



Safety News

Dedicated to ensuring the safest and healthiest working environment for our members

Fall 2020 | Issue 20

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Our Vision

The United Association and its local unions will apply its best practices and resources to build the best educated and safest workforce in all sectors of the piping industry.

Message from Cheryl Ambrose Health, Safety and Environmental Administrator



The weeks and months are flying by while the many challenges everyone has been faced with in 2020 are still present and in the forefront. These challenges have forced us all to rethink how we work and live, how we train, how we

meet one another, and how we keep things moving forward with some semblance of normalcy wherever possible.

This issue highlights our next Opioids in the Workplace: Prevention and Response trainer course, newly approved OSHA 500 series virtual courses, and the newly published ANSI/ASSP A10.35 standard on safe pressure testing.

As one can imagine, the opioid crisis has only been made worse by the pandemic, adding to the already disproportionately negative effect that it has had on the construction industry. We held our first Opioids in the Workplace: Prevention and Response course in September. The feedback was overwhelmingly positive. Dynamic speakers will join us once again where participants will have another opportunity to get comfortable with an uncomfortable conversation and exchange ideas in a supportive environment. The course helps equip the attendees to return to their local and begin putting into action what they learn in order to help their members. The depth of the participation and commitment that emerged from our first class ignited the support for the next course, which is set for November 16 – 19, 2020.

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The ITF is also pleased to announce upcoming dates for the OSHA 510, 500, and 502 courses. OSHA's Directorate of Construction has given approval to conduct the OSHA 510 and OSHA 500 courses through a virtual platform. This expands our virtual training beyond the OSHA 502 which we began conducting virtually in July.

ANSI/ASSP have recently published the newly developed A10.35 standard, *Safety Requirements for Pressure Testing of Steel and Copper Piping Systems*. The UA and MCAA led the development of the new standard to improve safety for our members as it is related to this common procedure in the industry.

Lastly, the elephant in the room continues to be COVID-19. As the nation begins to see the disease surging again, many are no doubt suffering from pandemic fatigue but are reminded to practice the basics to protect against COVID-19 as we wait for an effective vaccine. While the information seems straightforward, there may be confusion around respirators versus surgical masks and face coverings. In this issue, frequently asked questions have been compiled from various sources to help untangle the differences and debunk a few myths.

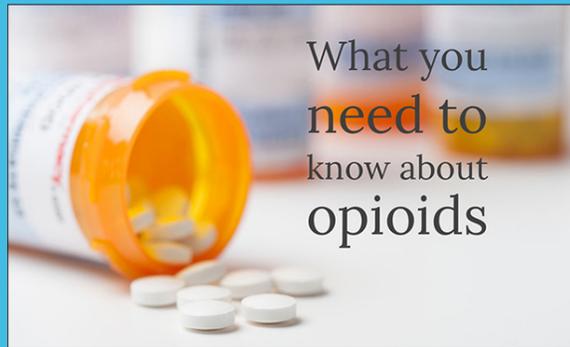
Much has been learned over the last many months about COVID-19 and there is much that we still do not fully understand. Everyone is urged to continue to follow safe practices to prevent infection and community spread of COVID-19.

Stay Safe and Stay Healthy! ■

UA 2170 Virtual Trainer Course Addresses Opioids in the Workplace

The UA and International Training Fund, working with the National Institute for Environmental Health Sciences (NIEHS) and CPWR, are pleased to announce the next virtual trainer course, *Opioids in the Workplace: Prevention and Response*.

The course is designed to bring awareness to the opioid crisis while educating instructors on how to instruct this very sensitive and critical topic. This course will give locals and UA instructors the tools and resources to provide additional support to members who are in need while educating members on how to protect themselves from the opioid snare. Dynamic guest speakers share their personal and in-depth experience on the topic with the attendees.



Course Dates: November 16 - 19, 2020
Time: 10:00 a.m. - 4:30 p.m. (Eastern Time)

Class size is limited. Register today!

