

**WorkCare Briefing: Preventing and Managing COVID-19 in the Workplace**  
**Questions & Answers – Week 48**  
**February 10, 2021**

*The following questions were asked during WorkCare’s weekly webinar series on Preventing and Managing COVID-19 in the Workplace – Week 48. Anthony Harris, M.D., M.B.A., M.P.H., WorkCare’s Chief Innovation Officer and Associate Medical Director, presented the webinar and provided these answers. Please refer to previous Q&As if your question is not answered here.*

*Here are links for your reference:*

- [February 10 Webinar Recording](#)
- [Questions & Answers from the February 3 Webinar](#)

### **MASKS**

**Q:** How does the use of an N95 respirator affect the definition of close contact for both the infected person and the exposed person?

**A:** If both are properly wearing an N95 mask, we don’t consider that an exposure from a risk standpoint. There still may be a company policy that includes that scenario in an exposure definition, but from the standpoint of relative risk, an N95 can be 95 percent effective in preventing an exposure. When we talk about cloth masks, we get a little less accurate with how masks are worn, and there is increased risk for potential exposure. If double masks are being worn properly, evidence shows that relative risk is much lower, and you can entertain not counting those close contacts as potential exposures.

**Q:** When double-masking with a surgical mask and a cloth mask, does it matter which is the outer layer?

**A:** Yes. The outer layer should be the cloth mask and the inner layer should be the surgical mask.

**Q:** Can you elaborate on why it’s important to crimp the metal piece in a mask over the bridge of the nose?

**A:** Crimping is a presumption that is made in terms of proper mask fit. It is absolutely necessary to make sure the metal piece is properly positioned and crimped over the bridge of the nose to help prevent gaps. That is the name of the game when it comes down to improving protection and decreasing risk of droplets escaping. That is why the double-masking technique can be effective if done properly.

**Q:** How long can you wear surgical masks before having to change them?

**A:** In terms of a temporal relationship, there is not one because it depends on frequency of use and the nature of soilage of that mask. That is true for N95s, as well. Provided the mask is well-maintained, not soiled or torn, it can be efficacious for some time – days or weeks depending on the frequency of use. Replacement is warranted if a mask becomes wet, soiled or torn because that decreases efficaciousness for filtration.

**Q:** How can I distinguish between a certified N95 or KN95 mask and be sure it is not a lower-quality knockoff?

**A:** When you purchase it from the manufacturer, there should be a clear distinction of the certifying body in the nation where it was produced. You need to validate that they have the prerequisite certification from the governing body in its place of origin. If you can find that, you can rely on it as a vetted product, unless it is flat-out fraudulent. Studies show N95 and KN95 are equivalent in the level of protection they provide.

**Q:** What can you tell us about the atmos or 32 degree heat masks that are like second skin against the face and have antimicrobial and/or antiviral impregnated fibers vs KN95 masks for protection against COVID?

**A:** I am not familiar with any peer-reviewed or objective data on the atmos mask. If you have a related study to share with us, we will be happy to review it.

**Q:** You mentioned that electrostatic fibers in a mask improve protection against COVID. While they might reduce COVID, wouldn't they be potentially fatal in a pyrophoric chemical plant?

**A:** There is definitely a benefit to having a natural fiber like silk, or otherwise, as an electrostatic layer in a cloth mask. The mask needs to be double-layered at a minimum, and it is better to have a mixture of materials for the two layers because you get the mechanical filtration from a tightly woven material like cotton and electrostatic benefit with that multiplicity. It's reasonable to use precautions that are germane to the work environment. For example, if FR-rated material is required on skin, electrostatic materials such as silks and other polymers may not be recommended due to the risk of arcing and potential harm for the individual should material be heated. We want to take those risks into consideration from a filtration and environmental hazard standpoint when we recommend different types of mask material.

#### **TESTING**

**Q:** Can an antibody test provide reliable results and conclusions that a person is immunized after vaccination, meaning, the person falls in the 95 percent of recipients for whom the vaccine was effective?

**A:** There are antibody tests, for example, if you are positive for IgG and you have not had an episode of COVID-19, that provide reasonable assurance of some type of immunity to the virus. But broadly available titers, meaning a quantitative study of your blood cells to determine if you have immunity sufficient to prevent infection from future exposure, does not exist. I am not aware of any scaled solution, nor any recommendations that individuals should undergo any such testing to validate their immune status at this point in time. More to come on that, and hopefully we will be talking about a reasonable solution and get people back to normal because they have been objectively shown to have immunity.

**Q:** In your opinion, Dr. Harris, are people less likely to go get tested due to the strict quarantines and the impact on schools and daily lives? Would it be better to reconsider how quarantines are implemented, especially on school-age children?

**A:** Anecdotally, we have seen that play out in the workplace and in school settings where there is a stigma or downward pressure to not get tested to determine if someone is positive for COVID. That is not new specific to COVID itself. It also applies to workplace injuries and under-reporting when workers want to avoid being reprimanded or having a poor HR interaction because they injured themselves. It is incumbent on us as EH&S professionals to communicate – “we want you to get tested if you suspect an exposure or have symptoms. That is how we are going to keep people safe.” Then we need to provide the support and education that individuals need so a positive test does not detrimentally affect their employment, in general. Most states have mandates for employers to provide some reasonable accommodations for individuals who test positive, and definitely for work-related positive cases to help promote, not deter, testing.

**Q:** Should employees who have been vaccinated continue to be tested in the workplace?

**A:** There is no recommendation to do surveillance testing on these individuals. However, if they should develop symptoms after a known exposure, it is reasonable to have the person tested because they may be among non-responders to the vaccine.

### **VACCINE**

**Q:** What is Moderna COVID arm?

**A:** COVID arm has been called “delayed cutaneous hypersensitivity” by some clinicians. It appears as a rash at the injection site. This has reportedly occurred in small number of individuals receiving the Moderna vaccine. The rash is believed to be an immune reaction that is not harmful and clears up on its own.

**Q:** What do you make of employees who test positive for COVID a few days after getting their vaccine?

**A:** I have had that occur twice with clinicians I work with. It is a scenario that is being playing out and to be expected if an individual gets exposed and is vaccinated prior to symptom onset. There has been no evidence to show the vaccine can cause an active infection of COVID 19.

### **OTHER COUNTRIES**

**Q:** Is there any data available on COVID-19 case, test or vaccination rates in Russia or China?

**A:** We don't typically include Russia and China in our weekly update. We are not assured of the accuracy of data reported by these countries. If you do a web search, you will find country data on sites such as the Johns Hopkins Coronavirus Resource Center ([global map](#)), Our World in Data, Worldometer and Statista.