

# Wearing Masks in a Pediatric Hospital

## Developing Practical Guidelines

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During the outbreak of Severe Acute Respiratory Syndrome (SARS) in the spring of 2003, strict infection control measures were implemented in Toronto and surrounding hospitals. These measures included extreme restrictions on those who would normally accompany patients to the hospital, screening for SARS, and protective attire for hospital staff, including masks, face shields, goggles, gloves and gowns.

At Toronto's Hospital for Sick Children (HSC), patients could only be accompanied or visited by one person, often only in patients' rooms. For the first four weeks, patients and their designated parent had to wear masks in almost all areas of the hospital. Staff wore masks (and other appropriate protective clothing) whenever in contact with patients and in many patient care areas. Although these barriers were an important part of containing SARS, their use created significant challenges for patients and staff. This article focusses on the use of infection control masks in routine pediatric healthcare and the tools developed by HSC staff to reduce the negative psychosocial impact on children and families.

### Overview

A literature review shows that there has been very little research on the psychosocial impact of wearing masks while working with children and families in a medical setting. A recent study by Maunder et al. examines the psychological and occupational impact of SARS.<sup>4</sup> Most of the available research focusses on AIDS-related work, dental issues, or a combination of both.<sup>1-7</sup> Each of these studies suggests further inquiry into the psychosocial effects of masks on children and families.

Based on our professional experiences and on the research in this area, The Hospital for Sick Children recommended significant preparation for children prior to interactions with masked staff in the hospital. We displayed posters and information sheets that explained the benefits of wearing masks. Among staff, there was a heightened awareness of the need for increased attention to verbal and nonverbal cues in communication with children while we were all masked.

Imagine the impact of a hospital filled with "faceless" people on a young child. Who is smiling? Who is frowning? How do I recognize my doctor? How does my nurse recognize me? Why is everyone so scared of me and my germs? The psychosocial impact of wearing masks is of particular interest and concern to those of us who must maintain meaningful connections with children and families in stressful situations.

When wearing masks, goggles and/or face shields, non-verbal communication is impaired. Subtle facial cues are absent or can be misread and lip-reading is impossible. This is particularly significant for people for whom English is a second language and for those

who are hearing impaired. For children and adults who have been physically and/or sexually traumatized, masks may be experienced as especially threatening.

### One response

At Toronto's Hospital for Sick Children (HSC), staff wore N95 masks, which provided an excellent level of protection but were uncomfortable, hot and stifling. Other than patients at high risk who also wore N95 masks, most patients and families wore surgical masks that provided limited protection but were more comfortable. Some HSC staff members were concerned that therapeutic relationships were challenged by miscommunications and perceptions of inequality based upon the types of masks worn by staff and by families.

In order to support patients, families and staff at this difficult time, the Division of Adolescent Medicine and the Departments of Social Work and Child Life developed "Tip Sheets" for parents and staff. A draft was circulated to a working group via e-mail, which was quickly refined and submitted to hospital management. The finished tip sheets were posted on the hospital website within 24 hours and circulated by cascading e-mail throughout the hospital (one of a few such tools posted on the HSC Website [www.sickkids.ca](http://www.sickkids.ca) at this time). (See Appendices 1 and 2)

### Recommendations

Since SARS, there has been a heightened awareness of the importance of infection control measures. Initiatives aimed at minimizing psychosocial morbidity should be introduced early in the process. At HSC, many Directors met every day with a SARS-response team and communicated with staff via voice-mail and e-mail in "Updates" each day.

We recommend that in addition to this effort, a team of people specifically interested in psychosocial issues could be mobilized quickly. This team could create an electronic forum for discussion. It could bring psychosocial expertise to the larger infection control group. Designing interventions that are tailored to staff and patient populations, it could send individual team-members to consult in difficult situations where there is confusion, upset or anger. This psychosocial team could host more general electronic forums for staff and patients. Utilizing the expertise of

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hospital staff and the (relative) accessibility of technologically aided communication could allow connection where people may otherwise feel isolated.

Web-based communication appeared to be an important and efficient way to share information with families. Statistics maintained by HSC reflected a 36% increase in visits to our family information section of the HSC website during the height of the outbreak. This portion of the website contained child- and family-centred information about SARS, including the 'tip sheet' appended to this article. Colleagues in the Kingston area who reported on a web-based SARS screening tool for staff<sup>8</sup> underscored the value of web-based technology in response to SARS. One of our authors (B.N.) who regularly runs several on-line patient support groups reported that the groups spent significant time discussing SARS-related fears and concerns. For staff and families who are not computer literate, the psychosocial team could be available for leadership and information.

