



American Academy of Pediatrics
Orange County Chapter
INCORPORATED IN CALIFORNIA

A Note to Decision Makers Regarding Mask Exemptions in Children and Adolescents:

The following document is intended to help provide explicit guidance and support to pediatricians, school administrators, and parents seeking to understand more about the criteria for mask exemption.

The California Department of Public Health (CDPH) mandates that students at school should wear face coverings because they are safe and effective at helping to prevent the spread of the COVID-19 virus and its variants. Masks are optional outdoors in all K-12 settings, even though exposure can occur outdoors.

Drawing on evidence-based research, mask exemptions should be considered in limited circumstances.

Requests for a mask exemption for the following conditions are acceptable:

The only exception to the CDPH mask mandate is if a child or adolescent has physical, developmental, or behavioral impairments that make wearing a mask unsafe. The physical, developmental, and behavioral conditions that may make wearing a mask unsafe for children are very rare. They include:

- Significant developmental delays
- Limited physical mobility, such as unconscious or incapacitated
- Severe autism
- Structural abnormalities of the head or neck

Children who cannot wear a mask for medical reasons should still be allowed to attend school in person.

In rare situations where a face covering cannot be used for educational or developmental reasons (e.g., communicating or assisting young children or those with special needs) a face shield with a drape (per [CDPH guidelines](#)) can be used instead of a face covering while in the classroom as long as the wearer maintains physical distance from others. Staff working with such children or adolescents must return to wearing a face covering outside of the classroom.

Requests for a mask exemption for the following conditions are unacceptable:

- **Allergies.** Unless a child has an allergy to the mask material itself, there is no evidence to support allergy exacerbations due to masks. If a child is suffering from allergy-associated nasal congestion, over the counter or prescription steroid nasal sprays may provide relief.

- **Anxiety.** Anxiety, depression, and other mental health disorders are at an all-time high in youth around the world right now. Patients with anxiety can be supported to wear a mask by parental modeling and truthful information that is age specific. Providing choices of mask types and patterns may offer a sense of control. Anxiety is not a contra-indication or medical reason for not wearing a mask.



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- **Asthma.** There is no medical evidence to support asthma exacerbations or complications due to mask wearing. Promotion of the asthma action plan and adherence to maintenance medications remains a foundational approach. For children with active asthma exacerbations, masks should be removed, and a custom plan developed with a physician to improve their asthma care.
- **Communication Differences:** Students who are deaf-blind, hard of hearing or speech impaired may require the use of face shields to promote adequate communication to access their education.
- **Cardiology.** At this time there is no evidence to suggest that cardiac conditions could prohibit mask wearing. Patients with complex heart disease or those with mixing lesions should be discussed with their cardiologist on an individual basis.
- **Developmental Pediatrics.** Some children with limited physical and/or mental capacity may not be able to wear masks. Masks may agitate some children with autism, behavioral challenges, or intellectual disability. However, with consistent positive reinforcement and gradual desensitization, most children can get used to wearing a mask. Support should be provided at school to continue to encourage students in this category to wear masks, without excluding them from school if they cannot.
- **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.** Agreement from national bodies suggest that if cancer and blood disorder patients are well enough to attend school in person, they should wear masks.
- **Neurology.** Children with sensitive neurologic disorders in many instances are safe to wear masks, specific cases may be considered and should be discussed with a neurologist.
- **Physical Medicine and Rehabilitation.** Physical mobility issues such as poor head control or upper extremity dexterity may limit the ability to wear a mask. Most other conditions would not. Consider ability of a patient to adjust or remove the mask if the need arises when deciding on exemption status. If a student desires a mask to attend school and is unable to remove the mask on their own, s/he should be supervised by a caregiver who is able to immediately assist if needed.
- **Pulmonology.** At this time there is no evidence to suggest that pulmonology conditions could prohibit mask wearing.

Best wishes for a healthy and safe school year,
Orange County Healthy School Restart Working Group

This information was designed to assist clinical judgment regarding mask exemptions and is not intended to replace the clinician's judgment or to establish a protocol for all patients with a particular condition. This guidance is based on current evidence and best data at the time of publication (8-25-2021).