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Ask to Mask: Varying Compliance With COVID-19 Guidelines Within Hospitals

A. Habib¹, A. Ishtiaq¹, T. Deane⁵, S. Gollapalli², F. Malik², M. Raza Khan³, I. Callanan⁴, P. Mallon^{1, 5}, E. Feeney^{1, 5}, S. Wagas^{1, 5}

- 1. Department of Infectious Diseases, St. Vincent's University Hospital Dublin, Ireland.
- 2. Department of Nephrology, St. Vincent's University Hospital Dublin, Ireland.
- 3. Department of Oncology, St. Vincent's University Hospital Dublin, Ireland.
- 4. Department of Clinical Audit, St. Vincent's University Hospital Dublin, Ireland.
- 5. University College Dublin; Dublin, Republic of Ireland.

Face masks and social distancing were novel concepts at the onset of COVID-19 pandemic both for general public and for those Health care Workers (HCWs) who don't wear masks frequently. Adopting these measures along with other non-pharmacological interventions (NPI) in a limited time was thus difficult for HCWs.¹ This could be one of the contributors to the fact that till the availability of COVID-19 vaccinations, 22,484 HCWs had contracted COVID-19 in Ireland as of late January, 2021 and 12 (0.05%) had succumbed to this disease in the country at that time.¹

Multiple audits were undertaken at our institute looking at the adherence of HCWs with the rapidly changing COVID-19 local and international prevention guidelines at the start of pandemic and subsequently at two further time intervals.² The first audit was carried out between April-May 2020 observing 175 HCWs, second between July-August 2020 with 200 HCWs observed and the third audit was completed during December 2020-January 2021, with a cohort of 131 HCWs observed respectively.

In the first audit 31.4% HCWs (n=55) were compliant with the physical distancing guidelines and 14% (n=12) were compliant with face mask guidelines. Results of the first audit were shared with all hospital staff via internal email system and as a virtual presentation. Multiple interventions were undertaken such as signage placement in the form of "Stay Safe" posters, "All Visiting Suspended" posters and floor signage (2-meter distancing, stand here, please wait in line, Arrows for directional flow). Seat banners were installed emphasising appropriate distancing. Canteen seating restrictions were (2/3 per table for max period messaging placed on tables) communicated and upheld each day. Screens were installed at 23 locations in hospital with high patient footfall reception areas. Seating in HCWs common rooms were modified with seat banners put in place, soft furnishings removed and replaced with clean down chairs and social distancing posters were placed accordingly.

A second audit was carried out after these interventions, which demonstrated that the compliance with physical distancing recommendation improved from 31.4% (n=55) to 55% (n=110) and compliance with face masks improved from 14% (n=12) to 52% (n=29) amongst the HCWs observed. The third audit showed that compliance with physical distancing dropped again from 55% (n=110) to 34% (n=44) while the compliance with face mask guidelines improved since the second audit from 52% (n=29) to 74% (n=45).

HCWs with COVID-19 have the potential to transmit infection not only to other HCWs but to the patients as well.³ Availability of COVID-19 vaccination is certainly helping to prevent the transmission but the evolution of COVID-19 variants having higher infectivity and potential to cause breakthrough infections amongst vaccinated individuals is concerning.⁴

The results of these audits indicate that ongoing education and reminders to follow the NPIs in addition to face masks will be needed to prevent future outbreaks amongst HCWs as the pandemic continues and variants with higher infectivity continue to emerge.

Corresponding Author:

Dr Aimen Habib Medical SHO, St. Vincent's University Hospital Dublin, Ireland.

E-Mail: doc.ahabib@gmail.com

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