

## New Accounts Manager starts with Healthline in the Midlands

Healthline Products Ltd is a major supplier to the UK National Health Service of a wide range of quality-assured latex, vinyl and synthetic gloves. It is also expanding and the subsequent growth has resulted in the appointment of a new NHS Account Manager, Jaspal 'Jazz' Gill, for the Midlands.



'Jazz' Gill graduated from DeMontfort University, Leicester with a Degree in Accountancy and Marketing. His entrepreneurial nature saw him establish his own promotional business, before he settled into sales roles within the healthcare industry.

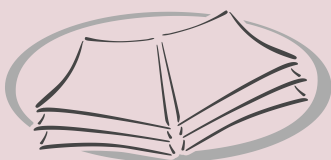
In the period prior to joining Healthline Products, 'Jazz' spent a total of five years, encompassing medical sales with Pfizer and SSL International (wound care). During that time he also sat and passed his ABPI examinations.

'Jazz' Gill was attracted to Healthline Products by its ethos and the autonomy which an Account Management position offered. He says that he has received excellent support and training since joining, which has helped him develop. He looks forward to building a progressive career with Healthline.

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# "DO YOU REALLY NEED TO WEAR A FACE MASK?"

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Do you really need to wear a face mask in the Operating Theatre? Since Tunevall published his results in 1991, this question has been debated around the world. He conducted a random, prospective study for 115 weeks with 3,088 general surgical patients.<sup>1</sup> There were 1,537 cases when the surgical team wore a face mask and 1,551 cases when no face masks were worn. There was no significant difference in the surgical site infection rates. He stated, "These results indicate that the use of face masks might be reconsidered. Masks may be used to protect the operating team from drops of infected blood and from airborne infections, but have not been proven to protect the patient operated by a healthy operating team."

### Protection for the Health Care Worker

The fact that Tunevall stated that masks may be worn to protect the surgical team has gone entirely unnoticed. With the increase in the number of HIV/AIDS, Hepatitis B, and Hepatitis C cases, it would seem that the surgical team, including anesthetists and anesthesiologists, would insist upon wearing face masks as well as a face shield or goggles for eye-protection.

### References and Studies

The other part of this question is: what is the benefit to the patient? Historically, when the theory of droplet infection was introduced (1920s and 1930s), the wearing of face masks was advocated to reduce the risk of haemolytic streptococcus.<sup>2</sup> There is also epidemiological evidence of this infectious path in a study that compared face mask usage with bacterial shedding during cardiac catheterization.<sup>3</sup> Bacterial colonies were significantly higher when no mask was worn as compared to the wearing of a full mask. "Shedding of *Staphylococcus epidermidis* was significantly greater when no mask was worn."

In a recent article,<sup>4</sup> it was stated "In choosing to not wear a mask members of the surgical team could be leaving the patient vulnerable to the risk of wound infection via droplet contamination." Regardless of type of surgery ... the patient needs to be protected against infection.

But what are the criteria for determining whether or not the operating team is healthy? Recent literature indicates that the surgical team might not meet this requirement. Sheretz has reported that "The nose (anterior nares) is the most common body site of colonisation on health care workers; frequencies range between 20% and 90%.<sup>5</sup> Another study reported that 15% of operating room personnel had isolates that expressed antibiotic resistance, including methicillin resistance.<sup>6</sup> Ha'eri reported that as many as 40% of the surgical team may carry virulent bacteria (e.g., *S. aureus*) in their nasal and oral cavities.<sup>7</sup>

In a recent study by C.E. Edmiston, "Impact of Surgical Masks on the Prevention of Oral/Nasopharyngeal Shedding,"<sup>8</sup> he concluded that:

1. Wearing a face mask significantly reduces microbial shedding (vs. no mask).
2. Airborne microbial shedding increases significantly from 90 to 180 minutes.
3. A tight-fitting pouch mask was superior to the flat mask in reducing oral/pharyngeal shedding.

### Recommended Practices

NATN (National Association of Theatre Nurses, U.K.) states in their "Principles of Safe Practice in The Perioperative Environment."<sup>9</sup> Disposable high filtration face masks should be provided near the restricted areas. They must be worn in accordance with local policy, completely covering nose and mouth and secured by tapes (i.e., ties [ed.]). Masks should not be handled except when being put on and taken off...Masks should be changed when soiled and every two hours if possible. They should be removed completely when leaving the restricted areas.<sup>10</sup>

that: all persons entering restricted areas of the surgical suite should wear a mask when open sterile items and equipment are present.<sup>10</sup>

Additional support endorsing the wearing of a face mask in surgery, and directly refuting Tunevall's argument, comes from the British Orthopaedic Association (BOA), Royal College of Surgeons: "Medical papers which show that omitting the use of face masks in General surgery where there is an infection rate approaching five per cent have no relevance to orthopaedic surgery" and "masks to be worn at all times within the operating theatre and lay-up room."<sup>11</sup>

The University of Dusseldorf Hospital has similar recommendations:<sup>12</sup> "The mask must be sufficiently large to cover both the mouth and nose. The face mask must be renewed prior to each operation and when it becomes thoroughly wet." Face masks should not: be allowed to hang down after use; be continued in use; handled by the hands.

L.J. Atkinson, in Berry & Kohn's "Operating Room Technique,"<sup>13</sup> writes:

1. "A mask is worn in the restricted area to contain and filter droplets containing microorganisms expelled from the mouth and nasopharynx during talking, sneezing, and coughing."
2. "Masks are worn at all times in the restricted area of the O.R. suite."
3. Masks "**must be worn over both nose and mouth.**"
4. Promptly discard mask into a proper receptacle on removing.
5. "Remask with a fresh mask between patients."
6. Change [masks] frequently.
7. Keep talking to a minimum.

In summary, a recent quote from J.T. Lee<sup>14</sup> should answer the question posed at the beginning of this article, "Do You Really Need to Wear a Face Mask?" - "Nobody wants his or her mate, parent, or child to undergo any operation in which live oral or nasal bacteria from surgeons or nurses can enter a sterile field. None of our patients should get less consideration."



### References:

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