

Peer Review File

Article information: <https://dx.doi.org/10.21037/tp-22-511>

Specific comments made by Reviewer A

Comment: INTRODUCTION. This part needs to be expanded by mentioning previous studies focusing on the effects of the verbal communication on the patients. Before starting the aim of study, the novelty of the work should be written.

Response: THANK YOU. We have added the following sentences: "Previous studies reported that surgical face masks worn by adults may have a significant effect on children's emotion recognition accuracy (5-7). Currently, no study has examined the possible effect of the type of face mask worn by healthcare providers on the pain reported by children."

Comment: DISCUSSION. The discussion is too short, this should be compared with previous relevant studies. The benefits of the results from the current study should be considered clearly.

Response: We have expanded the DISCUSSION to include more information on the variables that were analyzed by the regression model, please see text.

Comment: TABLE 1. Modify the table, why was it drawn the fourth column for the first six items.

Response: THANK YOU. We have added the p values to all variables in Table 1.

Specific comments made by Reviewer B

Comment: Because it is a retrospective cross-sectional study, it would be helpful if authors could add a flow chart on the way they obtained the final sample $n = 3,069$.

Response: THANK YOU. We have added Figure 1.

Comment: Authors performed pain assessment using 2 pain scales according to the age of the patients. It would be interesting to add information about their psychometric performances.

Response: THANK YOU. We have added the sentence "The two pain assessment scales have been shown to be reliable and valid measures for use with children (12)." We have added reference number 12.

Comment: According to the triage tool used during this study, could the pain interfere in the triage level of patients? If yes, authors should consider a potential interaction with, as a result, additional explanation about the reason why the variable "triage level" has been integrated into the multivariate models.

Response: Pain assessment is performed on any child during triage (it is part of the triage protocol). With regard to the report of pain, the triage acuity level is a confounder that should be adjusted for by means of a multivariate model.

Comment: Please indicate how you handled continuous variables in the models and how you selected variables into multivariable regression?

Response: We have added reference numbers 14-18. The variables introduced in the regression model were based on clinical relevance and supported by literature (references numbers 13-18).

Age is the only continuous variable in the model. Based on the results of the regression model, any increase in age by one year slightly increases the odds of reporting pain (aOR=1.15, Table 2). We consulted our biostatistician, Dr. Ronit Leiba.

Comment: How did the authors handle missing data?

Response: In 17 patients the type of face mask was not recorded by the nurse. We removed these cases from the analysis. There were no other missing data. Please see Figure 1.

Comment: Did the authors calculate the sample size study?

Response: We did not calculate sample size for the study because we were limited by the number of clear face masks that were supplied to us. Prior to the study, we felt that ~ 2,000 nurse-patient encounters provide a large enough sample size.

Comment: Table 1: p values are missing for variables in the first part of the table; According to the outcomes, it is surprising that the time of arrival did not differ comparing the 2 groups.

Response: THANK YOU. We have added the p values to all variables in Table 1. Table 1 shows that there were differences in time of arrival between the groups (e.g. proportionally more nurses use the clear mask during morning shifts, Table 1). This variable, however, had no effect on pain scores (Table 2). We think that this finding is not surprising.

Comment: Although surgical masks worn by nurses may negatively impact pain reporting, could the authors discuss other significant parameters such as age, triage level, diagnosis type ($p < 0,0001$)? Did the authors mean that these variables could also impact children's pain reporting?

Response: THANK YOU. We have added the following sentences to the DISCUSSION section: "The regression model used in our study showed a significant influence on pain report for the variable of triage acuity level (Table 2). Since patients are categorized into a triage level based also on their pain assessment, this finding is not surprising (13,14). According to the regression model, older patients and patients with injuries had higher odds of reporting pain. Similar findings were previously reported in the setting of emergency care (13,18)."