Psychosocial issues can persist even after routines have returned to a more normal state. In the HSC, some patient areas continue to impose barriers. Miscommunications can continue. The therapeutic relationship between patient and clinician may be negatively affected by the challenge of communicating while wearing a mask. Such concerns require our continuing attention as we develop best practices for patient care in light of our experiences with SARS.

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## Appendix 1

### Families and Masks: Tips for Staff

Over the past few weeks we have become used to wearing masks during patient care activities. As more ambulatory clinics open, we will be seeing a lot of patients and families who may be unprepared for our change in 'working attire'. Children, particularly, may even be afraid of staff they know well when that person is wearing a mask. Here are some general suggestions:

- We may be hard to recognize with masks covering our faces! Reintroduce yourself to patients and parents each time you see them.
- Wear your HSC identification badge where it can be easily seen by the patient and parent, with your picture facing outwards. This may help the patient and parent to recognize you.
- Be sensitive – wearing a mask or seeing others in masks can be very stressful for some people.
- Exaggerate your head nodding, eyebrow and eye movements. Do not be afraid to 'overdo it.' It may be tough to hear you or to appreciate your tone of voice when you are wearing a mask.
- Double check – ask patients and parents what they have heard you say and what they understand. Some people rely on lip reading to help with communication.
- Explain to parents the importance of following the SARS-related rules, but be gentle. Keep in mind that most parents (and many children) visiting the HSC will be experiencing great anguish without the additional SARS-related impositions. Your respect makes a difference.
- Ask how patients and parents are coping. Let them verbalize their feelings. Reassure – let them know that you appreciate (and perhaps share) their frustrations.
- Show compassion to patients and families in distress. You do not have to be able to answer all of their questions (e.g., when will the SARS scare end) – just listening with compassion can help.
- If children refuse to wear their masks or remove them immediately, offer incentives: a choice of "which" mask s/he wears, a sticker or hand-stamp, even allowing the child to take the mask from the box himself or herself. Point out other children wearing masks. Be compassionate with their frustration.
- In your spare time (ha ha), consider displaying two pictures of your team in the clinic – one with masks and without. Use the pictures as a game ("which one am I?") when showing the unmasked picture. Although we cannot 'decorate' them, we can let the masks be a source of fun.
- Reward children for complying with the mask requirements – hand stamps, stickers, and good old words of praise can go a long way.

Developed by the Departments of Social Work and Child Life, Hospital for Sick Children, Toronto, ON

## Appendix 2

### Wearing Masks: Tips for Families

You may be asked to wear a mask when you visit the hospital. This is one way we can protect children, families and staff from the spread of Severe Acute Respiratory Syndrome (SARS). You and your child will need to wear a mask in many areas of the hospital and in most clinics. Health care staff will also be wearing masks and in some areas will also wear gloves, goggles, face shields and a gown for protection. This may look scary or unpleasant to your child. Here are some suggestions that might help you and your child:

#### Talk to Your Child

- Children manage best when they know what to expect.
- Talk with your child before coming to the hospital. Explain that we all have to follow the rules.
- Let them know that some people will be wearing a mask and other extra clothing. Help your child to be ready to wear his or her own mask.
- Support your child. Let them know that the people under the masks are just as friendly as ever!

#### Know the Importance of Masks

- Wearing a mask will protect you, your child and other people in the hospital from the spread of SARS.
- You may notice that not everyone in the hospital is wearing a mask. This may be hard to understand. Public health experts have decided that staff working in some areas of the hospital do not have the same risk of getting or spreading SARS. These people do not need to wear a mask(s). All people coming to the hospital are screened each day before entering the hospital.
- Speak to your child or youth so they will know why they need to wear a mask when they come to the hospital. If you are unsure about what to say, please ask us for help!
- Praise your child for wearing a mask.

#### Ask for Help

- Ask us questions if something is worrying you or if our instructions are not clear.
- Masks make it hard to understand what we are saying. We do not mind repeating what we have said. It is important that you understand us – and that we understand you.
- If your child does not want to wear a mask, offer some choices: let him or her pick the mask from the box, or decide who is going to put it on first (you or your child).
- There are many people here who can help if you or your child find(s) this stressful. You can speak to a nurse, social worker, child life specialist or other staff on your child's health care team.

#### For more information, you can call:

HSC SARS Info line at (416) 813-7700  
CHIP (the Centre for Health Information and Promotion) at (416) 813-5819  
HSC web page at [www.sickkids.ca](http://www.sickkids.ca)

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