

THE CHECKUP

How to Help Kids Embrace Mask-Wearing

Most children enjoy the chance to feel morally superior. Assign them to be the family mask monitors.

By Perri Klass, M.D.

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What a beautiful thing is a face mask if it gives us back our world.

With states in various stages of reopening, the challenge we face right now is to hold on to the hard-won gains from staying home and shutting down, and to avoid increased transmission. Masks are a big part of the solution.

Older children can be a little cranky about adapting to life with masks, but younger children are perfectly placed to learn a new drill. They can be the family monitors, reminding their parents not to forget their face coverings when they leave the house, nudging them to pull up face coverings that slide down off their noses, sitting in disapproving judgment on naked-faced runners or puffing smokers who come too close.

Most children enjoy the chance to feel morally superior to adults (and adults often make this all too easy); go ahead and encourage a little righteousness. Remind them that they're smarter than these grown-ups who are not protecting others and not protecting themselves; masks do both.

Going back to school in the fall may well mean masks; the more kids have come to take them for granted by then, the better. I've taught in China, where many people — including children — have long been in the habit of wearing face masks to prevent transmitting or catching respiratory illnesses. Masks also come out when pollution counts are high; everyone understands that a face mask protects children from breathing in bad stuff.

As a medical student, you learn how to scrub for surgery, and after you've scrubbed, how to put on sterile gloves without contaminating them. You're already wearing your surgical mask before you put the gloves on, because (does this sound familiar?) you don't want to touch your face and contaminate your gloves. And of course, in the operating room you also wear shoe covers and head covers and sterile gowns, and there is a very organized and very rigid choreography of what is sterile and who is sterile and who is not. (Mind you, the mask itself is not sterile — you would not touch it once you have your sterile gloves on.)

And then you spend a little time, as a medical student in the operating room, terrified that you're going to contaminate that sterile field; that in a room full of highly expert people (scrub nurses, circulating nurses, surgeons, anesthesiologists), all of whom have come to understand what is sterile and what is not, you are the trainee who will screw things up — and then you learn the rules, and you internalize them, and you come to feel a little more at home, a little more sure that you can help keep everyone safe — especially the vulnerable patient, who is the reason you are all there in the first place.

At the end of the 19th century, as surgeons understood the role of microorganisms in infection, they began wearing cloth masks in the operating room so that they would not infect their patients. By 1918, gauze masks were being used in hospitals to reduce the likelihood that infections would spread among the patients, and to protect the doctors and nurses.

Surgeons and scrub nurses and their operating room colleagues do incredibly precise and high pressure work for hours and hours while wearing masks. And when we watch them doing that — on videotape, in movie scenes — we probably all feel subliminally reassured by their masks. They're concentrating, they're following the rules, they're working. When we say of any activity, well, it's not brain surgery, we're comparing that activity deprecatingly to something which is only ever done by people wearing face masks. We look at that masked neurosurgeon's face, and we think, *well, that's brain surgery.*

Like pretty much everyone else — including most doctors — I can't claim any kind of prescience about the coronavirus epidemic. But as a pediatrician, I knew that masks were a good idea, even when the authorities were telling us not to wear them. Hospital-grade face masks help protect health care workers from infections — not perfectly, but they improve the odds. When a sick child in a clinic or a hospital is known to have a respiratory infection — let's say, a baby hospitalized with respiratory syncytial virus, or R.S.V. — there will be signs all over the place telling everyone who comes into the room to wear a mask and gown and gloves. You don't do this because R.S.V. is dangerous to medical personnel or family members — in adults, it usually causes mild common cold symptoms.

But it can be very dangerous in babies, especially premature babies, so the last thing you want is infected medical workers, asymptomatic or very mildly affected themselves, but possibly carrying the virus, to infect other vulnerable infants. And even when they're in the room taking care of the sick baby, the face mask helps prevent that transmission along with careful hand hygiene and other contact precautions.

And when you have a health care worker who might have an infection — say, the occasional health care worker who won't or can't get a flu shot and therefore constitutes a danger to patients — that worker wears a face mask at work all winter long because the face mask protects the patients.

For months now, the Centers for Disease Control and Prevention has been recommending cloth face coverings, pointing to information about how asymptomatic and presymptomatic people can spread coronavirus. In other words, face coverings reduce the chance that we'll inadvertently spread virus when we don't know we're infected. They also remind us not to touch our mouths and noses, so they protect us from

inadvertently infecting ourselves — and they probably offer a certain amount of protection against large droplets. Again, that’s not guaranteed, so keep washing your hands, keep up the physical distancing, and cover your face when you might be around other people — or they might be around you.

The American Academy of Pediatrics reminds parents that staying home and social distancing are still most effective in preventing the spread of the virus, but it offers advice about helping children get accustomed to masks. They are not recommended for those under 2, and there may be some children who can’t wear them — the A.A.P. mentions those with “severe cognitive or respiratory impairments.” On the other hand, immunocompromised children might need more protection than cloth face coverings offer, and N95 masks are recommended.

The A.A.P.’s suggestions include putting a cloth face covering on a child’s favorite stuffed animal, decorating masks so they’re more personalized and drawing a mask on your child’s favorite book character.

There will be more information coming out about the relative efficacy of different kinds of face coverings, and there is increasing interest in the possibility of face shields, which might be especially helpful for children with neurodevelopmental issues who have trouble reading social cues.

I understand it’s not always pleasant to feel a little hot and sweaty under the mask on a hot, humid day, but let’s be honest, you can feel a little hot and sweaty under your underwear on a hot, humid day. I understand being sorry not to see people’s full faces, out in public, but I can deal with it. We’ll always have Zoom.

Doctors and nurses tend to feel safe and at home in their masks. Medical Twitter is rife with TikToks about masks, and by and large they are made with affection. Let’s help our children learn that affection — they can smile from behind their masks at the other people who are also doing the right thing.

You should feel a little safer in your mask, because you are. And you should feel like a good and generous citizen in your mask, because you are. And you should teach your children to feel safe and proud when they wear their masks, because they deserve to. They will be helping make a safer world.

Believe me, they will understand. It’s not brain surgery.

Dr. Perri Klass is the author of the forthcoming book “A Good Time to Be Born: How Science and Public Health Gave Children a Future,” on how our world has been transformed by the radical decline of infant and child mortality.