions such as face coverings would enable variants (vaccine escape variants and imported variants) to spread more rapidly (including before their community spread is recognised).
- Many adults have not yet been invited or had the opportunity to have a second jab, and the highest numbers still unvaccinated are in deprived areas and low-income and BAME groups.
- Vaccine eligibility was only extended to all adults aged 18 and over from Friday 18 June 2021. Those aged 18 + years who were able to receive their first dose by 28 June are not eligible to have their second dose until w/c 23 August and therefore would not be expected to develop protection from second dose until w/c 6 September at the earliest.
- Protection and reassurance for TfL staff. The [UCL review into the deaths of London bus drivers from COVID-19](#) which occurred from March to May 2020, reported a three-fold excess in age-standardised mortality in London bus drivers, compared to the population of the country as a whole. The mandate for passengers to wear face coverings provides additional protection and reassurance for TfL staff and continued use of face coverings is supported by TfL staff. There is likely to be a very strong demand from union representatives on the continued use of face coverings and for social distancing to be observed. TfL are beginning consultations with union representatives on the possible options this week and no final position has been agreed at this stage.

2. *Inequalities*

- As outlined above, not everyone aged 18 and over has yet been given a chance to have two doses (and this will be the case until at least late August); some cannot mount a strong response to vaccines (e.g. due to advanced age, blood cancers or immunosuppressive therapies); and others are hesitant to take vaccines, with a risk of widening socioeconomic and ethnicity-related inequalities. Since London's population is younger, more mobile and highly diverse, rates of both first and second dose vaccination are lower than many other parts of the country, meaning that a higher proportion remain susceptible (currently, only 52% of over 18s have had two doses).
- Some clinically extremely vulnerable (CEV) and disabled individuals - and particularly those who may be unable to mount a strong immune response or who are allergic to the vaccine - are likely to [feel less comfortable](#) to use public transport or enter shops without widespread face covering use. Levels of concern amongst CEV individuals more broadly remain high despite high levels of vaccine uptake; for example after Government shielding guidance was paused in April, [45% reported continuing to shield](#) as of late May 2021.
- These risks, both actual and perceived, may result in these groups potentially avoiding public transport and facing increased barriers to accessing essential services, employment, social contact, leisure etc, and/or facing greater risks if they do use public transport.
- For example, [Blood Cancer UK highlight](#) that many people with blood cancer will be worried about whether lifting restrictions is sensible at this time. They state that the reason many people in this group have felt able to start to get back to normal - for example through

shopping, or meeting friends outdoors - is that people around them have been keeping their distance and wearing face masks. They add, *“If people aren’t doing these after the rules are lifted, then July 19 won’t be freedom day for some people with blood cancer in England. It will be the day that it feels like freedoms are being taken away from them.”*

- [Scope](#) note that alongside concerns about the effect on those most at risk, some groups of disabled people may benefit in certain contexts (particularly where communication is important); for example, fewer people wearing face coverings will make lip-reading easier.
- Likely to increase the impact of COVID on low-income frontline workers, particularly in younger age groups or with clinical vulnerabilities.
- Potentially further widening disproportionate impacts of COVID-19, given uneven vaccine uptake (and higher case rates at baseline) in low-income communities with a high proportion of BAME individuals. This significant risk is noted in the Government’s [social distancing review](#) as follows:

“48. The pandemic has had a disproportionate impact on a number of groups, with higher rates of serious infection and mortality among some ethnic minorities, older people, those with certain pre-existing health conditions, some disabled groups, and those living in deprived areas. In particular, ethnic minority and deprived communities have the lowest levels of vaccine uptake. This could compound existing inequalities as measures are relaxed.

49. Lifting of measures that limit transmission, such as social distancing, working from home guidance, and face coverings, may lead to an increase in transmission, which in turn could disproportionately impact these same groups further.”

3. Consumer confidence and economy

- Consumer confidence - will affect travel patterns and people’s willingness to travel into central London, with impacts for its recovery. [Polling](#) conducted on 5 July 2021 indicates that a high proportion of Londoners support continued use: [68% of Londoners](#) say face masks should continue to be mandatory on public transport and [60%](#) support a continued requirement in shops for a further period of time, and belief in this rises with age. [61%](#) of Londoners (and 70% of British adults) say they would feel less safe if they were in a crowded or un-ventilated place and people were not wearing face masks.
- [Published evidence from the US](#) indicates that people in locations with mandatory face covering requirements spent 11–24 fewer minutes at home per day on average and made more visits to some commercial locations—most notably restaurants.
- Face covering requirements may how comfortable some people are to return to the workplace, with impacts for employers as well as secondary impacts on hospitality businesses.
- Additional impacts from long COVID on London’s economy and social care burden resulting from increased transmission – potentially around 1/3 of those who contract COVID affected by symptoms for more than 12 weeks ([ONS figures – experimental data](#)), and over 2 million adults with persistent symptoms in total already in England ([REACT-2](#)).

4. Green recovery & Building Back Better

- Increasing public transport use within the COVID recovery is a key plank in London’s Green New Deal recovery mission and Net Zero ambitions.

- A loss of public confidence in the safety of public transport may risk driving a car-led recovery and undermine London's ambitions on climate change and air pollution, with wider health and indirect inequalities impacts.

