Dame Sue Hill

Chief Scientific Officer England

8th June 2020

Dear Sue

**Re: Face mask use in English hospitals**

On Friday 5th June, the Honourable Matt Hancock MP announced that all staff in hospitals in England will be provided with surgical masks which they will be expected to wear from 15 June. All visitors and outpatients must wear face coverings at all times. Following this announcement I wanted to write to you on behalf of the British Academy Of Audiology (BAA).

Whilst we support the use of face masks to reduce the spread of Coronavirus, we are concerned that this will create a **significant disadvantage** to the 1 in 6 of the UK population who are Deaf or have hearing loss and rely on lip reading and facial expressions to communicate.

As audiologists within NHS Hospitals we are already working to high standards of social distancing and adapted practice within our departments. We would expect to be able to continue our noncontact work with patients at a safe 2m distance without face coverings, whilst appropriately using PPE in close contact procedures.

We are aware of work being undertaken - at the direction of the Chief Scientific Officer, Professor Dame Sue Hill - at Addenbrookes hospital by their Clinical Engineering Department to produce a CE-marked clear panel face mask. We would urge you to ask the government on behalf of BAA and our members for an update on this work and a commitment to ensure the funding for development, testing and production of these masks allows it to be accelerated, with no barriers to access for these masks.

In addition we have concerns that need immediate national guidance for wider staff groups in NHS Hospitals, specifically for those who have hearing impairment and require visual cues to support effective and accurate communication. The cost of miscommunication and fatigue created by not hearing well can lead to wider implications. We would also draw attention to the requirements of the [Accessible Information Standard (rev Aug 2017](https://www.england.nhs.uk/wp-content/uploads/2017/08/accessilbe-info-specification-v1-1.pdf)).

**Action is required immediately on the following;**

* Agreement that staff are directed to remove face masks whilst conducting video consultations/telehealth appointments throughout hospital departments.
* If a patient identifies themselves as requiring lip reading anywhere in the NHS, staff be permitted to conduct their appointment without a face mask at a 2m distance.
* Provision for NHS staff who are Deaf or have hearing loss to have extra funding available to access technology, for example remote microphones for hearing aid users, employer provision of tablets for using speech to text apps? Assurance this be will equitable across the NHS Trusts and access arrangements shared.
* Publication of the attached good communication tactics to every hospital staff member
* In order to relieve anxiety for those who are Deaf or have hearing loss we would ask that government ministers share information to the wider public audience on good communication tactics to help reduce the anxiety for those with hearing loss and Deafness who may now be concerned about attending hospital appointments, as they know they will not hear staff well if they are wearing face masks.
* Assurance is also required for Audiologists that their departments will be able to access adequate PPE to enable them to continue with their plans to rebuild services.

We urge government to look at the public information they share to encourage good communication tactics from the public, and to encourage those making themselves face masks to make clear panel masks. Information on these can be found at <https://www.ndcs.org.uk/blog/diy-face-masks-with-clear-panels/>

As a part of the Healthcare Science network, we understand the issues that the science has shown with the spread of infection in areas other than clinical areas of hospitals. Along with our professional body BAA, I am asking you to help advocate for our colleagues, patients and members of the public who rely on lipreading to aid communication by asking for positive actions to support the adoption of wearing face masks for all hospital staff with a safe adaptation to this directive.

We request you some simple national guidance on exceptions that could be allowed for those who need lip reading.

We would be grateful for your support in this matter and your earliest response to these concerns. We are happy to discuss the issues further.

Yours sincerely,



Karen Shepherd

President British Academy Audiology