

COMMUNITY USE OF FACE MASKS



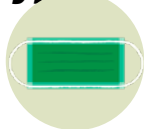
Scope

This document provides guidance to community members on the use of face masks and other face covers in the community by individuals who are not ill in order to reduce potential asymptomatic or pre-symptomatic transmission of COVID-19. The document also provides advice on the use of masks during home care¹ for patients with COVID-19.

Background

There is increasing evidence that persons with asymptomatic, pre-symptomatic or early stages of infection can contribute to the community transmission of COVID-19. A face mask will help reduce the spread of infection in the community by minimizing the shedding of respiratory droplets from infected persons who may not even know they are infected and before they become symptomatic. Adopting these safety practices will help save lives!

Types of masks



Medical masks² should be reserved for health care workers and those providing care to COVID-19 patients at home. The use of medical masks can also prevent the spread of respiratory droplets from an infected person to other people and limits potential contamination of the environment by droplets.



Non-medical masks (cloth masks) are various forms of self-made masks or face covers made of cloth or other textiles. They are not standardized and are not intended for use in healthcare settings, by healthcare professionals or for home care of cases of COVID-19.



A respirator³ is designed to protect healthcare workers from exposure to infectious agents during aerosol-generating procedures. Respirators with valves do not prevent the release of exhaled infectious particles from the wearer into the environment, hence cannot be used for source control (e.g. asking COVID-19 patients or suspects to wear facemasks).

¹ Home care refers to care of COVID-19 patients in the home setting and provided by family members or friends without formal health care training. Persons providing home care should be provided IPC education and support to minimise the risk of onward transmission within the household and to ensure the right level of care is available.

² Medical masks, (sometimes referred to as surgical masks) are produced to conform to standards such as ASTM F2100-11 Level 1, 2 or 3 or EN14683 II or IIR, these define the level of fluid resistance, breathing resistance and standards of construction.

³ Respirators or close-fitting respiratory equipment must conform to standards including N95 or N99 or FFP2 or FFP3. These standards show that the material of the respirator is designed to filter small aerosols created through aerosol generating procedures. To function effectively they require fitting to the face of the health care worker.

Deciding whether to recommend community-wide use of face masks

There are potential implications of widespread use of facemasks in the community. Member Counties should take these into account when deciding on local policy.

Risks	Benefits
May draw supplies of medical masks from health care workers	Does not stigmatise symptomatic people who are wearing masks as source control
Use for long periods could lead to discomfort and difficulty with breathing	May provide protection in crowded settings where physical distancing is not possible.
May reduce compliance with other important public health measures	May protect those working in close contact with the public.
If used incorrectly masks may present increased risk of self-contamination	May reduce exposure risk from those who have pre-symptomatic infection
Locally made, non-medical masks may not be effective in protection from infection	May become a visual signal to remind people to comply with other public health measures
Additional cost burden on people to buy masks in limited resource settings	In situations of widespread transmission and minimal capacity to isolate, a greater number of symptomatic people may be in the community.
The waste created by inappropriately discarded masks can become an environmental problem.	

Recommendations

- The Cornerstone CDC recommends community wearing of non-medical masks in settings where social distancing is not possible and stay home where there is widespread community transmission.⁴
- Community-wide use of masks should be accompanied by risk communications and community messaging, with instructions for correct use and critically not at the expense of other important messages about hand hygiene, respiratory hygiene and other evidence informed measures.
- Non-medical masks are not recommended for use by persons providing home care for COVID-19 patients.
- Counties are advised to **prioritize** the use of medical masks and respirators for healthcare workers and caregivers of patient(s) with COVID-19 in household settings.
- Medical masks are recommended as a means of source control for symptomatic persons in order to prevent the spread of respiratory droplets produced by coughing, talking or sneezing.
- Medical masks are designed to be single use and have only been tested for efficacy on that basis. There is currently no safe way for medical masks to be decontaminated and reused.
- Masks should be used in addition (and not in preference) to other infection control and prevention (IPC) measures: hand hygiene, respiratory hygiene, environmental cleaning and physical distancing measures.
- Face masks should not be worn by babies and children under 2 years, or by disabled people who are not able to remove the mask themselves.
- Medical masks are not recommended for people who are not ill or who are not providing care for patient(s) with COVID-19 in household settings.

⁴ Reference Cornerstone CDC guidance notes on transport sector, informal settlements, educational settings and places of worship.

Non-medical masks

If decision makers choose to advise community use of non-medical masks, the following features should be taken into consideration:

- Numbers of layers of fabric – multiple layers of high thread count
- Breathability of material used – should not markedly increase the work of breathing
- Water repellence/hydrophobic qualities – should resist absorption by fluid droplets on the outer surface
- Shape of mask- should cover the mouth and nose fully
- Fitting of mask- should be comfortable to wear without the need for touching or readjustment once in place

How to put on and take off a face mask

For any type of mask, appropriate use and disposal are essential to reduce the risk of transmission

- Check the mask is clean, undamaged and dry before use.
- Clean hands with alcohol-based hand rub or soap and water before putting on a face mask
- Place the mask on, ensuring it fully covers the mouth and nose, and tie securely/place elastic ear loops to minimize any gaps.
- Avoid touching the front of the mask while wearing it, if you do, clean hands with alcohol-based hand sanitizer or wash hands with soap and water.
- Remove the mask by untying from behind or taking off the elastic ear loops. Do not touch the front of the mask.
- After removal or whenever a used mask is inadvertently touched, clean hands using an alcohol-based hand rub or soap and water.
- Change masks when they become damp with a new clean, dry mask.
- For non-medical cloth masks, launder thoroughly with hot water and detergent, then either use a hot iron or soak in a mild bleach solution of 0.05% for 10 minutes then rinse before drying in the sun.
- Discard single-use masks after each use responsibly in covered waste bins or bags
- Do not litter the ground with used masks.
- Do not re-use single-use masks.



How to wear a face mask correctly



DO make sure the mask covers your nose and mouth completely



DO NOT wear the face mask on your neck.



DO NOT wear the face mask under your nose.



DO NOT let children under 2 years old wear face masks.

In order to slow the spread we must continue to wear masks correctly, keep at least 6 feet away from people and wash our hands frequently.

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THE CORNERSTONE CDC