Contact **Cathy Merkel** cathym@uanet.org for information on how to register.

Contact **Cheryl Ambrose** cambrose@uanet.org for additional information or questions about the course.

“ What Attendees are Saying About the Course

“I was skeptical about the quality of this class because it was online . . . what I found is that it was actually very impactful.”

“People were very open and shared real-life experiences. It doesn’t get any better than that. Everyone was engaged.”

“We need to be comfortable talking about the uncomfortable...you have to be able to go up there and talk to them as leaders to get them comfortable to seek help.”

“Most valuable is the support from the UA to start dealing with and setting up UA locals to handle the opioid crisis within our membership.”

“Schedule more locals to take this class and pass the word.”



United Association of Journeymen and Apprentices
of the Plumbing and Pipe Fitting Industry
of the United States and Canada



A10.35 Standard for Safe Pressure Testing Approved by ANSI

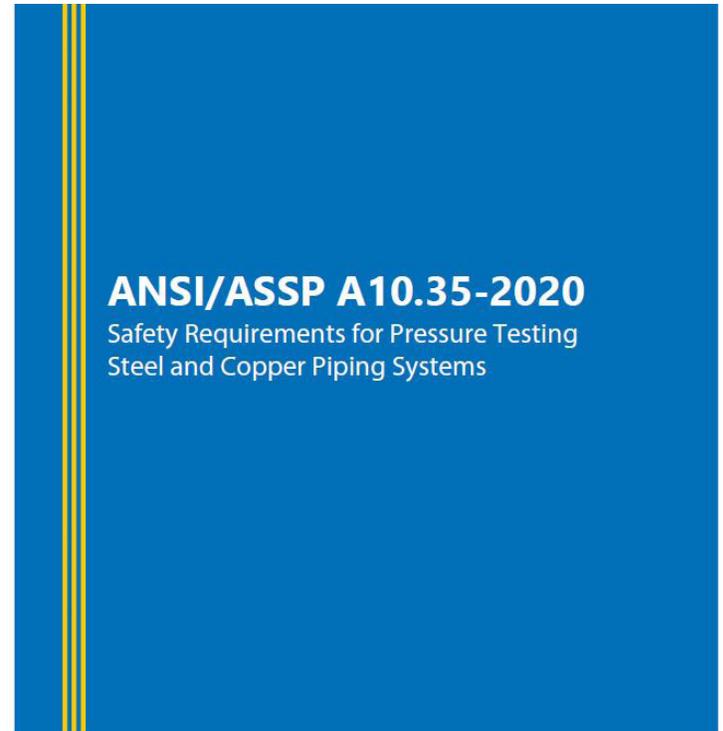
The UA and MCAA Lead the Standard Development

On October 1, 2020, the American National Standards Institute (ANSI) approved for publication the newly developed ANSI/ASSP A10.35 *Safety Requirements for Pressure Testing of Steel and Copper Piping Systems*. The UA and the MCAA proposed the standard to the ANSI/ASSP Accredited Standards Committee on Safety in Construction and Demolition Operations, A10. Cheryl Ambrose, UA Health, Safety and Environmental Administrator serves on the A10 Committee along with Pete Chaney, MCAA Director of Safety.

The A10 Committee voted unanimously in early 2018 to move forward with developing a new standard that would provide guidance for and improve safety around pressure testing procedures of steel and copper piping systems commonly performed in the construction industry. The A10.35 subgroup was formed to develop the draft standard, chaired by Pete Chaney and Cheryl Ambrose. After working through several draft revisions, the final draft was balloted to the full A10 Committee in late 2019 and was passed by the full A10 Committee in early 2020. Following the public comment period in September 2020, ANSI approved the standard for publication on October 1, 2020.

