

Enhanced Surgical Mask Recognition Using EfficientNet Architecture

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Abstract: The research article presents a robust solution to detect surgical masks using a combination of deep learning techniques. The proposed method utilizes the SAM to detect the presence of masks in images, while EfficientNet is employed for feature extraction and classification of mask type. The compound scaling method is used to distinguish between surgical and normal masks in the data set of 2000 facial photos, divided into 60% training, 20% validation, and 20% testing sets. The machine learning model is trained on the data set to learn the discriminative characteristics of each class and achieve high accuracy in mask detection. To handle the variability of mask types, the study applies various versions of EfficientNet, and the highest accuracy of 97.5% is achieved using EfficientNetV2L, demonstrating the effectiveness of the proposed method in detecting masks of different complexities and designs.

Index Terms: Surgical mask detection, EfficientNet, face mask recognition, face mask detection, surgical mask recognition, machine learning, image processing, COVID-19, Segment Anything Model, Transfer learning.

1. Introduction

The COVID-19 pandemic has expanded rapidly around the world. This has impacted many companies around the world to think about the precautions to avoid health issues related to COVID-19. Many countries have developed particular measures to limit the transmission of coronaviruses, such as social distancing combined with the wear of masks to protect the mouth and nose, to reduce infection. Alongside the health-related requirements, many companies also changed their skill requirement policies to avoid appointing unskilled employees [1]. It is observed that not every nation has made face masks mandatory, a recent study by the World Health Organization suggests that wearing one can be quite effective in preventing the spread of COVID-19 [2].

In the field of computer vision and image processing face mask detection is a minimal subset of the field. To get a better understanding of how to improve classification model-related literature [3,4,5,6,7,8,9] is to be investigated alongside the subset.

In this context, various studies on mask detection have been published in recent years. There has been a significant amount of research conducted on the topic of detecting and recognizing faces [11]. A comprehensive strategic review is conducted by Vibhuti et al. Al. [10] where the pros and cons of each method have been analyzed, and sources to multiple datasets are mentioned. Rodrguez et al. Al. [12] developed a technique to identify medical masks worn in an operating room. By utilizing two separate detectors, one for detecting faces and the other for identifying medical masks, their approach significantly improved the model's accuracy. Specifically, the method achieved a 95% accuracy rate in detecting faces that were wearing surgical masks. Zekun et al. Al. [13] achieved an accuracy of 89% and developed a web application for user access.

Sanjaya & Rakhmawan [14] developed a machine learning model MobileNetV2 which can detect people who wear a face mask and do not wear it with an accuracy of 96.85%. Arjya, Mohammad, and Rohini [15] proposed a method that detects the face in the image correctly and then identifies whether it has a mask on it or not, and achieves accuracy up to 95.77% and 94.58%, respectively, on two different datasets. Loey et al. [16] introduced a framework that employs

