

WHAT IS COVID-19?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Patients with COVID-19 have experienced mild to severe respiratory illness, including fever, cough and shortness of breath. The virus that causes COVID-19 is a novel (new) coronavirus. It is not the same as other types of coronaviruses that commonly circulate among people and cause mild illness, like the common cold. Those who are older than 60 or have underlying health conditions such as heart or lung disease, and diabetes, are particularly at risk.

HOW DOES COVID-19 SPREAD?

The virus that causes COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet) through respiratory droplets when an infected person coughs or sneezes. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads. The best way to prevent illness is to avoid being exposed to this virus.

CLOTH MASKS AND OTHER NON-MEDICAL FACE COVERINGS

Cloth masks and other non-medical face coverings are recommended for all people, both public and private, in interacting in their workplaces and community, such as shopping. **The only exception is children younger than 2 years of age; they should not have face coverings according to the CDC.** Staying home when ill, maintaining 6 feet of social distancing, washing hands, using hand sanitizer and cleaning frequently touched surfaces provide an appropriate level of protections. Additionally, individuals who are the most at risk due to age or other chronic medical problems should practice the utmost caution including remaining home and limiting time in public in the future.

Centers for Disease Control and Prevention (CDC) recommends everyday 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](#). Do not report to work if you are sick, develop COVID-19 symptoms, or believe you may have been exposed by close contact. If you have symptoms at your workplace, please leave and seek medical care or COVID-19 testing. Resources for testing are available in Indiana through medical providers and a map of testing sites in Indiana can be found [here](#) (no physician order needed for ISDH testing sites).

Check the Back on Track Indiana Industry Guidelines [here](#) for specific guidelines on face coverings for particular workplace settings.

Cloth face coverings should:

- fit snugly but comfortably against the side of the face covering the nose and mouth
- be secured with ties or ear loops
- include multiple layers of fabric

Mask Recommendations for Public Interaction

- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

SURGICAL MASKS

Surgical masks should be reserved for healthcare providers who must maintain close, prolonged contact with patients to provide care. Healthcare providers include first responders who provide care to a patient until dedicated healthcare providers arrive.

- Occasionally, patients who are immunocompromised due to the medications he or she takes (chemotherapy) will be provided and asked to wear a surgical-grade mask.
- Surgical masks are not advised for people in “high risk” categories such as age and chronic medical conditions. They will be asked to appropriately social distance and wear face coverings if they need to go to public settings.
- Individuals who provide non-contact service, such as interviews or speaking with the public do not need surgical-grade masks. This includes worker in offices and in people’s homes. Social distancing can and should be maintained in these instances. Cloth masks and other face coverings are appropriate for these interactions.
- Prioritize facemasks for selected activities such as:
 - Essential surgeries and procedures
 - Care activities where splashes and sprays are anticipated
 - Activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
 - Performing aerosol-generating procedures if respirators are no longer available

N95 OR EQUIVALENT RESPIRATOR

Individuals only require an N95 or equivalent respirator if they are performing (or are in the same, closed space of someone performing) an aerosol-generating procedure (AGP). Aerosol-producing procedures include, but are not limited to, providing a nebulizer treatment (this does not include the use of an MDI inhaler), placing a patient on non-invasive ventilation (BIPAP and CPAP), performing bag-valve mask ventilations, performing CPR, intubating or extubating a patient, and performing dental and oral procedures with air, suction, and/or drill equipment that have the potential of aerosolizing the virus.

- Development of a comprehensive list of AGPs for healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining if reported transmissions during AGPs are due to aerosols or other exposures.
 - No expert consensus or sufficient supporting data offer a definitive and comprehensive list of AGPs for healthcare settings.
- Commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions, include:
 - open suctioning of airways
 - sputum induction
 - cardiopulmonary resuscitation

Mask Recommendations for Public Interaction

- endotracheal intubation and extubation
- non-invasive ventilation (e.g., BiPAP, CPAP)
- bronchoscopy
- manual ventilation
- Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as:
 - nebulizer administration*
 - high-flow O2 delivery

*Aerosols generated by nebulizers are derived from medication in the nebulizer. Available information does not say if the greater risk to someone administering the medication comes from contact with infected patients or the process of administering the nebulizer. It is uncertain whether potential associations between performing this common procedure and increased risk of infection might be due to aerosols generated by the procedure or due to increased contact between those administering the nebulized medication and infected patients.

ADDITIONAL INFORMATION

Additional information and resources for COVID-19 are available at the links below.

- Use of Cloth Face Coverings to Help Slow the Spread of COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- How to Wear Face Coverings: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html>
- Strategies for Optimizing the Supply of N95 Respirators: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
- CDC COVID-19 webpage: <https://www.cdc.gov/coronavirus/>
- ISDH COVID-19 webpage: <https://coronavirus.in.gov>

Understanding the Difference



Surgical Mask



N95 Respirator

Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).
Face Seal Fit	Loose-fitting	Tight-fitting
Fit Testing Requirement	No	Yes
User Seal Check Requirement	No	Yes. Required each time the respirator is donned (put on)
Filtration	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles
Leakage	Leakage occurs around the edge of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Disposable. Discard after each patient encounter.	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.



Centers for Disease Control
 and Prevention
 National Institute for Occupational
 Safety and Health