



Arkansas Department of Health

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Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Secretary of Health

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Guidance on the Use of Face Coverings by the General Public

Supporting data:

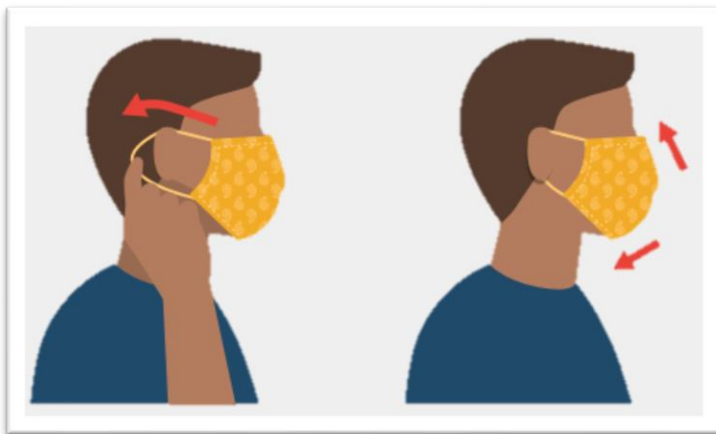
- Plenty of evidence shows that SARS-COV-2, the cause of COVID-19, is transmitted through large (larger than 20 μm) respiratory droplets, which are generated by coughing and sneezing.
- More and more evidence supports the transmission of SARS-COV-2 through aerosol droplets (smaller than 5-10 μm), which are produced during coughing, singing, speaking, and even quiet breathing.
 - Aerosol droplets can remain in the air for long periods of time and travel longer distances. A closely related virus, SARS-COV-1 (the cause of the SARS epidemic of 2003), is known to travel long distances through the air from sources.
- Asymptomatic (people infected but have no symptoms) and pre-symptomatic (before the infected person has symptoms) transmission of SARS-COV-2 is now well-documented and is thought to contribute significantly to transmission. One example of this was the Skagit Valley Chorale rehearsal in Mount Vernon, Washington, which resulted in the infection of 45 of 60 choir members. Three required hospitalization and two died.
- More and more evidence supports the efficacy of wearing masks for the prevention of transmission of COVID-19:
 - Anecdotal but significant support (information provided directly to the Arkansas Department of Health from the Missouri Department of Health): Two COVID-19-infected stylists with symptoms in a Missouri hair salon exposed 140 clients and 6 co-workers. The salon where they were employed required universal use of face coverings. The stylists wore cloth masks. Of the 46 people who agreed to be tested for COVID-19, none were positive. Additionally, none of the 146 exposed people developed symptoms of COVID-19.
 - A World Health Organization (WHO)-funded study found that wearing masks of any type not only served as preventing spread from an infected person but also gave some protection from COVID-19 to the wearer as well.
 - A recent modeling study reported that when face masks are used by a majority of the population in public settings (not just symptomatic people), the effective reproductive number for SARS-COV-2 falls below 1.0. This would decrease the spread of COVID-19, flatten future disease waves, and allow people to resume normal activities with greatly reduced risk.

- Based on the above data and more, the WHO issued a statement on June 5, 2020 recommending that everyone wear fabric face masks in public to reduce disease spread.

Based on the above data, the ADH makes the following recommendations:

- **The general public should wear face coverings in all indoor environments where they are exposed to non-household members and distancing of 6 feet or more cannot be assured.** This includes, but is not limited to, workplaces (with few exceptions), retail stores, businesses, places of worship, courtrooms, jails and prisons, schools, healthcare facilities, other people's homes and all the scenarios addressed by the Governor's Directives.
- The general public should also wear face coverings at all outdoor settings where they are exposed to non-household members, unless there is ample space (6 feet or more) to practice physical distancing.
- Regarding the type of face covering, medical masks may be somewhat more protective than cloth masks (if they are clean and dry), but more and more evidence supports cloth masks as being sufficient for the general public and effective in preventing transmission. Cloth masks should consist of at least two layers of fabric. N95 respirators should be reserved for front-line health care workers.
- All face coverings should cover both the mouth and nose at all times in order to be effective.

Example of the correct way to wear a face covering (covers mouth and nose):



Source: CDC