



MINISTRY OF HEALTH

Palackého náměstí 375/4, 128 01 Praha 2

Prague, September 9, 2020

Reference No: MZDR 15757/2020-33/MIN/KAN

MZDRX01BQJNO

EXTRAORDINARY MEASURE

The Ministry of Health as an administrative authority competent pursuant to Section 80 (1) letter g) of the Act No. 258/2000 Coll., on Protection of Public Health, and on change of certain related acts, as amended (the "Act No. 258/2000 Coll."), **adopts** within procedure pursuant to Section 69 (1) letter i) and (2) of the Act No. 258/2000 Coll., in order to protect the population and to prevent danger of outbreak and spread of the COVID-19 disease caused by the new coronavirus SARS-CoV-2, this extraordinary measure:

I.

1. With the effect as of September 10, 2020, until the revocation of this extraordinary measure, all persons shall not move and stay without means of protection of respiratory tract (nose, mouth), such as respirator, mask, drape, bandanna, scarf or other means of avoiding the spread of droplet infection. This shall apply in the following places:
 - a) in all interiors of buildings, except the residence or place of accommodation (e.g. hotel room); in the case of school buildings and school facilities according to the Act No. 561/2004 Coll., on preliminary, primary, secondary, post-secondary education and other education (School Act), as amended, and university buildings according to Act No. 111/1998 Coll., on Universities and on amendments to others act (the Universities Act), as amended, the prohibition applies only to common areas of such buildings (e.g. corridors and toilets),
 - b) in the means of public transport.
2. The prohibition according to point 1 shall not apply to the following exceptions:
 - a) children under 2 years of age,
 - b) children and educational staff in the nursery and children and those caring for them in children group,
 - c) persons in educational institutions providing one-year foreign language courses with teaching in classroom on a daily basis,
 - d) dormitories and youth homes as regards staff or accommodated children, pupils or students,
 - e) school facilities for institutional or protective education and related established schools and educational centers when providing services in dormitory form,
 - f) schools established by the Ministry of Justice
 - g) pupils, students and pedagogical staff in a school established pursuant to Section 16 (9) of the School Act,
 - h) staff and children in facilities for children requiring immediate assistance,
 - i) people with intellectual disorder, autism spectrum disorder, cognitive impairment or with a severe alteration of a mental state whose mental abilities or current mental state do not allow compliance with this prohibition,
 - j) patients if they are hospitalized in inpatient health care facilities, and if it is necessary for the provision of health services,

- k) healthcare workers for as long as it is strictly necessary for the provision health services,
- l) users of social services in social services facilities, which are weekly centers, homes for the disabled, homes for the elderly and homes with a special regime, and in facilities providing social relief services in residential form,
- m) other cases worthy of consideration to be determined by the health or social care services provider or attending doctor for movement and stay in health care facilities and in social services facilities,
- n) employees and persons in a similar position, including constitutional officials, for as long as they perform work in one place, if such a person works at least at a distance of 2 meters from another person,
- o) persons driving a public transport vehicle when they are not in direct contact with the passenger at the time of his check-in,
- p) judges, lay judges, public prosecutors, defendants and their lawyers, parties to civil, administrative and constitutional court proceedings and their representatives, witnesses, experts, interpreters and other persons determined by the court, at the place and time of the court proceedings,
- q) persons performing a copyright work (e.g. theatrical, dance or musical performances), persons lecturing and broadcasters (performers) and people manufacturing an audiovisual work or program,
- r) moderators, editors and other persons appearing in radio, television and other programs,
- s) persons performing work classified by a decision of the competent authority for protection of public health as the third or fourth category of the risk factor for working conditions related to heat load, as well as persons performing work that has not yet been categorized and which can be assumed to be included in the third or fourth category of the risk factor for working conditions related to heat load once the categorization is made,
- t) customers of catering establishments at the time of food and beverages consumption,
- u) persons traveling in public transport for the time strictly necessary for consumption food and meals, including beverages,
- v) spouses during the marriage ceremony and other persons present at such ceremony and persons declaring that they are entering into a registered partnership together, and other persons present to this declaration,
- w) persons for the time strictly necessary for the taking of their portrait photograph, or photograph of newlyweds, including photograph with household members and other closely related persons,
- x) athletes or trainers during training, exercise, game, competition, etc.,
- y) persons in the premises of indoor artificial swimming pools, provided to be a swimming pool, baths, pool for infants and toddlers, paddling pool, spa and treatment bath tubs and saunas.

II.

With effect as of September 10, 2020, the following shall be repealed:

- extraordinary measure of the Ministry of Health dated of August 24, 2020, Ref. No.: MZDR 15757 / 2020-31 / MIN / KAN,
- point I./2. of the extraordinary measure of the Ministry of Health dated of August 31, 2020, Ref. No.: MZDR 20588 / 2020-15 / MIN / KAN.