machine learning to identify face masks using a collection of high-quality images of faces that resemble those captured at conferences. Their model demonstrated remarkable precision, with an accuracy rate of 99.64% to 100% when identifying face masks. Nevertheless, these images were captured when the face was facing a computer camera situated just a few inches away, and as such, it is not suitable for real-world scenarios where individuals could be walking around at varying distances and angles, resulting in only a partial view of their faces and masks. Qin & Li [17] presented a technique to evaluate the suitability of wearing a mask by analyzing where it is placed. Their method categorizes each scenario into three groups: proper mask placement, incorrect mask placement, and no mask present. The method was successful in identifying face masks and their positions with a 98.7% accuracy rate. Shay & Ghaith [18] used three components: The resNet-50 model, multitask convolutional neural networks (MT-CNN), and CNN classifier to detect face masks. Furthermore, they implemented their technique on a mobile robot called 'Thor' and achieved an accuracy of 81.3%. Eashan & Brian [19] experimented with a huge dataset of 653,997 real-world webcam images and implemented some of the object detection algorithms to understand their effectiveness in such a real-world application. A model based on InceptionV3 was used by G. Jignesh Chowdary et al. Al. [20] to achieve a 99.9% accuracy on the Simulated Masked Face Dataset (SMFD). Amit et al. Al. [21] presents a two-stage face mask detector: RetinaFace model, Dlib & MTCNN. They selected the NASNetMobile-based model to classify face mask detection and achieved 99.23% accuracy. Shilpa et al. Al. [22] proposed a method that combines one-stage and two-stage detectors to achieve low inference time and high accuracy and achieved high accuracy (98.2%) when implemented with ResNet50. Ruchi & Manish [23] proposed a system that has achieved an accuracy of 98% in the synthesized benchmark datasets. The researchers utilized a face detection model called "Single Shot Multibox Detector" and an advanced architecture called "Deep Inception V3" (abbreviated as SSDIV3) to identify important image characteristics and classify them as either "with mask" or "without a mask." Muhammad et al. Al. [24] developed a deep-wise separable convolutional neural network model that achieved 93.14% accuracy. Balaji et al. [25] employed a VGG-16 CNN model that was created in Keras/TensorFlow and OpenCV to detect individuals who did not adhere to the mandatory face mask policy at government workplaces. Sufia et al. Al. [26] experimented on two sets of the dataset and achieved 98.96% accuracy by MobileNetV2, which outperformed VGG19 achieving an accuracy of 99.55%. Sadeddin [27] used a pre-trained ResNet-50 model on an image dataset of approximately 12,000 face mask images and achieved a 99% validation accuracy on 800 of those images. Dostdar et al. Al. [28] evaluated their experiment on two datasets and used the MobileNetV2 & DCNN models. The experiment showed that MobileNetV2 had a higher precision than DCNN on two different datasets. MobileNetV2 had 98% accuracy on dataset 1 and 99% accuracy on dataset 2, while DCNN had 97% accuracy on both datasets. Oumina et al. Al. [29] created a system that combines pre-trained deep learning models (Xception, MobileNetV2, and VGG19) to extract features from input images. They then used different machine learning classifiers, such as SVM and k-NN, to classify these extracted features into two classes (with mask and without mask) using a total of 1376 images. Their experimental results show that the combination of MobileNetV2 with SVM achieved the highest precision of 97.11%. Burhan et al. Al. [30] built a dataset of 14,535 images, including 5000 with incorrect masks, 4789 with masks, and 4746 without masks. They also developed a face mask detection system that can detect all three classes accurately with an average accuracy of 97.81%. In 2021, Afsana et al. conducted a comprehensive and meta-analytic review [31] on facemask detection techniques was done by Afsana et al.

All of these studies have primarily identified surgical and nonsurgical masks as face masks, thus detecting any type of mask, resulting in no in-depth research focusing on the detection of surgical masks that can effectively prevent COVID-19 transmission. The problem was to enforce the mask laws without mentioning any specific mask recommendations. During that time many people wore different types of masks, mostly nonsurgical. That is why this law helped very little to control the spread of the virus. A surgical mask prevents the coronavirus from entering through the mouth and nose, but other masks perform very poorly in this case. The capacity to prevent viruses is approximately 50% in the case of surgical masks, whereas the normal mask has only a 10% chance of prevention or even below.

Some research was published on facemask detection as mentioned above, but no publications were done to develop a complete surgical mask detection model for real-world application effectively. Therefore, in this paper detection of surgical masks is being emphasized to solve the problem.

2. Proposed Method

Various research initiatives are ongoing to utilize AI-driven methods to classify categories from different datasets [32,33,34,35]. Through completed and ongoing research, several observations can be made regarding the effectiveness of different methods on specific types of datasets. Judging from the previous literature we have decided to apply SAM [36] for segmentation and EfficientNet for feature extraction. Pre-trained models such as ResNet50, VGG16, Xception, and EfficientNet were used for feature extraction during classification. These pre-trained models were originally trained on a large image dataset called 'ImageNet' [37]. However, we found that the ResNet50, VGG16, and Xception models work well for classifying facemasks with less challenging conditions. The feature extraction approach in these models relies on color-based pixel information, which is ineffective in identifying surgical masks from a dataset of only masked faces.

To overcome this challenge, we turned to the compound scale-based feature extraction method used by the EfficientNet model. EfficientNet [38] is another pre-trained model based on ImageNet that uses a compound scale

approach for feature extraction. Consequently, in this study, EfficientNet was used to detect surgical masks and classify them into various types of masks. Fig. 1 shows a diagram representing our proposed method.

