# Evidence Search Service Results of your search request

## Effectiveness of face masks on both patient and health care worker during a consultation

**ID of request:** 23147  
**Date of request:** 11th May, 2020  
**Date of completion:** 26th May, 2020

If you would like to request any articles or any further help, please contact:  Cecilia Bethencourt-Dunning at [cecilia.bethencourt-dunning@bsuh.nhs.uk](mailto:cecilia.bethencourt-dunning@bsuh.nhs.uk)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Effectiveness of face masks on both patient and health care worker during a consultation. Cecilia Bethencourt-Dunning. (26th May, 2020). BRIGHTON, UK: Brighton and Sussex Library and Knowledge Service.

**Sources searched**  
BMJ Best Practice (1)  
Centers for Disease Control and Prevention (2)  
Cochrane Database of Systematic Reviews (1)  
European Centre for Disease Prevention and Control (1)  
Evidence Aid (1)  
Joanna Briggs Institute (1)  
MEDLINE (10)  
Public Health England (PHE) (2)  
UpToDate (1)  
World Health Organization (2)

**Date range used** (5 years, 10 years): all   
**Limits used** (gender, article/study type, etc.): none   
**Search terms and notes** (full search strategy for database searches below):

See below for full search terms.

For more information about the resources please go to: <https://www.bsuh.nhs.uk/library/>.

## Summary of Results

The majority of evidence presented here is high-level evidence about the wearing of facemasks during the current pandemic. Clinical staff are the priority to receive facemasks (but the evidence here maintains that hand washing to reduce the risk of infection is the most important thing you can do). Advice for the public from PHE and WHO suggests that, unless you have symptoms of COVID-19, you don't need to wear a facemask. This is for healthy people. Staff should wear masks if treating a patient with COVID-19 symptoms. Advice for communities and the general public re: wearing facemasks differs in different countries.

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### [E. Search History](#SearchHistory)

## A. National and International Guidance

#### Centers for Disease Control and Prevention (CDC)

**Use of Cloth Face Coverings to Help Slow the Spread of COVID-19.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=136d31d9b659bfb4df498c9f423f76b6)

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, such as grocery stores, pharmacies, and gas stations.

**Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=13475999a984a58e71b0d10b55d9531a)

Because of their often extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and applying work restrictions is recommended to prevent transmission from potentially contagious HCP to patients, other HCP, and visitors. Occupational health programs should have a low threshold for evaluating symptoms and testing HCP.

#### European Centre for Disease Prevention and Control (ECDC)

**Using face masks in the community - Reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d3925bec5a07564d889585617eedc8d7)

the use of medical face masks by healthcare workers must be given priority over the use in the community. The use of face masks in public may serve as a means of source control to reduce the spread of the infection in the community by minimising the excretion of respiratory droplets from infected individuals who have not yet developed symptoms or who remain asymptomatic. It is not known how much the use of masks in the community can contribute to a decrease in transmission in addition to the other countermeasures. The use of face masks in the community could be considered, especially when visiting busy, closed spaces, such as grocery stores, shopping centres, or when using public transport, etc. The use of non-medical face masks made of various textiles could be considered, especially if – due to supply problems – medical face masks must be prioritised for use as personal protective equipment by healthcare workers. This is based on limited indirect evidence supporting the use of non-medical face masks as a means of source control. The use of face masks in the community should be considered only as a complementary measure and not as a replacement for established preventive measures, for example physical distancing, respiratory etiquette, meticulous hand hygiene and avoiding touching the face, nose, eyes and mouth. Appropriate use of face masks is key for the effectiveness of the measure and can be improved through education campaigns. Recommendations on the use of face masks in the community should carefully take into account evidence gaps, the supply situation, and potential negative side effects.

#### Public Health England (PHE)

**COVID-19: infection prevention and control (IPC)** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1c22c67841fdaa91a0d27c350752782d)

Guidance on infection prevention and control for COVID-19. Sustained community transmission is occurring across the UK.

**Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=46a2bbe2964e7e18f6b164af5dc4625d)

Guidance on infection prevention and control for COVID-19. Sustained community transmission is occurring across the UK.

