

COVID-19 interim guidance: Face masks ^[1]

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EXCERPTS

The American Academy of Pediatrics (AAP) strongly endorses the use of safe and effective infection control procedures to protect children and adolescents. During the coronavirus disease 2019 (COVID-19) pandemic, effective infection prevention and control requires the correct and consistent use of a well-fitting face mask for those who are not fully vaccinated. Face masks should fit over the mouth and nose and fit snugly along the side of the face without any gaps.

Face masks can be safely worn by all children 2 years of age and older, including the vast majority of children with underlying health conditions, with rare exception. Children 2 years of age and older have demonstrated their ability to wear a face mask. In addition to protecting the child, the use of face masks significantly reduces the spread of severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2) and other respiratory infections within schools and other community settings. Home use of face masks also may be particularly valuable in households that include medically fragile, immunocompromised, or at-risk adults and children.

During the COVID-19 pandemic, use of face masks should continue until the child or adolescent is considered fully vaccinated – two weeks after receipt of the final COVID-19 vaccine dose.

Consistent use of a face mask is one part of a comprehensive strategy (in addition to physical distancing, hand washing, and vaccination) to mitigate risk and help reduce the spread of COVID-19, particularly in those who are not fully vaccinated or not eligible to receive a COVID-19 vaccine.

Pediatricians are encouraged to discuss infection control practices with their patients and families.

- When you wear a face mask, you protect others as well as yourself, especially if you are not vaccinated and/or are around others who are not vaccinated. Per CDC guidance, face masks and physical distancing are no longer needed for persons who are fully vaccinated unless it is required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local businesses, and workplace (eg. health care settings) guidance.
- Schools, child care programs, and camps are encouraged to continue to support the use of face masks for children and staff until vaccine is available and uptake within the pediatric population is high enough to prevent transmission of SARS-CoV-2.
- A face mask is NOT a substitute for physical distancing. For those who are unvaccinated, face masks should still be worn in addition to physical distancing indoors around people who do not live in your household. Face masks should be used outdoors for those who are unvaccinated if in large group settings and/or when physical distancing recommendations cannot be maintained. Public health mask mandates may vary based on the level of SARS-CoV-2 circulating in each community and it is recommended that local guidance be followed.
- Face mask use should be continued for those who are unvaccinated and playing indoor sports (except for sports in which the mask may become a hazard) and outdoors sports that have close contact (see AAP interim guidance on Return to Sports and Physical Activity).
- Face masks should be worn any time you are traveling on a plane, bus, train, or other form of public transportation traveling into, within, or out of the United States and in US transportation hubs such as airports and bus stations.
- People who are immunocompromised might not have a full immune response to COVID-19 vaccination and should talk to their health care provider about taking extra precautions (eg. continued use of masks and hand washing) to prevent infection.
- Wear a face mask inside your home if someone you live with is sick with symptoms of COVID-19 or has tested positive for COVID-19.
- Wash your hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol after touching or removing your face mask.

Region: United States ^[3]

Tags: COVID-19 ^[4]

health and safety ^[5]

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