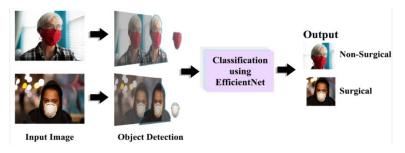


Fig. 1. Proposed model for surgical mask identification

2.1 Dataset

For this experiment, a data set containing 2000 images is used. The dataset has two categories: surgical masks and non-surgical masks. The dataset contains images of various resolutions. Every category contains 1000 images. 1200 images are used for training (600 images from each category). 400 images are used for validation (200 images from each category) and 400 images for separate testing (200 images for each category). The main image data set is from the Face Mask Detection Data Set [39] from 'Kaggle' and we have modified the data set by filtering them into two categories for our research. Because these images are variable in size, we reduced them to a standard resolution of 224 \times 224 pixels.

2.2 Experimental Procedure

First of all, the images of the dataset are categorized into two categories, those are surgical and nonsurgical masks. The machine cannot understand the pure colors, so using the 'Numpy Arrays' function, the information from the RGB channel is converted to matrices. This is a part of data preprocessing. After data pre-processing is done, the arrays

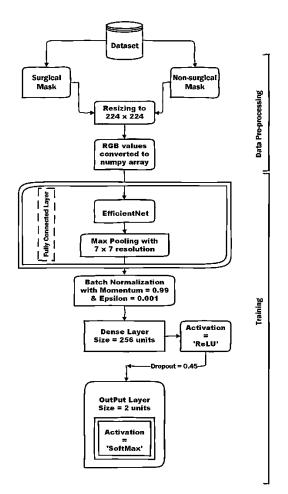


Fig. 2. EfficientNet Model Flow Chart

containing image information are pipelined through SAM to 'Efficient Network'. EfficientNet reduces the dimensions to 7×7 using the 'max pool' function. This output is further given as input to the dense layer of size 256 units. In the dense layer, the activation function 'ReLU' is being used to accelerate. The output layer, using the activation function 'SoftMax', creates two neurons for the probability calculation, as the probable outputs are two. The process uses the concept of 'transfer learning'. The following Fig. 2 describes the whole process in brief using a flowchart.

2.3 Feature Extraction

Generally, CNN models extract features mostly using color-pixel-based factors. This is quite an effective method. But in our case, the color-pixel-based decision is not helpful as both mask categories contain masks of the same/different color, making the model incapable of identifying the masks properly. 'EfficientNet' uses a method that scales the models using a simple yet effective approach called the compound coefficient, which scales the dimensionalities of each portion keeping uniformity by using a predetermined set of scaling coefficients rather than randomly scaling with resolution, width, and depth. The compound scaling approach is based on the principle of scaling with a constant ratio so that the model can maintain balance among the resolution, width, and depth dimensionalities. The following equations demonstrate how it is done mathematically:

Depth
$$d = \alpha^{\phi}$$
, Width $w = \beta^{\phi}$, Resolution $= \gamma^{\phi}$
Such that α . β^2 . $\gamma^2 \approx 2$ and $\alpha \ge 1, \beta \ge 1, \gamma \ge 1 \dots \dots$ (1)

If the input image is larger, the network's understanding is that it requires additional layers to expand the receptive field and more channels to capture more fine-grained patterns on the larger image, thus finding better-defining features from images.

2.4 Experimental setup

During the experiment, in the training period, we used the 'Adamax' optimizer, as it is faster and more helpful for sparse data. We used 'categorical cross entropy' as a loss function. 50 epochs were used to train the model. The batch size was set to 30. The learning rate was primarily set at 0.001. But if in any epoch, the loss is greater than the previous epoch, the learning rate is automatically cut off by half. Accuracy matrices were defined to calculate the result. The whole experiment was carried out using a powerful computer that had a core i7 processor, 32 GB of RAM, and 8 GB of GPU memory. The GPU model is NVIDIA GeForce GTX 1070. To manage the CUDA cores [40] of the GPU, CUDA Toolkit version 11.4 and CuDNN [41] version 8.2.2 were used. To run the whole experiment, 'Jupyter-Lab' was used along with an anaconda navigator. Python version 3.8.3, Keras [42], Tensorflow [43] version 2.7, and the Scikit-Learn library were used to manage the machine learning functions.