#### World Health Organization (WHO)

**Coronavirus disease (COVID-19) advice for the public: When and how to use masks.** (2019)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f8d9fdef9d35f69a148bfab5bc2c364f)

Information for the public: when and how to use a facemask to protect yourself and others form COVID-19.

**Advice on the use of masks in the context of COVID-19.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1d3f64a7a95207ce270bca56433456a9)

This document provides advice on the use of masks in communities, during home care, and in health care settings in areas that have reported cases of COVID-19. It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCWs), and community health workers. This updated version includes a section on Advice to decision makers on the use of masks for healthy people in community settings.

## B. Synopses or Summaries

#### BMJ Best Practice

**Coronavirus disease 2019 (COVID-19). Primary prevention.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=90cf327fefaae7b170ce4d96496c9992)

Recommendations on the use of face masks in community settings vary between countries.[201] It is mandatory to wear a mask in public in certain countries, and masks may be worn in some countries according to local cultural habits. Consult local guidance for more information. The World Health Organization (WHO) recommends that medical masks should be reserved for healthcare workers. People with symptoms should also wear a medical mask, self-isolate, and seek medical advice as soon as possible. Masks are also recommended for those caring for a sick person at home when in the same room. There is currently no evidence that wearing a mask (medical or other types) in the community setting can prevent infection with respiratory viruses, including COVID-19, in a healthy person.[202] The Centers for Disease Control and Prevention recommends that homemade cloth face coverings can be worn in public settings where social distancing measures are difficult to maintain (e.g., pharmacies, supermarkets), especially in areas where there is significant community transmission.[203] However, there is no evidence to support this.[204] Use of a mask alone is insufficient to provide adequate protection, and they should be used in conjunction with other infection prevention and control measures such as frequent hand hygiene and social distancing. It is important to wash your hands with soap and water (or an alcohol-based sanitiser) prior to putting on a face mask, and to remove it correctly. Used masks should be disposed of properly.[202][205] Standard surgical masks are as effective as respirator masks for preventing infection of healthcare workers in outbreaks of viral respiratory illnesses such as influenza, but it is unknown whether this applies to COVID-19.[206] A small study found that surgical and cotton masks are ineffective at preventing viral spread to the environment from the cough of patients with COVID-19.[207]

#### Joanna Briggs Institute

**Evidence based resources for health professionals.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4ea4d66334da8e600657c25dcd2008a5)

RESPIRATORY INFECTION TRANSMISSION (COMMUNITY): FACE MASKS AND RESPIRATORS: What is the best available evidence regarding the effectiveness of face masks and/or respirators in reducing the transmission of respiratory infection in community settings? RESPIRATORY INFECTION: REUSE, OR EXTENDED USE, OF DISPOSABLE MASKS AND RESPIRATORS: What is the best available evidence for the reuse, or extended use, of masks and respirators designed for single use, in acute healthcare settings?

#### UpToDate

**Coronavirus disease 2019 (COVID-19): Infection control in health care and home settings.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=149a1e88b8de544cbf4db78e17661e49)

Many experts agree that transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) occurs primarily through droplets (when virus released in the respiratory secretions of a person with infection makes direct contact with mucous membranes) [3-5]. Other modes include indirect (secondary) transmission, which occurs when a susceptible person touches a contaminated surface and then touches his or her eyes, nose, or mouth, and transmission through aerosolized secretions that travel further and remain suspended in air longer than typically described for droplets. However, the relative importance of these other modes of transmission is controversial. Transmission of SARS-CoV-2, including the risk of asymptomatic transmission, is discussed in greater detail in a separate topic review. (See "Coronavirus disease 2019 (COVID-19): Epidemiology, virology, clinical features, diagnosis, and prevention", section on 'Transmission'.)

## C. Systematic Reviews

#### Cochrane Database of Systematic Reviews

**Barriers and facilitators to healthcare workers’ adherence with infection prevention and control (IPC) guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d49f0ab0e0fc498bbfbfc17d9bf90497)

This review is one of a series of rapid reviews that Cochrane contributors have prepared to inform the 2020 COVID‐19 pandemic. When new respiratory infectious diseases become widespread, such as during the COVID‐19 pandemic, healthcare workers’ adherence to infection prevention and control (IPC) guidelines becomes even more important. Strategies in these guidelines include the use of personal protective equipment (PPE) such as masks, face shields, gloves and gowns; the separation of patients with respiratory infections from others; and stricter cleaning routines. These strategies can be difficult and time‐consuming to adhere to in practice. Authorities and healthcare facilities therefore need to consider how best to support healthcare workers to implement them.

