

Masks are being worn incorrectly.

Masks are not NIOSH certified to protect against viral transmission.

NIOSH certification requires that each type of mask be tested for transmission of different sized particles, including viruses.

SARS-COV2 has been identified as an inhalation hazard. OSHA standards require us to first incorporate controls specifically rated to reduce the risk of the hazard - engineering (e.g., ventilation systems, plexiglass), administrative (e.g., staff training), and PPE (Personal Protection Equipment, e.g., masks), as a last resort. Engineering and administrative procedures are supposed to be done first. If PPE is eventually used, written documentation is necessary to explain and define use of PPE, i.e., storage, limitation, training (clean and disposal) and usage. OSHA standards have not been followed.

OSHA standards dictate: Use of homemade PPE by employees needs to be tested for adequacy to prevent SARS-COV2 infection and transmission, including proper maintenance and sanitation of these masks, and must be carried out by each employer. Currently, employers are not following, and are not being held responsible for following, this OSHA standard.

OSHA standards dictate: Use of employer distributed masks needs to be ensured, i.e., NIOSH rated, for adequacy to prevent SARS-COV2 infection and transmission, including proper maintenance and sanitation of these masks. Currently, employers are not following, and are not being held responsible for following, this OSHA standard.

Proper OSHA guidelines are not being followed to first evaluate each mask for prevention of viral transmission before recommending them.

Masks provide a false sense of security, reducing people's engagement in other hygienic procedures.

People would need to wear CAPR or PAPR devices in order to protect against viral transmission. (CAPR-Controlled Air Purifying Respirator, PAPR-Powered Air Purifying Respirator)

Masks are not being fit properly to each individual.

People are not being individually assessed to determine appropriate mask choice and duration of mask wearing, all in relation to specific task/exposure and individual medical condition.

People are not being trained in universal precautions: how to put on and take off the mask, when to replace the mask, why not to touch the mask, when to take mask breaks, and how to dispose of them.

Masks are not being rated for each individual environment in which people are wearing them.

Masks are inherently unsafe, and will immediately reduce oxygen content in the body.

People are not being properly trained in how to recognize adverse reactions to mask wearing.

Mask material is not uniform and standardized for breathability, use for different tasks, adverse reactions, and conditions in which the masks are being worn. Their ability to protect against viruses cannot be determined.

Adverse reactions in children and adults to the chemicals used to make each mask have not been considered with short-term and long-term wear of each mask. Degradation of mask chemicals, and the effects of the byproducts of these chemicals on humans, with short or long-term use of these masks, have not been evaluated.

If masks are used for prolonged periods, none of them have been evaluated for safety, or efficiency to protect against viral transmission, as time goes on. In addition, if masks are laundered, these have not been evaluated for safety, or efficiency to protect against viral transmission, either.

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