3. Results

3.1 Training-Validation and Test-Accuracy

In this research, we have used EfficientNetB0', EfficientNetB1', 'EfficientNetB2', 'EfficientNetB3', 'EfficientNetB4', 'EfficientNetB5', 'EfficientNetB6', 'EfficientNetB7', 'EfficientNetV2M' and 'EfficientNetV2L'. In all cases, the training took approximately 10-12 minutes. The following graphs describe the accuracy and loss of the highest and lowest accuracy obtained from the training. In the case of 'EfficientNetB5,' the lowest validation accuracy is 89.75% and the test accuracy is 91%, which is achieved in the 33rd epoch as shown in **Fig. 3**.

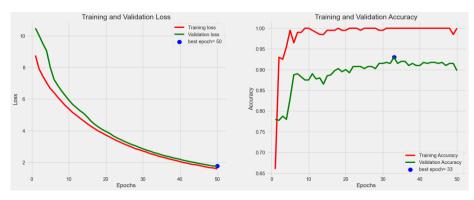


Fig. 3. EfficientNetB5 training curve

In the case of 'EfficientNetV2L', the highest validation precision is 96.75% and the test precision is 97.5%, which is achieved at the 33^{rd} epoch as shown in Figure 4.

Enhanced Surgical Mask Recognition Using EfficientNet Architecture

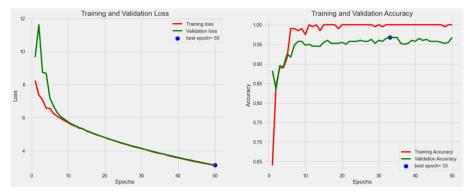
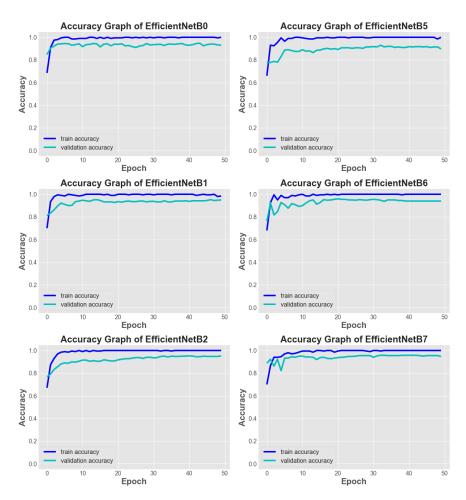


Fig. 4. EfficientNetV2L training curve

The training curve for all the models is demonstrated in Fig. 5 and the detailed result is shown in Table 1 below.

Table 1. Accuracy and Loss Scores

Model	Training	Training	Validation	Validation	Test	
WIGHT	Loss	Accuracy (%)	Loss	Accuracy (%)	Accuracy (%)	
EfficientNetB0	1.632	100	1.75581	93	94	
EfficientNetB1	1.452	98.5	1.51858	95	95.75	
EfficientNetB2	1.544	100	1.63089	95.25	93.75	
EfficientNetB3	2.914	100	3.04204	94.5	94.25	
EfficientNetB4	1.432	100	1.53435	93.75	93.25	
EfficientNetB5	1.577	100	1.75885	89.75	91	
EfficientNetB6	1.797	100	1.86337	94	95.75	
EfficientNetB7	3.105	100	3.18348	94.75	94.5	
EfficientNetV2M	1.332	100	1.38311	95.25	94.75	
EfficientNetV2L	3.114	100	3.13626	96.75	97.5	



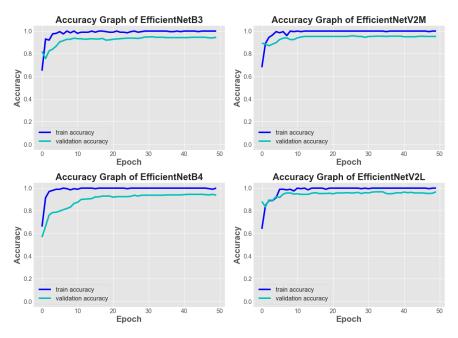


Fig. 5. Accuracy Curves of all EfficientNet Models

Fig. 6 represents the test accuracy comparison for various EfficientNet models.

