

COVID-19 (Coronavirus)



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Guidelines for exemption from face mask use during the COVID-19 pandemic if there is facial skin disease

This guidance is current as of **27 September 2021** and is subject to change. Visit <https://www.dermcoll.edu.au/covid-19-for-fellows/> for the latest version of this document.

Key points

- Face masks are a key measure in reducing spread of SARS-CoV-2 and protecting the community
- Severe facial skin conditions may warrant exemption from wearing a face mask
- Exemption should only be provided in severe cases
- While skin problems may be caused or aggravated by wearing a face mask, situations warranting face mask exemption are infrequent
- Exemption should be provided for the minimum necessary period
- Prompt treatment of facial skin conditions will facilitate a return to appropriate mask use
- Face masks may cause skin irritation, however allergy is rare.

Medical exemption considerations

Regular wearing of effective face masks is a crucial component of personal protective equipment for the prevention of spread of SARS-CoV-2 infection either from the mask wearer to other people or vice versa.

Patients with facial skin conditions may request their treating doctor provide medical exemption from wearing a face mask. Given the importance of the use of masks in minimising the spread of the virus, medical exemption should only be given for skin conditions when severe, and not trivial skin problems.

Also, the duration of exemption should be strictly limited to the minimum required period and not necessarily for complete resolution of the skin issue. In granting a medical mask exemption, due consideration of the local current risk profile of COVID-19 needs to be undertaken.

Skin problems and mask wearing

Masks very rarely cause allergic contact dermatitis - either from components of the masking material or the straps. If this occurs, the nature of the allergy is determined by patch testing. The wearing of masks using different materials should solve the problem.

Masks are commonly implicated in causing or aggravating more minor dermatoses. Mask materials may cause friction and aggravate pre-existing dermatoses such as atopic dermatitis, seborrheic dermatitis or rosacea. The more humid environment under a mask also may aggravate dermatoses like acne, rosacea or perioral dermatitis. Skin pressure from masks may aggravate dermographism or pressure urticaria.

In most cases, such problems are not severe enough to warrant an exemption to wearing a mask or can be otherwise managed by standard dermatologic therapies.

Dermatologic situations warranting a temporary mask exemption - examples

Examples of dermatologic situations warranting a temporary medical mask exemption include:

- severe levels of dermatitis, for instance with crusting and weeping. This can usually be rapidly managed with appropriate topical corticosteroid and local or systemic antibiotics-antimicrobial agents
- severe levels of inflammation during field or localised treatments with agents like topical 5-fluorouracil or photodynamic therapy. Adjustment of treatment regimens and additional local treatments should prevent or rapidly manage these
- severe levels of infections such as herpes simplex, erysipelas or impetigo which should respond quickly to appropriate therapy
- bullous dermatoses like pemphigus vulgaris, Stevens-Johnson syndrome-toxic epidermal necrolysis or epidermolysis bullosa with facial involvement should be referred for specialist intervention
- some post-surgical or post-procedural scenarios where masks significantly interfere with dressings or wound healing.

All attempts should be made to limit the time of such exemptions by employing relevant measures and therapies.