The primary purpose of this standard is to provide construction companies and contractors that are engaged in the installation, modification, or repair of steel and/or copper piping systems with the safe work practices and procedures that are necessary to protect workers and prevent injuries from pressure testing failures. The standard's safety requirements address planning, procedures, checklists, and other items for both hydrostatic and pneumatic pressure testing on steel and copper piping systems. On behalf of the American Society of Safety Professionals (ASSP) and ANSI/ASSP A10 Committee for Construction and Demolition Operations, A10 Secretariat Tim Fisher said in his announcement, "The initial response from OSH Professionals toward this document has been excellent and is a testimonial to the insight and technical expertise put into ANSI/ASSP technical reports and standards."

Pete Chaney, MCAA Director of Safety and the A10.35 Subgroup chair commented on the publication of the new standard, "The commitment that so many UA and MCAA members maintained throughout the process, leading the way to the development of the nation's first and only pressure testing safety standard, is truly astounding. The number of individuals who were willing to volunteer their time, knowledge, and experience to help ANSI's A10 Committee devel-



ANSI/ASSP A10.35-2020

Safety Requirements for Pressure Testing
Steel and Copper Piping Systems



AMERICAN SOCIETY OF
SAFETY PROFESSIONALS



op and produce the standard is simply incredible. Now that the standard is available and easily accessible to the public, it will no doubt help prevent many pressure testing failures and injuries to our pipefitters, plumbers, sprinkler fitters and service technicians."

Cheryl Ambrose, UA Health, Safety and Environmental Administrator also remarked, "Getting this standard over the finish line was a huge accomplishment and a joint effort by many at the UA and MCAA. A sincere thanks goes to each person across the industry who served on the subgroup and lent their expertise to this standard. I want to also express a very special thank-you to my colleague Pete Chaney at the MCAA because, without his help, this standard would not be a reality today."

This standard is one of a series of safety standards that have been formulated by the ANSI/ASSP Accredited Standards Committee on Safety in Construction and Demolition Operations, A10. It is expected that the standards in the A10 series, including A10.35, will find a major application in industry, serving as a guide to contractors, labor, and equipment manufacturers. To purchase a copy of the A10.35 standard, please [click here](#). ■

OSHA 500 Series Courses Return in Virtual Format

Early in the pandemic, OSHA's Directorate of Training and Education (DTE) began evaluating how the OSHA 510, 500, and 502 courses could be taught in lieu of face-to-face training.

The OSHA 502 Update Course of Construction Outreach Trainers was the first class approved for delivery by master instructors via a virtual platform. The International Training Fund (ITF) began instructing the OSHA 502 course in July 2020 and has taught

four courses with a fifth course planned for November to meet the demand for UA's OSHA instructors to receive reauthorization to teach the OSHA 10- and 30-hour courses.

Because of the unique course components in the OSHA 510 Standards course and the OSHA 500 Outreach Trainer for Construction course, OSHA's DTE had not given approval to teach these two courses using a virtual platform until recently. In order for an instructor to become authorized to teach OSHA 10- and 30-hour courses, they are required to successfully complete the OSHA 510 and OSHA 500.

The ITF is pleased to announce that approval to conduct the OSHA 510 and OSHA 500 courses has been received. Courses are scheduled and registration is open. Class space is limited—register today!



OSHA 500 Series Course Schedule

November 9-12, 2020..... 10:30 a.m. - 4:30 p.m. Eastern
OSHA 502 (Update Course of Construction Outreach Trainers)

December 7-11, 2020 10:00 a.m. - 4:30 p.m. Eastern
OSHA 510 (Standards)

January 18-22, 2021 10:00 am - 4:30 p.m Eastern
OSHA 500 (Outreach Trainer for Construction)

Key Differences: Respirators, Surgical Masks and Face Coverings

Throughout the pandemic, more information comes available and at times creates confusion. One topic that can be confusing is face coverings, face masks, and respirators and how they relate to COVID-19 and staying safe during the pandemic. This article outlines key differences between the three types of protection and also includes frequently asked questions compiled from the following sources: OSHA, CDC, and Johns Hopkins Medicine.