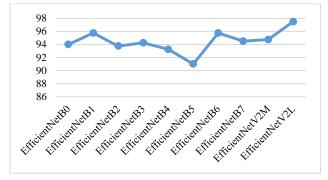


Fig. 6. Test accuracy comparison for all models

3.2 Confusion Matrices

The confusion matrices demonstrate which data was actually a nonsurgical mask and are also identified as a nonsurgical mask. And which data was a surgical mask but identified as a non-surgical mask. The same applies to surgical masks. The confusion matrices of all models are shown in Fig. 7.

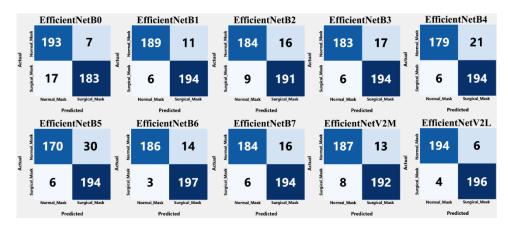


Fig. 7. Confusion Matrices

3.3 Classification Report

In Table 2, the precision, recall, and f1 scores of the models are presented.

Table 2. Classification Report

Model		Precision	Recall	f1-score	Model		Precision	Recall	f1-score
Efficient	Normal	0.92	0.96	0.94	Efficient	Normal	0.97	0.85	0.9
NetB0	Surgical	0.96	0.92	0.94	NetB5	Surgical	0.87	0.97	0.92
	Accuracy			0.94	-	Accuracy			0.91
	Macro Avg.	0.94	0.94	0.94	-	Macro Avg.	0.92	0.91	0.91
	Weighted Avg.	0.94	0.94	0.94	-	Weighted Avg.	0.92	0.91	0.91
Efficient	Normal	0.97	0.94	0.96	Efficient	Normal	0.98	0.93	0.96
NetB1	Surgical	0.95	0.97	0.96	NetB6	Surgical	0.93	0.98	0.96
-	Accuracy			0.96	-	Accuracy			0.96
-	Macro Avg.	0.96	0.96	0.96	-	Macro Avg.	0.96	0.96	0.96
	Weighted Avg.	0.96	0.96	0.96	-	Weighted Avg.	0.96	0.96	0.96
Efficient	Normal	0.95	0.92	0.94	Efficient	Normal	0.97	0.92	0.94
NetB2	Surgical	0.92	0.95	0.94	NetB7	Surgical	0.92	0.97	0.95
	Accuracy			0.94	-	Accuracy			0.94
-	Macro Avg.	0.94	0.94	0.94	-	Macro Avg.	0.95	0.95	0.94
-	Weighted Avg.	0.94	0.94	0.94	-	Weighted Avg.	0.95	0.94	0.94
Efficient	Normal	0.97	0.92	0.94	Efficient	Normal	0.96	0.94	0.95
NetB3	Surgical	0.92	0.97	0.94	NetV2M	Surgical	0.94	0.96	0.95
-	Accuracy			0.94	-	Accuracy			0.95
	Macro Avg.	0.94	0.94	0.94	-	Macro Avg.	0.95	0.95	0.95
	Weighted Avg.	0.94	0.94	0.94	-	Weighted Avg.	0.95	0.95	0.95
Efficient	Normal	0.97	0.9	0.93	Efficient	Normal	0.98	0.97	0.97
NetB4	Surgical	0.9	0.97	0.93	NetV2L	Surgical	0.97	0.98	0.98
-	Accuracy			0.93	•	Accuracy			0.97
-	Macro Avg.	0.93	0.93	0.93	•	Macro Avg.	0.98	0.97	0.97
-	Weighted Avg.	0.93	0.93	0.93	-	Weighted Avg.	0.98	0.97	0.97

3.4 Receiver Operating Characteristics

ROC stands for Receiver Operating Characteristic. It is a curve that is commonly used to evaluate the performance of a binary classifier, which is a model that predicts binary outcomes (e.g., yes or no, positive or negative) based on some input features. The ROC curve is a graphical representation of the trade-off between the true positive rate (TPR) and the false positive rate (FPR) of the classifier, as the classification threshold is varied. The true positive rate is the proportion of positive instances that are correctly identified by the classifier, whereas the false positive rate is the proportion of negative instances that are incorrectly classified as positive. **Fig. 8** illustrates the ROC comparison for all EfficientNet models.

