

MASKS for CHILDREN



We support Children's rights, and a Parents' right to consider the best health choices for their children, and invite you to consider the following information.

Wearing a face mask results in re-breathing the carbon dioxide (CO₂), that the lungs are trying to expel.

Studies outline:

Rises in CO₂ in the air consistently produce panic events and panic attacks in anxious children, inducing measurable distress in all child study groups, including the neurotypical.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5762134/>

A detrimental increase in inhaled carbon dioxide in masked children, with the youngest children having the highest values. After only 3 minutes in a mask, the acceptable level of carbon dioxide rises by a factor of 6.

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2781743>

The potential harms of mask use in children include breathing troubles, headaches, difficulty in communicating, dermatitis, acne, facial skin lesions, and general discomfort.

— **World Health Organisation (WHO)**

https://apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf

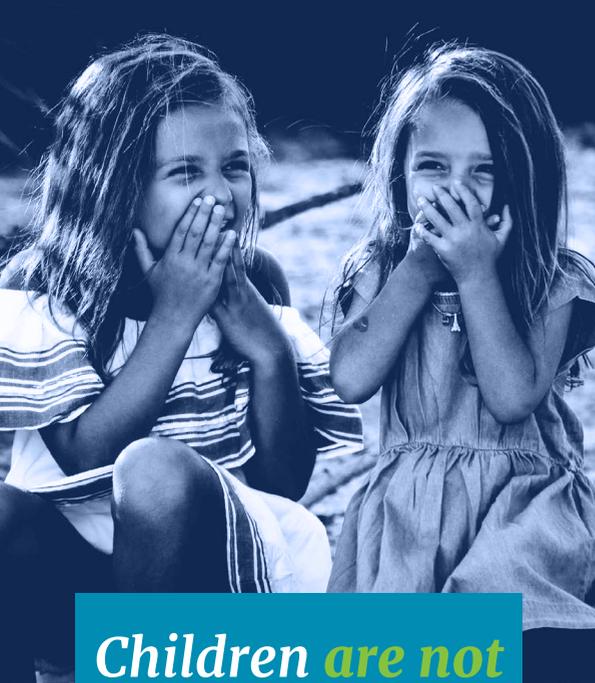
"At the present time, the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and there are potential benefits and harms to consider."

— **World Health Organisation (WHO)**

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Ten randomised-control-clinical trials evaluated the effectiveness of face masks in reducing influenza virus infections in the community, finding no significant reduction in the transmission.

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article



Children **are not** little adults

A systematic review in the United Kingdom found that *“none of the studies established a conclusive relationship between mask/ respirator use and protection against influenza infection.”*

<https://pubmed.ncbi.nlm.nih.gov/22188875/>

A post 2002 SARS outbreak study concluded particles in the size-range of coronavirus **do** penetrate through the N95 respirator and surgical facemasks, making their benefit arguably negligible in the majority of cases.

<https://academic.oup.com/annweh/article/52/3/177/312528>

The American Medical Association position paper on masks:

“Face masks should be used only by individuals who have symptoms of respiratory infection such as coughing, sneezing, or, in some cases, fever. ... Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill. ... Because N95 respirators require special fit testing, they are not recommended for use by the general public.”
Journal of the American Medical Association

<https://jamanetwork.com/journals/jama/fullarticle/2762694>

Depending on your State/Territory, exemptions might include:

- Physical or mental health illness or condition, or disability, that makes wearing a mask unsuitable. For example, if you have a skin condition, an intellectual disability, autism or trauma.
- A schoolteacher, where the ability of students to hear or engage may be affected, or a student may be hard of hearing
- An early childhood staff member, when working directly with children
- Numerous other lawful reasons.

Always be respectful to people who are not wearing a mask, as their reason is often not visible or obvious.

The decision to wear a mask requires consideration and a parent's right of choice for our children; not mandates.