



COVID-19 Reflection: Staying ‘ahead of the curve’ - Time to rethink face masks?

Currently, we are all experiencing a time in global history that will redefine everything we do and much of what we think. As we all struggle with the practicalities and implications of ‘lockdown’, we need to continually revisit what we think we know about the COVID-19 pandemic and how we should best respond to ‘flatten the curve’ of infections. Given the unimaginable economic devastation that has followed, *every one of us should do whatever we can to reduce the impact and duration of this crisis.*

In science and medicine, we always default to *hard evidence* rather than to *intuitive* or ‘*common-sense*’ practice which may be subject to innumerable sources of *bias*. However, given the *rapid pace* of this unknown situation and the rate of change of our insights, our usual rules may allow ourselves to slip ‘behind the curve’ of *future* ‘best practice’. To avoid the judgement of 20-20 hindsight, we may at this stage want to consider actions, some of which are now based on *observation* and *informed opinion*, rather than hard evidence.

The South African National Institute for Communicable Diseases, the World Health Organisation and the US Centers for Disease Control are reviewing their stance on discouraging members of the public from using face masks, unless they are sick or caring for someone who is infected. They are considering a greater role for *cloth face masks* by the general public to *reduce or prevent droplet spread* from *asymptomatic carriers of COVID-19* or those who are *pre-symptomatic* prior to becoming ill.

So at this time, it is probably prudent to start wearing *non-medical cloth face masks* whenever you go out of your house for *essential work*, buying *food* or seeking *medical attention*, *subject to some vital caveats*:

- wearing a face mask will *not make you immune from infection*, but it may provide an *extra layer of protection, mostly for others*. A mask might *prevent the wearer from spreading the virus* by capturing droplet particles they expel when speaking, sneezing or coughing.
- **DO NOT USE N95 RESPIRATORS OR MEDICAL MASKS** - the global scarcity of such masks means they should be reserved for frontline healthcare workers.
- *Incorrect use of masks could pose more of a risk to the user than not using one at all*. The use of any type of mask should be accompanied by strict adherence to safe use guidelines. Wash your hands before applying and after removing a mask, never touch the cloth part, never fiddle with it whilst wearing, refrain from touching your face. Discard disposable masks. Wash cloth masks with warm soapy water and iron when dry.

This recommendation *does not replace the existing golden rules for hygiene and social distancing*, which have *proven efficacy* against droplet-driven COVID-19 infection. Adhered to these rules should *at all times*, regardless of whether you have a mask or not:

- Wash your hands regularly for at least 20 seconds with soap and water
- Do not touch your face with unwashed hands and wash your hands after touching your face
- Cough or sneeze into a tissue or the corner of your arm, and dispose used tissues safely
- Keep a distance of at least 1 m and preferably 2 m from others
- If you are ill, stay at home, or arrange for clinical assessment

The Western Cape Government Department of Health has, with input from leading independent scientists, published specifications for the production, use and cleaning of such masks – you can view these [here](#).