## D. Original Research

1. **Community universal face mask use during the COVID 19 pandemic-from households to travellers and public spaces.**  
   Raina MacIntyre C. Journal of travel medicine 2020;27(3):No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c4a22e0a4fc3649e5a2976770bb3beb3)

1. **COVID-19 and the Efficacy of Different Types of Respiratory Protective Equipment Used by Health Care Providers in a Health Care Setting.**  
   Malik Talia Cureus 2020;12(4):e7621.

Coronavirus, the virus that caused the global pandemic at the beginning of 2020 and affected millions across the globe, presented as an enormous challenge to health care providers around the world. With increasing numbers of infected patients presenting daily, health care workers are struggling to take effective measures to protect themselves from transmission against the highly contagious coronavirus. This case helps us understand the implications of coronavirus-infected patients on the health care providers directly responsible for the management of these patients and the relative efficacy of different types of respiratory protective equipment mainly N95 masks and surgical masks in preventing the spread of infection among those at the front lines providing care.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d694fcffba4968cf26ac8d75db2399c7)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=61ebfa4fe746af2719b2a348d3be3425)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8e92b56d28de9f8a18e04b3d07e1573c)

1. **COVID-19: Face masks and human-to-human transmission.**  
   Liu Xiaopeng Influenza and other respiratory viruses 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=309ad94a93e13f0b82b7cdc4d0e050a0)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=9ff4afd77fb848f97d862d8058714dd0)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0f03010787c4087085d34b0ddbf71a88)

1. **Examining the current intelligence on COVID-19 and infection prevention and control strategies in health settings: A global analysis.**  
   Islam M. Saiful Infection control and hospital epidemiology 2020;:1-29.

OBJECTIVEIn the current absence of vaccine for COVID-19, public health response target breaking the chain of infection by focusing on the mode of transmission. This paper summarizes current evidence-base around the transmission dynamics, pathogenic, and clinical features of COVID-19, to critically identify if there are any gaps in the current IPC guidelines.METHODSThis study involved a review of global COVID-19 IPC guidelines such as WHO, the CDC, and European Centre for Disease Prevention and Control (ECDC). Guidelines from two high income countries (Australia and UK) and one middle income country (China) were also reviewed. We searched publications in English on 'Pubmed' and Google Scholars. We extracted information related to COVID-19 transmission dynamics, clinical presentations and exposures that may facilitate the transmission and compared and contrasted these findings with the recommended IPC measures.RESULTSThe review findings showed nosocomial transmission of SARS-CoV-2 in health settings through droplet, aerosol and by an oral-fecal or fecal-droplet route. However, the IPC guidelines fail to cover all transmission modes and the recommendations also conflict with each other. Most guidelines recommend surgical masks for healthcare providers during routine care and N95 respirators for aerosol generating procedures. However, recommendations around type of surgical masks varied. In addition, CDC recommends cloth masks when the surgical mask is totally unavailable.CONCLUSIONIPC strategies should consider all the possible routes of transmission and target all patient care activities where there may be person to person transmission risk. This review may assist international health agencies to update their guidelines.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b6ef6ae539decf7684cf0b1d6480ed7e)

1. **Facial protection for healthcare workers during pandemics: a scoping review.**  
   Garcia Godoy Laura R. BMJ global health 2020;5(5):No page numbers.