5. Practical considerations

- The burden for TfL and supermarkets of promoting face coverings is likely to be much higher without any legal framework requiring them;
- It may be much more difficult for staff to intervene and may increase their risks of abuse.

Appendix B

International comparisons of the use of face coverings

Overview:

- Whilst face mask mandates may have been softened around the world, there has been a clear trend for the continued use of face masks on public transport in many countries, as well as the continued use of masks in settings where social distancing is not possible.
- There may be the appearance of countries in Europe ‘dropping’ their mask mandates but this is largely because many of their mask mandates were greater than England’s to begin with (e.g. in France and Spain there was the mandatory wearing of face masks in outdoor settings).
- It is therefore the case that, as the international community ‘eases’ their mask mandates, England’s face mask policy is only now becoming more in line with European countries in particular.
- To note – the WHO are urging even fully vaccinated people to continue to wear face masks, especially given concerns around the Delta variant. More [here](#).

Examples:

- In **France**, the government announced that it would be ending its night-time curfew and mandatory face mask rule when outdoors for most of the country from 20 June. However, there were several exceptions to this easing, such as face masks continuing to be mandatory when outdoors on public transport, in stadiums and in crowded places. It is still mandatory to wear masks in most public indoor settings and on public transport. More [here](#).
- In **Spain**, the use of face masks in outdoor spaces was no longer mandatory from 26 June onwards, provided that people maintain 1.5m distance from one another. Masks continue to be mandatory in indoor settings, such as shops, restaurants, and on public transport. More [here](#).
- In **Italy**, most outdoor mask mandates across the country ended on 28 June for all outdoor settings. However, mask mandates remain on public transport and for indoor settings. More [here](#).
- In **Portugal**, you must wear a face mask in all enclosed spaces – such as public transport - as well as outdoors where it is not possible to maintain a 2m social distance from people outside your family group. These measures apply to everyone over the age of 10 on mainland Portugal and in the Azores, and over the age of 5 in Madeira and Porto Santo. More [here](#).
- In **Poland**, facemasks are compulsory in enclosed spaces, on public transport, in taxis or in an open space where you are unable to maintain a 1.5 metre distance. More [here](#).
- In the **US**, mask mandates are generally coming down following [advice from the CDC](#) on 13 May that people who are fully vaccinated can safely forego masks in most public settings. However, whilst the CDC recommends that face masks are not required by those who are fully vaccinated whilst outdoors at transportation hubs or in outside areas of transportation conveyances, “*the travel environment presents a unique set of circumstances based on the number and close interaction of travellers (both vaccinated and unvaccinated).*” Masks are therefore still required

on planes, buses, trains, and other forms of public transportation travelling into, within or out of the US. More [here](#) and [here](#).

- States across the US have adopted their own rules on the continuation of mask wearing. For example, California and New York have now [lifted most of their COVID-19 restrictions](#), yet elements of their mask mandates remain:
 - In **California**, fully vaccinated people do not need to wear masks except in certain settings where masks are required by everyone. The exceptions include public transport, healthcare settings, some indoor school settings, correctional facilities and detention centres, and homeless shelters. Unvaccinated people must still wear masks in indoor public settings, such as in hospitality and retail settings. **Los Angeles County** recently strengthened their face mask policy, stating that they strongly recommended everyone wear face masks in indoor settings regardless of vaccination status. More [here](#) and [here](#).
 - In **New York**, fully vaccinated people do not need to wear a mask in most settings, whether outdoors or indoors. However they must still wear a mask when travelling by bus, plane or train, and when they are in certain settings, such as hospitals, schools, or businesses which still require them. **NYC's** transport authority – the MTA – has had to remind New Yorkers that mask mandates still apply on their network. More [here](#) and [here](#).
- In **Ontario, Canada** - the most populated province in Canada - face masks must be worn in public spaces, workplaces and 'vehicles that operate as part of a business or organisation, including taxis and rideshares'. Ontario's reopening plan – which contains three steps – does not detail when compulsory mask wearing will end. More [here](#).
- All of **New Zealand** is currently in Alert Level 1 – the government's lowest alert level which is defined as there still being 'a risk of COVID-19 returning to the community'. Even at this level, you must still legally wear a face covering when on public transport and on domestic flights. It is also strongly encouraged that people wear a face covering when travelling by taxi or ride-shares, whilst it is recommended to wear one when it is not possible to maintain a physical distance with others. More [here](#).
- In **Australia**, mask mandates are dictated by individual states. In **Victoria**, which includes **Melbourne**, where there are currently no restrictions on reasons to leave your home, face masks must be carried at all times and worn indoors for anyone aged 12 and over. Face masks are also strongly recommended in outdoor settings where physical distancing of 1.5m is not possible. In **New South Wales**, which includes **Sydney**, you must wear a face mask when using public transport, such as hire vehicles, taxis or rideshare services, and also when waiting for public transport (e.g. bus stop or train station). You must also wear a mask when in an indoor area of a non-residential premise (e.g. shops; workplace; gym classes). More [here](#) and [here](#).
- **South Korea** was due to ease some restrictions recently but has delayed doing so because of a rise in cases. As a result, the KCDC has said that face masks will continue to be required in all indoor and outdoor public places, contrary to its original statement that vaccinated people could go mask-free in parks or other outdoor recreational areas. More [here](#).