KEY DIFFERENCES ¹			
	Respirators	Surgical Masks	Cloth Face Coverings
Types	Includes filtering facepiece respirators (FFRs) such as N95, N99, N100, R95, R99, R100 (oil resistant), P95, P99, P100 (oil proof), surgical N95, elastomeric – half-mask/full-face respirators, powered air-purifying respirator (PAPR)	Typically cleared by the U.S. Food and Drug Administration as medical devices (though not all devices that look like surgical masks are actually medical-grade, cleared devices).	May be commercially produced or homemade, improvised garments, scarves, bandanas, neck gaiters, etc. Cloth face coverings should be consistent with CDC guidelines .
Intended Use or Purpose	Used to prevent workers from inhaling small particles, including airborne transmissible or aerosolized infectious agents. When necessary to protect workers, a respiratory protection program that is compliant with OSHA's Respiratory Protection standard (29 CFR 1910.134) is required. FFRs may be used voluntarily, if permitted by the employer. If an employer permits voluntary use of FFRs, employees must receive the information contained in Appendix D of OSHA's Respiratory Protection standard (29 CFR 1910.134)	Used to protect workers against splashes and sprays (i.e., droplets) containing potentially infectious materials. In this capacity, surgical masks are considered PPE. (See note 1.)	Source control when worn in public over the nose and mouth to contain the wearer's potentially infectious respiratory droplets produced when an infected person coughs, sneezes, or talks and to limit the spread of SARS-CoV-2 (COVID-19), to others.
Considered PPE?	Yes, respirators are considered PPE and must be provided by employers and used by workers in accordance with OSHA's Respiratory Protection standard (29 CFR 1910.134). Must be approved by the National Institute for Occupational Safety and Health (NIOSH).	Not considered personal protective equipment (PPE), except as stated above. May also be worn to contain the wearer's respiratory droplets (e.g., healthcare workers, such as surgeons, wear them to avoid contaminating surgical sites, and dentists and dental hygienists wear them to protect patients).	Not considered personal protective equipment (PPE). Not appropriate substitutes for PPE such as respirators (e.g., N95 respirators) or medical face masks (e.g., surgical masks) in workplaces where respirators or face masks are recommended or required to protect the wearer.

KEY DIFFERENCES ¹

	Respirators	Surgical Masks	Cloth Face Coverings
Fit	Need proper filter material (e.g., N95 or better) and a tight fit (to prevent air leaks), other than for loose-fitting powered air purifying respirators (PAPRs).	Will not protect the wearer against airborne transmissible infectious agents due to the loose fit and lack of seal or inadequate filtration. Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Will not protect the wearer against airborne transmissible infectious agents due to the loose fit and lack of seal or inadequate filtration. Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection
User Requirements	Require proper training, fit testing, availability of appropriate medical evaluations and monitoring, cleaning, and oversight by a knowledgeable staff member.	May be used by almost anyone.	May be used by almost anyone.
Leakage	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales.	Leakage occurs around the edge of the mask when user inhales.	Leakage occurs around the edge of the mask when user inhales.
Use Limitations	Generally reusable after proper cleaning and disinfection. Follow manufacturer’s guidelines and OSHA’s Respiratory Protection Standard (29 CFR 1910.134) FFRs ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.	Should be properly disposed of after use.	May be disposable or reusable after proper washing. Follow CDC guidelines for proper cleaning.

Note 1: If surgical masks are being used only as source control—not to protect workers against splashes and sprays (i.e., droplets) containing potentially infectious materials—OSHA’s PPE standards do not require employers to provide them to workers. However, the General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health Act, requires each employer to furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm. Control measures may include a combination of engineering and administrative controls, including safe work practices like social distancing. Choosing to ensure use of surgical masks for source control may constitute a feasible means of abatement as part of a control plan designed to address hazards from SARS-CoV-2, the virus that causes COVID-19.

FAQ'S: Respirators, Surgical Masks and Face Coverings

Can wearing a face mask prevent coronavirus from spreading? ³ [JHM]

Yes, face masks help prevent the spread of the coronavirus that causes COVID-19. If you are infected with the coronavirus and do not know it, a mask is very good at keeping your respiratory droplets and particles from infecting others. A mask can also be somewhat effective in preventing germs from getting into your nose and mouth that come from another person's respiratory droplets.