BACKGROUNDThe coronavirus disease 2019 (COVID-19) pandemic has led to personal protective equipment (PPE) shortages, requiring mask reuse or improvisation. We provide a review of medical-grade facial protection (surgical masks, N95 respirators and face shields) for healthcare workers, the safety and efficacy of decontamination methods, and the utility of alternative strategies in emergency shortages or resource-scarce settings.METHODSWe conducted a scoping review of PubMed and grey literature related to facial protection and potential adaptation strategies in the setting of PPE shortages (January 2000 to March 2020). Limitations included few COVID-19-specific studies and exclusion of non-English language articles. We conducted a narrative synthesis of the evidence based on relevant healthcare settings to increase practical utility in decision-making.RESULTSWe retrieved 5462 peer-reviewed articles and 41 grey literature records. In total, we included 67 records which met inclusion criteria. Compared with surgical masks, N95 respirators perform better in laboratory testing, may provide superior protection in inpatient settings and perform equivalently in outpatient settings. Surgical mask and N95 respirator conservation strategies include extended use, reuse or decontamination, but these strategies may result in inferior protection. Limited evidence suggests that reused and improvised masks should be used when medical-grade protection is unavailable.CONCLUSIONThe COVID-19 pandemic has led to critical shortages of medical-grade PPE. Alternative forms of facial protection offer inferior protection. More robust evidence is required on different types of medical-grade facial protection. As research on COVID-19 advances, investigators should continue to examine the impact on alternatives of medical-grade facial protection.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=881a0c37515554825b374d7ed09bbe5f)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=de8721d501ec504c367d317b0526d4d5)

1. **Medical masks and Respirators for the Protection of Healthcare Workers from SARS-CoV-2 and other viruses.**  
   Ippolito Mariachiara Pulmonology 2020;:No page numbers.

The use of medical masks and respirators as personal protective equipment is pivotal to reducing the level of biological hazard to which healthcare workers are exposed during the outbreak of highly diffusible pathogens, such as the recent novel coronavirus SARS-CoV-2. Unfortunately, during this pandemic, supplies are rapidly running out worldwide, with potential consequences for the rate of occupational infections. Also, knowledge about specific characteristics of respirators is of utmost importance to select the proper type according to the clinical setting. A wide variety of literature is available on the topic, but mostly based on Influenza viruses infection models. Clinical evidence on the use of respirators is poor and interest in the topic has not been constant over time. A better understanding of SARS-CoV-2 transmission is needed, together with high-quality clinical data on the use of respirators or alternative devices. Moreover, healthcare workers, regardless of their level of experience, should receive specific training. This review aims to summarize the available evidence on the use of medical masks and respirators in the context of viral infections, especially the current coronavirus disease 2019 (COVID-19).

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4d1371b2e8280f9624a20a556f2db03b)

1. **Medical masks vs N95 respirators for preventing COVID-19 in healthcare workers: A systematic review and meta-analysis of randomized trials.**  
   Bartoszko Jessica J. Influenza and other respiratory viruses 2020;:No page numbers.

BACKGROUNDRespiratory protective devices are critical in protecting against infection in healthcare workers at high risk of novel 2019 coronavirus disease (COVID-19); however, recommendations are conflicting and epidemiological data on their relative effectiveness against COVID-19 are limited.PURPOSETo compare medical masks to N95 respirators in preventing laboratory-confirmed viral infection and respiratory illness including coronavirus specifically in healthcare workers.DATA SOURCESMEDLINE, Embase, and CENTRAL from January 1, 2014, to March 9, 2020. Update of published search conducted from January 1, 1990, to December 9, 2014.STUDY SELECTIONRandomized controlled trials (RCTs) comparing the protective effect of medical masks to N95 respirators in healthcare workers.DATA EXTRACTIONReviewer pair independently screened, extracted data, and assessed risk of bias and the certainty of the evidence.DATA SYNTHESISFour RCTs were meta-analyzed adjusting for clustering. Compared with N95 respirators; the use of medical masks did not increase laboratory-confirmed viral (including coronaviruses) respiratory infection (OR 1.06; 95% CI 0.90-1.25; I2  = 0%; low certainty in the evidence) or clinical respiratory illness (OR 1.49; 95% CI: 0.98-2.28; I2  = 78%; very low certainty in the evidence). Only one trial evaluated coronaviruses separately and found no difference between the two groups (P = .49).LIMITATIONSIndirectness and imprecision of available evidence.CONCLUSIONSLow certainty evidence suggests that medical masks and N95 respirators offer similar protection against viral respiratory infection including coronavirus in healthcare workers during non-aerosol-generating care. Preservation of N95 respirators for high-risk, aerosol-generating procedures in this pandemic should be considered when in short supply.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=30ab6d1d10c3ac2e2bac8ef610f98e22)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=47795bc21cf8266cbb9c687a6442d6a3)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=36c0e36e08191028fae48e02dcc1cb38)

1. **N95 respirators and surgical masks for preventing transmission of respiratory infections to healthcare workers.**  
   2020;:1934-42.

