

USE OF FACE COVERINGS IN PUBLIC SETTINGS

ACHC Position Statement



Current federal guidance recommends the use of face coverings, social distancing, handwashing, and sheltering in place to mitigate the spread of coronavirus (COVID-19). A special concern is that people infected with COVID-19 may lack symptoms and could unwittingly transmit the virus.

Face coverings offer an approach to prevent those who are infected but do not have symptoms from spreading the virus to others. Therefore, if people are out in public and wearing masks, or other facial coverings, they can avoid spreading the virus.

Current guidelines recommend using face coverings in places where social distancing measures are difficult to maintain. Accreditation Commission for Health Care (ACHC) recognizes the importance of wearing face coverings to prevent the spread of infectious disease, but recommends that guidance be expanded.

ACHC supports the use of face masks or other facial coverings in all public settings as an important step to slow the spread of COVID-19.

STUDIES

Research on the transmission of COVID-19 and the use of masks is evolving. These early studies help us understand how COVID-19 can be transmitted and the steps required to mitigate and abate the surge. Recent studies of the virus have demonstrated that some people who are asymptomatic as well as those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms.

A study in Singapore found that pre-symptomatic transmission likely occurred and accounted for 6.4% of the 157 locally acquired cases. It was also determined that pre-symptomatic transmission occurred 1–3 days before symptom onset. (1) Such transmission modes have not been definitively documented for COVID-19, although cases of pre-symptomatic and asymptomatic transmissions have been reported in China (2, 3) and possibly occurred in a nursing facility in King County, Washington. (4) Examination of serial intervals (i.e., the number of days between symptom onsets in a primary case and a secondary case) in China suggested that 12.6% of transmission was pre-symptomatic.

In addition, new research has shown that droplets (aerosols) from the virus are stable and detectable for several hours in the air. (5) These results provide key information about the stability of COVID-19 and offer new understanding that people may acquire the virus through the air.

This research helps us understand possible avenues for COVID-19 to spread and supports the use of face coverings as an approach to mitigate the spread of the virus.

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MITIGATING THE VIRUS AND THE USE OF FACE COVERINGS

On April 3, 2020, the Centers for Disease Control and Prevention (CDC) recommended that people use cloth face coverings in places where social distancing measures are difficult to maintain. The CDC has issued guidance on the use of cloth face coverings to keep people who are infected, but do not have symptoms, from spreading COVID-19 to others. The CDC also clarifies the type of mask that the public should wear and other steps to take to reduce the spread of the virus. Specifically, these include:

- The cloth face covering is meant to protect other people in case you are infected.
- The cloth face coverings recommended are not surgical masks or N-95 respirators. Medical face masks are critical supplies that should be reserved for healthcare workers and other first responders, as recommended by the CDC.
- The cloth face covering is not a substitute for social distancing.
- The CDC continues to recommend that people try keeping about 6 feet between themselves and others. (6)

The use of face masks, or other face coverings, has been controversial, as some suggest that research on the use of masks for the public has not yet been done. While the controversy continues, there is guidance from the CDC on the use of face masks and coverings as additional, voluntary public health measures. Cloth face coverings should: fit snugly but comfortably against the side of the face, be secured with ties or ear loops, include multiple layers of fabric, allow for breathing without restriction, and be able to be laundered and machine dried without damage or change to the shape. Face coverings made from household items or common materials at a low cost also can be used. (6) Recommended cloth face coverings are not surgical masks or N-95 respirators. At this time, there is little research on the results of using of cloth face masks or coverings.

SUMMARY

Recent studies have shown that there are individuals with coronavirus who lack symptoms and those who eventually develop symptoms who can transmit the virus to others before showing symptoms. The virus can spread between people—for example, by speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. We are also aware that the best masks to prevent the transmission of the virus are not available to the public due to the needs of medical professionals and the current lack of supply during the COVID-19 pandemic. As we review the facts today, ACHC supports the use of face masks or other facial coverings in all public settings as an important step to slow the spread of COVID-19. We will continue to update this position as further studies and information become available.

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