

OSHA Training Toolbox Talk: Biological Hazards – Making the Case for Wearing a Face Mask

[Reference: Paragraph (5)(a)(1) of OSHA Act of 1970 / Centers for Disease Control & Prevention (CDC) Guidelines]

Sneezing, coughing, even the simple act of talking; Each of these can lead to small droplets of mucus or saliva being introduced into the air. And if those droplets are produced by someone carrying certain viral or bacterial infections, another person breathing them in could also become infected. But there is one very simple method of greatly reducing the risk of airborne transmission of viral or bacterial infections between two or more people in close proximity to each other; and that is for each person in the area to wear a face mask.

It is important to note that face masks alone cannot provide 100 percent protection from breathing in infectious airborne droplets. But face masks do have the potential to greatly reduce the amount of potentially-infectious material introduced into the air, which reduces the probability of infection. This is especially true when masks are worn by everyone. As shown on the handout accompanying this toolbox talk, wearing a face mask could help prevent the wearer from breathing in at least some of the airborne droplets. But much more importantly, a face mask can greatly minimize the total amount of potentially infectious droplets being introduced into the air when worn by an infectious person who sneezes, coughs, or otherwise introduces droplets into the air. Think about it; you almost instinctively cover your nose and mouth when you sneeze, and by doing so you are containing, or blocking, at least some of the saliva and mucus being expelled into the air. And in the same way, your mask is also partially containing, or blocking, mucus and saliva from being expelled into the air.

Of course, not all face masks offer the same level of protection. The Centers for Disease Control and Prevention, also known as the CDC, has determined that NIOSH-approved N-95 filtering facemasks offer protection from up to 95 percent of potentially-infectious airborne aerosols of a size compatible with those produced when someone coughs or sneezes. That is why they are commonly worn by people required to be protected by a full respiratory protection program, such as health care workers and first responders working with known carriers of infectious diseases. But other types of face masks can also offer at least limited protection from incidental exposures to droplets containing infectious agents. The best masks are made with at least a double layer of washable cloth or fabric that helps keep the wearer from spreading potentially infected droplets into the air. The least effective masks are those made from thin, single-ply materials, such as bandanas and neck gaiters.

Finally, we also need to use common sense when using and caring for face masks. Non-approved paper or cloth masks should never be used as protection for healthcare workers or first responders treating a person known to carry a disease that is transmittable through the air. Nor should they be used for protection against unhealthy concentrations of gasses, vapors, or particulate. Never share your face mask with another person, and always wash dirty masks, if designed for multiple uses, or dispose of them when dirty or wet. Last but not least, keep them adjusted to provide the best fit possible, and wear them properly, as their effectiveness drops to nearly zero if you don't completely cover your mouth and nose. *(NOTE: Also discuss your organizations policy regarding use of face masks at work.)*

Are there any questions about today's toolbox talk on the value of everyone wearing face masks to help to reduce the chances of airborne transmissions of infectious viruses and bacteria? Thank you for your attendance, and please be sure that you sign your name on the training certification form to get credit for attending today's toolbox training session.

**Infectious
Person**

**Healthy
Person**