III.

This extraordinary measure is effective on the day of its issue.

Rationale:

This measure implements an obligation to wear respiratory protective devices in indoor buildings. Similarly, an obligation to wear means of protection of respiratory tract in public transport means is implemented. Exceptions to this obligation are laid down above.

Mounting evidence of the effect of masks on the prevention of SARS-CoV-2 transmission occur and protection of nose and mouth is recommended to the public by major professional organizations, including the World Health Organization (WHO), the European Center for Disease Prevention and Control (ECDC) and the United States Centers for Disease Control and Prevention (CDC).

On average, there is a more than fivefold reduction in the risk of transmission (in the recent systematic review from 17.4% without face mask to 3.1% with face mask, e.g. N95, surgical or 12-16 layer cotton mask). In addition, effectiveness of this measure, both at the individual and population level, has been shown by several other studies on the use of medical or non-medical masks. Properly worn mask (i.e. mask covering nose and mouth) is not only effective in reducing the spread of the virus by respiratory secretions (i.e. control of the source of the infection), but also in the protection of individuals against COVID-19. Masks are a simple barrier that prevents the spread of respiratory secretion droplets by air to other people, especially when talking, coughing or sneezing.

Droplets larger than 10 μm (large droplets) are often generated by coughing or sneezing, but also by shouting, laughing or ordinary speech, and they are sometimes released at great speed (50 m/s by sneezing, 10 m/s by coughing). Due to its size and great speed, such large droplets can reach far greater distances than small droplets. Without a barrier large droplets can reach up to a distance of more than 2 meters (coughing) and more than 6 meters (sneezing). Keeping a distance of two meters may not be enough to prevent the transmission of such large droplets that may contain a virus. However, home-made masks and surgical can prevent such large droplet from spreading.

Mask protection can affect the likelihood of a virus transmission in the community likewise keeping distance of two meters from other people and restriction of free movement of persons in public. In the case of a combination of these approaches, the reduction of crowding of persons and wearing face masks, can double the effect of the measure and lower the number of positive cases of COVID-19 in the population.

Reducing of virus transmission in the population by wearing mask is an inexpensive intervention that can prevent an increase in population mortality and lead to a reduction in economic losses associated with increased morbidity.

Experience has shown that countries which support wearing of masks and respirators had lower mortality caused by coronavirus infection. The implementation of masks into practice has also led to a slowdown of daily increase in new cases compared to the pre-masks period.

The protective effect provided by masks has also been demonstrated in published case reports in air transport and in establishments providing services over short distances, where, despite close contact and prolonged exposure, 25 passengers and 140 exposed customers

have not been infected due to the fact that all contacts and the infected ones themselves were using masks.

Transmission of new coronavirus infection in closed air-conditioned public areas has been described, whereas a distance and direction of spread of the virus did not correspond to direct transmission by droplets and air transmission by air conditioning has been assumed. Indoor air conditioned spaces, including public transport, can be considered riskier as well as poorly ventilated non-air-conditioned spaces. It appears that the spread of the new coronavirus may also be affected by air flow, maintenance, resp. the state of air conditioning, and the presence or absence of HEPA filters.

Within the epidemic outbreaks in some indoor areas with air conditioning the reproductive number of SARS-CoV-2 reached up to 11. Systematic reviews have shown reduction of the reproductive number by using face masks in the interval of 6 to 80%, including beta-coronaviruses as pathogens of SARS, MERS and COVID-19.

With the presence of children in schools and a larger number of children in preschool facilities, it occurs every year in autumn and winter to be an increase of incidence of respiratory infections with similar symptoms to the new coronavirus SARS-CoV-2. In terms of protection of the systems and the prevention of both co-infections and super-infections is desirable to reduce their impact on the increased morbidity of the population as much as possible. Due to the similar form of spread of seasonal virus infections, the protective effect of masks, resp. other forms of nose and mouth protection, will also apply as added value to protection against coronaviruses.

Given the above and other studies and practical experience and with respect to transmission of virus respiratory infections, indoor spaces are considered to be riskier than outdoor, therefore preventive measures generally ordering nose and mouth protection need to be targeted in this direction.

Effectiveness of use of respiratory protection to prevent the transmission of COVID-19 disease results from a number of foreign studies, which were, for example, published here:

- [https://www.thelancet.com/journals/lancet/article/PIIS2213-2600\(20\)30352-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS2213-2600(20)30352-0/fulltext)
- <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931142-9>
- <https://www.nejm.org/doi/full/10.1056/nejmc2007800>
- <https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e2.htm>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7182754/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7323555/>.

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