Masks are worn to try to prevent the transmission of respiratory viruses and several systematic reviews have assessed the effects of healthcare workers wearing them.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d0119bbdc7737975beb74245bcd1220a)

1. **Respiratory Protection Considerations for Healthcare Workers During the COVID-19 Pandemic.**  
   Friese Christopher R. Health security 2020;:No page numbers.

The COVID-19 pandemic has resulted in a surge of patients that exceeds available human and physical resources in many settings, triggering the implementation of crisis standards of care. High-quality respiratory protection is essential to reduce exposure among healthcare workers, yet dire shortages of personal protective equipment in the United States threaten the health and safety of this essential workforce. In the context of rapidly changing conditions and incomplete data, this article outlines 3 important strategies to improve healthcare workers' respiratory protection. At a minimum, healthcare workers delivering care to patients with confirmed or suspected COVID-19 should wear N95 respirators and full-face shields. Several mechanisms exist to boost and protect the supply of N95 respirators, including rigorous decontamination protocols, invoking the Defense Production Act, expanded use of reusable elastomeric respirators, and repurposing industrial N95 respirators. Finally, homemade facial coverings do not protect healthcare workers and should be avoided. These strategies, coupled with longer-term strategies of investments in protective equipment research, infrastructure, and data systems, provide a framework to protect healthcare workers immediately and enhance preparedness efforts for future pandemics.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=bec07e28318eaffcd6375596fe58a52d)

1. **Use of Face Masks in Dermatology Department During the COVID-19 Outbreak.**  
   Goldust Mohamad Dermatologic therapy 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=14a95bc41eb4707f58c60f7e62ecb7b3)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=863dd38d4e95dd64ea701594b591cbf7)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3b8adbdc25f3a65d180859fdf3927f5a)

1. **What face mask for what use in the context of COVID-19 pandemic? The French guidelines.**  
   Lepelletier Didier The Journal of hospital infection 2020;:No page numbers.

In the context of the COVID-19 pandemic, wearing a face mask has become usual and ubiquitous, in both hospitals and community. However, the general public is consuming surgical or filtering face piece (FFP) masks irrespective of their specificity, leading to global supply shortage for the most exposed persons, which are healthcare workers. This underlines the urgent need to clarify the indications of the different categories of mask, in order to rationalize their use. The study herein specifies the French position for the rational use of respiratory protective equipment for healthcare workers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fa7d7ed09471707df32c90b96ffeebde)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ca5555f0b6641b154d3c5da29404065b)

### Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

### Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](https://openathens.nice.org.uk/).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

### Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

## E. Search History

## Reviewer’s note 30/5/20: Consider repeating search in other databases inc. CINAHL, Embase, Emcare, BNI. Use subject headings with text terms like MeSH terms exp MASKS/ and exp "APPOINTMENTS AND SCHEDULES"/ or exp "REFERRAL AND CONSULTATION"/ too. Consider searching grey literature sources inc. NICE Evidence Search and Google.

|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 1. | Medline | CORONAVIRUS/ | 2368 |
| 2. | Medline | "CORONAVIRUS INFECTIONS"/ | 8155 |
| 3. | Medline | ("2019-nCoV" OR 2019nCoV OR nCoV2019 OR "nCoV-2019" OR "COVID-19" OR COVID19 OR "WN-CoV" OR WNCoV OR "HCoV-19" OR HCoV19 OR CoV OR "2019 novel\*" OR Ncov OR "n-cov" OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19").ti,ab | 20109 |
| 4. | Medline | ((new OR novel OR wuhan OR chinese) ADJ coronavir\*).ti,ab | 2497 |
| 5. | Medline | (1 OR 2 OR 3 OR 4) | 24681 |
| 7. | Medline | ((facemask\* OR face OR surgical OR medical OR fabric OR cloth) ADJ mask\*).ti,ab | 3670 |
| 8. | Medline | (N95 ADJ respirator\*).ti,ab | 254 |
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| 15. | Medline | (11 AND 14) | 0 |

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