Some people who have COVID-19 only experience mild symptoms or none at all, and they can spread the coronavirus to others before they realize they have it. They may think they have allergies, a cold or the flu. (It's initially hard to tell the [difference between COVID-19 and the flu](#) without a test.) The coronavirus can spread through droplets and particles released into the air by speaking, singing, coughing or sneezing — that is why masks are now required or recommended in most indoor public places.

Wearing a mask is especially important to protect people around you who have risk factors for severe consequences of COVID-19. These include people over age 65 and those living with heart disease, diabetes, obesity, chronic lung disease, immunity problems or cancer.

Should I wear a face mask or covering for coronavirus protection? ² [CDC], ³ [JHM]

If you are in a public place where you will encounter other people, you should wear a mask. Face masks help contain respiratory droplets that can transmit SARS-CoV-2, the coronavirus that causes COVID-19, from people who do not know they have the virus.³

Most often, spread of respiratory viruses from person-to-person happens among close contacts (within 6 feet). Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. CDC recommends everyday preventive actions to prevent the spread of respiratory viruses, such as avoiding people who are sick, avoiding touching your eyes or nose, and covering your cough or sneeze with a tissue. People who are

sick should stay home and not go into crowded public places or visit people in hospitals. Workers who are sick should follow CDC guidelines and stay home when they are sick.²

How does the CDC define "close contact"? ² [CDC]

On 10/20/20, the CDC revised the definition of close contact as "someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated."

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact;" however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*

Are employers required to provide cloth face coverings to workers? ¹ [OSHA]

Cloth face coverings are not considered personal protective equipment (PPE) and are not intended to be used when workers need PPE for protection against exposure to occupational hazards. As such, OSHA's PPE standards do not require employers to provide them.

- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health Act, requires each employer to furnish to each of his employ-

ees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm. Control measures may include a combination of engineering and administrative controls, safe work practices like social distancing, and PPE.

- However, employers may choose to ensure that cloth face coverings are worn as a feasible means of abatement in a control plan designed to address hazards from SARS-CoV-2, the virus that causes COVID-19. Employers may choose to use cloth face coverings as a means of source control, because of transmission risk that cannot be controlled through engineering or administrative controls, including social distancing.

If workers wear cloth face coverings, do employers still need to ensure social distancing measures in the workplace? ² [CDC]

Yes. Cloth face coverings are not a substitute for social distancing measures.

What is an N95 filtering facepiece respirator (FFR)? ² [CDC]

An N95 FFR is a type of respirator which removes particles from the air that are breathed through it. These respirators filter out at least 95% of very small (0.3 micron) particles. N95 FFRs are capable of filtering all types of particles, including bacteria and viruses.

What is a surgical N95 respirator and who needs to wear it? ² [CDC]

A surgical N95 (also referred to as a medical respirator) is recommended only for use by healthcare personnel (HCP) who need protection from both airborne and fluid hazards (e.g., splashes, sprays). These respirators are not used or needed outside of healthcare settings. In times of shortage, only HCP who are working in a sterile field or who may be exposed to high velocity splashes, sprays, or splatters of blood or body fluids should wear these respirators, such as in operative or procedural settings. Most HCP caring for confirmed or suspected COVID-19 patients should not need to use surgical N95 respirators and can use standard N95 respirators.

If a surgical N95 is not available for use in operative or procedural settings, then an unvalved N95 respira-

tor may be used with a face shield to help block high velocity streams of blood and body fluids.

