

COVID-19: Universal Masking in Hospitals



The SARS-Cov-2 pandemic has all healthcare institutions scrambling for protocols to prevent virus transmission. The name of the game is to protect both patients and healthcare providers from the virus. However, every hospital has its protocol with respect to precautionary measures that have been undertaken to prevent transmission. While some hospitals advocate universal masking, other institutions are more selective and only encourage high-risk physicians and care providers to wear a mask.

In Hongkong, Singapore, and other Asian countries, hospitals have already adopted universal masking but in other countries, only a few select hospitals are doing the same. The reason for this ambivalence in [universal masking](#) is because it is still unclear if masking is helpful against the transmission of the virus.

There have been several publications that suggest that wearing a mask outside a healthcare facility offers little protection against airborne infections. Public health officials have arbitrarily defined that significant exposure to COVID-19 can occur if there is face to face contact within 6 feet, especially if one of the individuals is symptomatic. However, there are also data showing that COVID-19 is airborne and can also sustain itself anywhere from 2-30 minutes in the environment. All these make masking a logical solution. However, it is important to remember that the probability of acquiring COVID-19 from a passing interaction in a public place is very low. The recommendation to use masks while in a public place is mostly a precautionary measure and a way to prevent others from getting infected from a person if they have COVID-19.

While masking may not be the ultimate protection for the general public, it is not a bad strategy to be adopted in healthcare facilities. The mask is a vital component of the personal protective equipment that clinicians need to wear while caring for symptomatic patients with respiratory tract infections. But a mask alone is not sufficient. Healthcare workers must also use eye protection, gloves, and gown. While PPE is already a routine component in many hospitals, what is not clear is if the mask offers any additional protection in healthcare settings, especially when the caregiver has no direct interaction with symptomatic patients.

There are two scenarios in which a mask may offer benefits. The first is during the care of a patient with suspected or unrecognised COVID-19. Wearing a mask alone will only slightly lower the risk since it does not provide any protection from droplets that can enter via the eyes or from contact with a fomite. Another scenario is that the use of a mask may help decrease the risk of transmission from an asymptomatic or minimally symptomatic healthcare provider with COVID-19 to other patients or providers. This has become an issue of concern recently as the number of COVID-19 cases continue to grow.

Overall, it is safe to conclude that masking alone is not the answer to prevent transmission of COVID-19 within hospitals and healthcare facilities. It must be combined with other preventive measures like hand washing, eye protection, gown, and gloves. But, masks act as a visible reminder that a dangerous infection is out there and that precautionary measures such as physical distancing, proper hygiene and masking are there to help as well as remind people that it is important to be vigilant and to practice self-discipline.

Source: [NEJM](#)

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