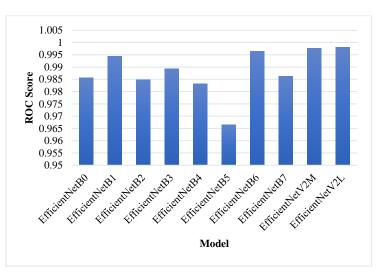


Fig. 8. ROC comparison

Fig. 9 illustrates the ROC curves for all EfficientNet models.

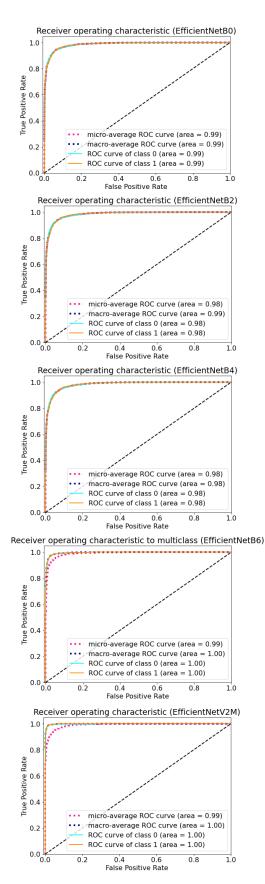
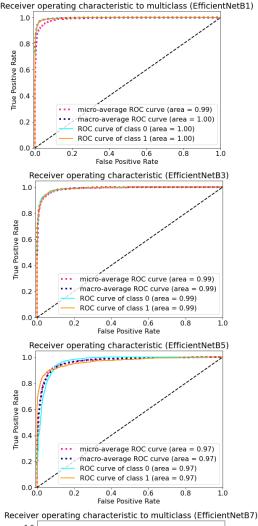
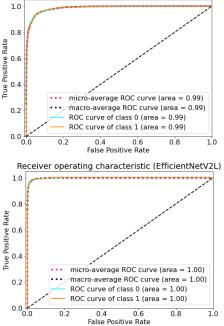


Fig. 9. ROC curve





4. Discussion

During the period of COVID-19, the prevalence of face masks has increased. Wearing face masks has become mandatory in various institutions and public gatherings. But wearing face masks only for the sake of covering the face is not enough to prevent covid-19 certain categories of face masks, especially surgical or medical face masks, wearing can significantly reduce the transmission of COVID-19.

Initially, various institutions emphasized wearing only face masks rather than surgical or medical masks. For this purpose, various types of research have been conducted for automatic face mask detection, some of which have been applied successfully. Some such research datasets are available on online platforms. However, since there is no research and data set specifically on surgical mask identification, we had to prepare our data set for this research, which is why our data set had to be created entirely by ourselves, which took some time. Also, our dataset contains only 2000 images which is somewhat less.

Another challenge of our research is that we have to differentiate two categories which are both images of people wearing masks. Previous research studies have used various methods to detect images of people with and without masks. On the other hand, we had to detect surgical face mask images from masked images. For this, the process of feature extraction was quite complicated, and it was very difficult to get more accuracy in this work.

In our proposed method, we applied scale-based feature extraction instead of color-based feature extraction. For this reason, our machine learning model did not randomly identify all masks that match the color of the surgical mask as a surgical mask and used features other than the color that is only present in the surgical mask as defining features. As a result, our proposed model was able to successfully distinguish surgical masks from normal ones in our prepared surgical mask dataset.

5. Conclusions

In conclusion, the proposed method of surgical mask segmentation and recognition using deep learning techniques presents a robust solution for detecting the presence of surgical masks in images, with high accuracy. The study utilized the Segment Anything Model (SAM) to detect masks and EfficientNet to extract features and classify mask types. The study was motivated by the global epidemic of Covid-19 and the proposed method can be useful in enforcing mask-wearing laws in public places. We compared our proposed method with existing literature on face mask detection and surgical mask detection and found that no research projects were carried out to develop a surgical mask detection model. Therefore, the study fills a significant literature gap by developing a surgical mask detection model and provides a valuable contribution to the field. The proposed method can be useful in real-world applications such as airports, hospitals, and other public places where masks are mandatory. We used various versions of EfficientNet to handle the variability of mask types and designs, and the high precision of 97.5% demonstrates the effectiveness of the proposed method in detecting masks of different complexities and designs. Future research can expand on this study to develop a more comprehensive system that can recognize masks in videos and real-time settings. Overall, this research is a significant step toward making our society safer and healthier.

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