My N95 respirator has an exhalation valve. Is that okay? ² [CDC]

An N95 respirator with an exhalation valve does provide the same level of protection to the wearer as one that does not have a valve. The presence of an exhalation valve reduces exhalation resistance, which makes it easier to breathe or exhale. Some users feel that a respirator with an exhalation valve keeps the face cooler and reduces moisture build up inside the facepiece. However, respirators with exhalation valves should not be used in situations where a sterile field must be maintained (e.g., during an invasive procedure in an operating or procedure room) because the exhalation valve may allow unfiltered exhaled air to escape into the sterile field. If you only have a respirator with an exhalation valve available, cover the exhalation valve with a facemask (surgical or procedure mask) that does not interfere with the respirator fit.

Can a respirator with an exhalation valve be used as source control? ² [CDC]

Respirators with exhalation valves protect the wearer from SARS-CoV-2, the virus that causes COVID-19, but may not prevent the virus spreading from the wearer to others (that is, they may not be effective for source control). Until data are available to describe how effective respirators with exhalation valves are in preventing the spread of SARS-CoV-2 from the wearer to others:

- Wear a respirator **without** an exhalation valve when both source control and respiratory protection are required.
- If only a respirator with an exhalation valve is available and source control is needed, cover the exhalation valve with a surgical mask, procedure mask, or a cloth face covering that does not interfere with the respirator fit.

How can I tell if a respirator is NIOSH-approved? ² [CDC]

The [NIOSH approval number and approval label](#) are key to identifying NIOSH-approved respirators. The NIOSH approval label can be found on or within the packaging of the respirator or sometimes on the respirator itself. The required labeling of [NIOSH-Approved N95 filtering facepiece](#) includes the NIOSH

name, the approval number, filter designations, lot number, and model number to be printed on the respirator. You can verify that your respirator approvals are valid by checking the [NIOSH Certified Equipment List \(CEL\)](#).

How do I know if a respirator is falsely advertising NIOSH-approval, or “counterfeit”? ^{2 [CDC]}

When NIOSH becomes aware of counterfeit respirators or those misrepresenting NIOSH approval on the market, these respirators are posted on the [Counterfeit Respirators / Misrepresentation of NIOSH-Approval](#) webpage to alert users, purchasers, and manufacturers.

Do N95 respirators have an expiration date? ^{2 [CDC]}

NIOSH does not require approved N95 filtering facepiece respirators (FFRs) be marked with an expiration date. If an FFR does not have an assigned expiration date, you should refer to the user instructions or seek guidance from the specific manufacturer on whether time and storage conditions (such as temperature or humidity) are expected to have an effect on the respirator’s performance and if the respirators are nearing the end of their shelf life.

Should workers wear a cloth face covering while at work, in accordance with the Centers for Disease Control and Prevention recommendation for all people to do so when in public? ^{2 [CDC]}

OSHA generally recommends that employers encourage workers to wear face coverings at work. Face coverings are intended to prevent wearers who have Coronavirus Disease 2019 (COVID-19) without knowing it (i.e., those who are asymptomatic or pre-symptomatic) from spreading potentially infectious respiratory droplets to others. This is known as source control.

Consistent with the Centers for Disease Control and Prevention (CDC) recommendation for all people to wear cloth face coverings when in public and around other people, wearing cloth face coverings, if appropriate for the work environment and job tasks, conserves other types of personal protective equipment (PPE), such as surgical masks, for healthcare settings where such equipment is needed most.

Workers may also need to use PPE that is incompatible with the use of a cloth face covering (e.g., an N95 filtering facepiece respirator).

Where cloth face coverings are not appropriate in the work environment or during certain job tasks (e.g., because they could become contaminated or exacerbate heat illness), employers can provide PPE, such as face shields and/or surgical masks, instead of encouraging workers to wear cloth face coverings. Like cloth face coverings, surgical masks and face shields can help contain the wearer’s potentially infectious respiratory droplets and can help limit spread of COVID-19 to others.

Note that cloth face coverings are not considered PPE and cannot be used in place of respirators when respirators are otherwise required.

