CHILDREN AND FACEMASKS
....TO MASK OR NOT TO MASK....

Why should children wear facemasks?
- Provide a physical barrier between the mouth/nose and the immediate environment
- Block large particle droplets from coughs and sneezes

Who should wear facemasks?
- Children presenting with influenza like illness (ILI)
- Children presenting with immuno suppression or chronic illness
- Children with ILI who leave the hospital/exam room to go to the bathroom or diagnostic procedures
- Healthy children in a crowded healthcare setting (e.g. emergency room waiting area)

Who is at higher risk for infection?
- Children under 5 years of age
- Children who have asthma, chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular or metabolic disorders such as diabetes
- Children who are immunosuppressed (caused by medications or by HIV)
- Children and adolescents who are receiving long term aspirin therapy and who might be at risk for experiencing Reyes Syndrome after influenza virus infection

How to keep facemasks on children?
- If available, ideally use a pediatric sized/child friendly mask
- Educate children (and families) on the importance of keeping the mask on even when talking, coughing or sneezing
- Make it fun for children:
  - Create a game for putting/keeping the mask on (e.g. superhero type mask)
  - Use of positive reinforcement measures (e.g. stickers)
  - Use older children as role models for keeping them on (e.g. older siblings)
  - Praise child for a job well done
Assessing pediatric patients wearing facemasks

- Good assessment of the pediatric patient is important, especially those under 6 months who cannot receive the influenza vaccine. Be alert to subtle changes.
- Do not use facemasks on pediatric patients who are anxious, restless, vomiting, lethargic, or in respiratory distress.
- Routinely assess children wearing a mask, especially if quiet, to assure that their condition is not deteriorating.
- Be aware of the risk of misidentifying children when multiple siblings are wearing masks and undergoing treatment.

What to do when supplies of pediatric facemasks are limited

- Promote and educate on cough and sneeze etiquette
  - If available, review learning materials (e.g. CDC brochures, Sesame Street cough etiquette video)
  - Provide sufficient hand sanitizer, tissues or wipes and disposal containers
- Fold adult sized masks in half and fit them across their small faces
  - Ask children to decorate their “special” mask (non-toxic markers, stickers, crayons)
- Cohort symptomatic (influenza like illness) children
  - If separating siblings (families), be sure to have enough staff members to assist. If this is not possible, consider separating families with flu symptoms from other well families and children
- Avoid close contact - keep healthy children at least 6 ft apart from ILI patients
- Adopt visitor policies, restricting children during a pandemic outbreak

Remember to:

Properly dispose of used pediatric facemasks and wash your hands

References:
1) Hohenhaus, Susan M., Responding to the Threat of Pandemic Flu in Pediatric Patients. ENA Connection. 2009 Nov; 3.3 (10): 8
2) Interim Recommendations for Facemask and Respirator Use to Reduce 2009 Influenza A (H1N1) Virus Transmission. http://www.cdc.gov/h1n1flu/masks.htm
4) Esther Munoz, RN, BSN, CIC, When and How to Wear A Facemask. Phoenix Children’s Hospital. 2009

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