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## **Face Masks - Let Us Not Forget the Patients**

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Dear Editor,

The Covid-19 pandemic is challenging both communities and healthcare systems. There is overwhelming scientific support for physical distancing, face masks, eye protection and hand washing <sup>1</sup>. Across the globe, healthcare workers are increasingly wearing masks and respirators at work, with proven benefit <sup>2</sup>. Face masks are almost universally required in most environments.

While great attention has been paid to reducing risk for communities and health care workers, we wondered how patients themselves, admitted to acute hospital wards, fared when it came to use of face masks. Are they escaping rigorous protective measures and, in turn, potentially acting as a source of transmission within hospitals? The patient and the environment around a patient put healthcare workers at risk of contracting and spreading infectious disease <sup>3</sup>. A study published in JAMA demonstrated a significant decline in SARS-CoV-2 infections among community health workers after the addition of face shields to their personal protective equipment <sup>4</sup>.

To probe the question of admitted patients and face mask usage we undertook a snapshot, prospective, ethically approved evaluation of a single surgeon's admissions, over a one- week period, to evaluate the use of face masks in admitted patients. The study, at Letterkenny University Hospital from October 11<sup>th</sup> to 18<sup>th</sup> 2020 with a single on-call surgeon, evaluated all general surgical admissions. There were 37 admitted general surgical patients, 17/37 (45.9%) underwent emergency surgery, 56% male, median age 44 years (range 2-92) and 8/37 (21.6%) were paediatric patients. Six were not suitable for face mask application, as three were on non-invasive oxygen masks and three were non-compliant due to confusion. Fifteen out of thirty-seven (40.5%) wore masks, of which 66% were surgical masks and 34% cloth face coverings. Improper mask use, not covering either mouth or nose, was noted in 3/15 (20%). All patients had been subjected to screening with Covid-19 antigen testing and one Covid-19 positive patient was not wearing a face mask during their interactions with the hospital staff. An introduction of face shields into the inpatient setting may be of potential benefit for patients and hospital staff who interact with them <sup>4</sup>.

This short report identifies the need for stricter precautions for admitted patients who potentially could be either recipients or sources of Covid-19. Patients should be universally required to wear masks or potentially face shields in those with mitigating factors preventing mask application.

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