Does wearing a medical/surgical mask or cloth face covering cause unsafe oxygen levels or harmful carbon dioxide levels to the wearer? ^{2 [CDC]}

No. Medical masks, including surgical masks, are routinely worn by healthcare workers throughout the day as part of their personal protective equipment (PPE) ensembles and do not compromise their oxygen levels or cause carbon dioxide buildup. They are designed to be breathed through and can protect against respiratory droplets, which are typically much larger than tiny carbon dioxide particles. Consequently, most carbon dioxide particles will either go through the mask or escape along the mask’s loose-fitting perimeter. Some carbon dioxide might collect between the mask and the wearer’s face, but not at unsafe levels.

Like medical masks, cloth face coverings are loose-fitting with no seal and are designed to be breathed through. In addition, workers may easily remove their medical masks or cloth face coverings periodically (and when not in close proximity with others) to eliminate any negligible build-up of carbon dioxide that might occur. Cloth face coverings and medical masks can help prevent the spread of potentially infectious respiratory droplets from the wearer to their co-workers, including when the wearer has COVID-19 and does not know it.

While researchers continue to learn more about the coronavirus that causes COVID-19, it is extremely important to maintain safety measures until a vaccine is ready. Wearing a face mask is one of the most effective ways to prevent the spread of the virus. Other important measures are practicing physical distancing and washing your hands frequently with soap and water or using hand sanitizer that contains at least 60% alcohol.

How effective are neck gaiters and bandanas in stopping the spread of the coronavirus? ^{3 [JHM]}

None of these three types of face coverings works as well as a proper face mask. A good mask has a double layer of washable, breathable fabric that helps keep the wearer from spreading potentially infected droplets into the air. A bandanna tied around the face does not work as well as a mask because it is open at the bottom. A gaiter (a tube of thin, stretchy knit fabric that can be worn around the neck and pulled up to cover the nose and mouth) is usually too thin to provide adequate protection. Likewise, masks with exhalation valves can allow your droplets to escape into the air.

What is the right way to wear a face mask? ^{3 [JHM]}

Your mask should cover your face from the bridge of your nose to under your chin. It should be loose fitting but secure enough to stay in place. Make sure you can talk with your mask on and that it doesn't irritate you, so you are not tempted to touch it or pull it out of place, which could limit its effectiveness or put you at risk from touching your face.

Should I wear a face shield? ^{3 [JHM]}

In general, if you wear a mask and maintain physical distancing of at least 6 feet between you and other people when in public places, you do not need a face shield. Wearing a mask will help contain your respiratory droplets. Avoid close contact with anyone who is not wearing a mask. If you must be in close contact with someone not wearing a mask, a face shield or other type of eye and face protection may provide some additional protection from virus transmission.

Per OSHA regulations, face shields worn in the workplace in construction must meet ANSI/ISEA Z87.1 requirements for eye and face protection.

Can I get a face mask exemption or waiver? ^{3 [JHM]}

No, you cannot get a waiver or exemption from wearing a face mask. Recently, fake cards and flyers claiming the bearer is exempt from mask-wearing regulations have shown up in some areas. They claim the person carrying them has a physical or mental condition covered by the Americans with Disabilities Act (ADA) that makes them unable to wear a face mask or covering.

The United States Department of Justice issued a [state-ment about these fake mask exemptions](#), explaining that the cards and flyers are fraudulent.

Masks weren't recommended early in the coronavirus pandemic. Why did that change? ^{3 [JHM]}

At first, researchers and scientists did not know how necessary mask wearing would be among the general public. Now we are aware that wearing masks is an effective way to help prevent spread of this coronavirus. Also, masks were initially in short supply, and it made sense to ensure that those at the highest risk of infection, such as medical caregivers and first responders, had an adequate supply of professional masks so they could protect themselves as they cared for patients.

When a completely new virus like SARS-CoV-2 shows up in humans, recommendations change frequently as we learn more about how the virus behaves.

Sources:

¹ Occupational Safety and Health Administration (OSHA) <https://www.osha.gov/SLTC/covid-19/covid-19-faq.html#cloth-face-coverings>

² Center for Disease Control and Prevention (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

³ Johns Hopkins Medicine <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-face-masks-what-you-need-to-know>