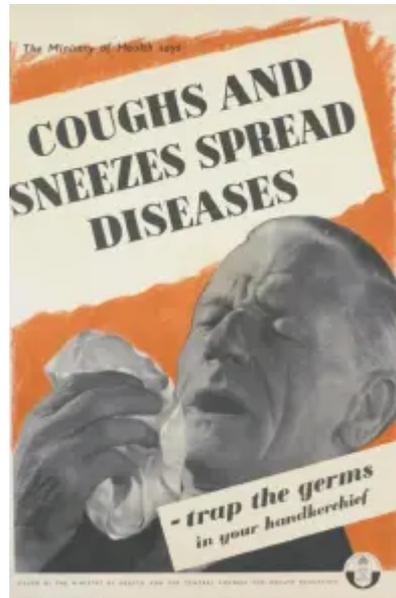


# Unmasking the evidence

 [blog.nzno.org.nz/2015/05/15/unmasking-the-evidence](http://blog.nzno.org.nz/2015/05/15/unmasking-the-evidence)

May 15, 2015



Many DHBs have been talking about forcing staff who don't get the flu vaccination to wear masks.

It's one of those things that on first glance might seem like a good idea, but peel back a few layers and you're left with the bitter taste of a purely punitive measure.

NZNO acknowledges the right of every person to vaccinate or not. We encourage it, of course; to the extent that we pay for our own staff to get the flu vaccination if they choose to. Healthy workplaces are a priority. We believe education and access are key to improving uptake but we do not think mandatory vaccination is the way forward.

DHBs want safe environments for their staff and patients too and we applaud that. What we're saying is the DHBs are grabbing onto a "solution" that's not evidence-based and seems to be designed to shame individuals rather than keep staff and patients safe from the flu.

We do not support the use of face masks to protect patients from unimmunised nurses.

For one thing, masks don't work. Evidence shows masks are ineffective in protecting healthcare workers from patients with flu; so why do DHBs think the opposite would be different?

For another – a nurse with the flu would only be able to pass it on to a patient or colleague if he or she was at work. Nurses should not be working, or be made to feel that they should have to be at work, when they are sick. DHBs need to make sure enough staff are available to cover the inevitable rise in sick leave during "flu season".

And it's not just nurses. There must be clear information for patients, staff, contractors and visitors that sick people should stay away.

DHBs should also be promoting good hand washing and the use of tissues for coughs and sneezes.

Our motto is “Freed to care, proud to nurse” and we want that for every single NZNO member. Please don’t hesitate to give us a call if you are being treated unfairly 0800 28 38 48.

Here is NZNO principal researcher, Dr Léonie Walker’s analysis of the evidence for and against masks to protect against flu.

*Health care workers have long relied heavily on surgical masks to provide protection against influenza and other infections. Yet there are no convincing scientific data that support the effectiveness of masks for respiratory protection. The masks we use are not designed for such purposes, and when tested, they have proved to vary widely in filtration capability, allowing penetration of aerosol particles ranging from 4 to 90%<sup>1</sup>.*

*The efficacy of any respiratory device depends on user compliance. Workers’ tolerance for wearing most types of respiratory protective devices is poor and often declines over the course of a work shift; in one study, no more than 30% of workers tolerated these devices consistently throughout an 8-hour workday, citing difficulties with speaking and communication, discomfort, and other physical problems<sup>2</sup>.*

*The Institute of Medicine committee has recommended that current Centers for Disease Control and Prevention guidelines for respiratory protection be maintained<sup>3</sup>. Until more data are available, the Institute of Medicine committee recommended the use of personally fitted, N95 respirator when confronting patients with influenza-like illnesses, particularly in enclosed spaces<sup>4</sup>.*

<sup>1</sup>Oberg T, Brosseau LM. Surgical mask filter and fit performance. *Am J Infect Control* (2008);36:276-282

<sup>2</sup>Radonovich LJ Jr, Cheng J, Shenal BV, Hodgson M, Bender BS. (2009) Respirator tolerance in health care workers. *JAMA* ;301:36-38

<sup>3</sup>[www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm).

<sup>4</sup>Kenneth I. Shine, M.D., Bonnie Rogers, Dr.P.H., R.N., and Lewis R. Goldfrank, M.D (2009) Novel H1N1 Influenza and Respiratory Protection for Health Care Workers *N Engl J Med* 361:1823-1825”