



Consensus Statement: Mask Exemptions for Children

Medical experts agree that masks/cloth face coverings and social distancing are essential to prevent the spread of COVID-19. As we approach the start of the school year, and schools require children to wear masks, parents may have questions for their pediatricians about medical conditions that make wearing a mask unsafe for children.

The following guidance regarding medical mask exemptions for children reflects the consensus of the pediatricians of CHKD Medical Group and the pediatric subspecialist of Children's Specialty Group.

This guidance does not replace conversations between parents and physicians about the risks and benefits of individual children attending school in person or using only remote learning during the pandemic.

General Mask Guidance

All children age 2 and older should wear a mask at school unless physical, developmental or behavioral impairments make wearing a mask unsafe.

Masks should not be worn by anyone who is having trouble breathing, is unconscious or incapacitated, or by anyone who is unable to remove the mask.

The physical, developmental and behavioral conditions that may make wearing a mask unsafe for children are very rare. They include the following:

- Developmental delays
- Limited physical mobility
- Severe autism
- Structural abnormalities of the head or neck, however, some of these children may be able to wear bandanna-style coverings.

In most cases, a child who is unable to wear a mask safely for medical reasons should not attend school in person.

Guidance for specific conditions:

Allergies. There is no medical reason that allergies should prevent children from wearing masks. If a child is suffering from allergy-associated nasal congestion, over-the-counter or prescription steroid nasal sprays may provide relief.

Asthma. Children with asthma should not be exempt from wearing masks, nor should masks cause asthma symptoms. It is always important for children to follow their prescribed asthma action plan, including their maintenance medications. Masks should be removed if a child experiences active asthma symptoms. If the asthma symptoms prevent wearing a mask, then the family should see their physician to work together to improve their asthma care.

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Anxiety. This is a difficult time for children who suffer from anxiety. Parents can support them by modeling appropriate mask wearing and providing factual, reality-based information about COVID. For children with mask-related anxiety or distress who are going to school, please refer to the additional information provided (which is also available on CHKD.org's Mental Health blog). Anxiety is not a medical reason for not wearing a mask, and your child's pediatrician and CHKD can help support your child.

Cardiology. There are no cardiology conditions that make wearing a mask unsafe for children who are well enough to attend school.

Developmental Pediatrics. Some children with limited physical and/or mental capacity may not be able to wear masks safely. Masks may agitate some children with autism.

ENT. Children who have structural abnormalities of the head, neck or face may not be able to wear a traditional mask safely, but may be able to use a bandanna-style mask. These may also be helpful for children with tracheostomies.

Hematology/oncology. If cancer and blood disorder patients are well enough to attend school in person, they should wear masks.

Neurology. There are no neurological conditions that make wearing a mask unsafe for children who are well enough to attend school.

Physical Medicine and Rehabilitation. Some children with limited physical mobility may not be able to wear masks safely.

Pulmonology. There are no pulmonology conditions that make wearing a mask unsafe for children who are well enough to attend school.

Obtaining a Medical Mask Exemption

CHKD's primary care pediatricians will work in conjunction with the pediatric subspecialists of Children's Specialty Group, parents, and schools to determine whether children qualify for mask exemptions. These determinations will be noted in each patient's electronic medical record and shared in writing with schools.

