



**MINISTRY OF HEALTH**  
**Palackého náměstí 375/4, 128 01 Prague 2**

Prague, 16 November 2020

Ref. No.: MZDR 15757/2020-39/MIN/KAN

MZDRX01CU1G8

## **EXTRAORDINARY MEASURE**

The Ministry of Health, as the competent administrative authority, pursuant to Section 80(1)(g) of Act No. 258/2000 Coll., on Public Health Protection and amending certain related acts, as amended (hereinafter referred to as "Act No. 258/2000 Coll."), orders this Extraordinary Measure, proceeding pursuant to Section 69(1)(i) and (2) of Act No. 258/2000 Coll., to protect the population and prevent the occurrence and spread of COVID-19 caused by the novel SARS-CoV-2 coronavirus:

### **I.**

1. Effective from 12.00 a.m. on 18 November 2020 until 11:59 p.m. of 20 November 2020, all persons are prohibited from moving about and staying without protective respiratory equipment (nose, mouth), such as a respirator, face mask, cloth, scarf, shawl or other device to prevent the spread of droplets:
  - a) in all indoor premises of buildings, except for the home or place of accommodation (e.g. a hotel room),
  - b) in means of public transport,
  - c) on the platforms, shelters and waiting rooms of public transport,
  - d) in motor vehicles, unless only the members of one household are travelling in the motor vehicle,
  - e) in all other publicly-accessible spaces in the built-up areas of municipalities, where there are at least 2 persons present in the same place at the same time at a distance of less than 2 meters, unless these are exclusively members of one household.In exceptional cases, when it is necessary for the pupil or student to see the teacher's mouth during teaching, it is possible for the teacher to use a protective shield as protective respiratory equipment, under the condition that they maintain a distance of at least 2 meters from the pupils or students.
2. The prohibition pursuant to paragraph 1 does not apply to:
  - a) children under two years of age,
  - b) children and teaching staff at nursery schools and children and parents caring for them in children's groups,
  - c) pupils, students and teaching staff in accordance with the Education Act and students and academic staff in accordance with Act No. 111/1998 Coll., on Higher Education Institutions and on Amendment and Supplementation of Certain other Acts (the Higher Education Act), as amended, within the framework of educational activities, the nature of which makes wearing of protective equipment impossible (in particular physical education, singing and playing wind instruments),
  - d) accommodated children, pupils or students while staying in the room (i.e. outside of the common areas) at the boarding school or children's home,
  - e) educational facilities for the performance of institutional education or protective education and schools established as a part of them and centres of educational care when providing services as boarding schools,
  - f) schools established by the Ministry of Justice;

- g) pupils, students or teaching staff at a school or class established under Section 16(9) of the Schools Act, pupils on the preparatory level of special primary school and pupils in the educational field of Practical One-year School and Practical Two-Year School, and pupils, students and teaching staff who are participating in extra-curricular education at school clubs or in groups designated exclusively for these pupils or students,
- h) employees and children at facilities for children requiring immediate assistance,
- i) persons with intellectual disorders, disorders on the autistic spectrum and cognitive disorders or severe alterations of their mental state, whose mental capacity or current mental state does not allow them to observe this prohibition,
- j) patients, if they are hospitalised in inpatient healthcare facilities or if this is necessary for the provision of healthcare services,
- k) healthcare workers for the necessary period of time, if required for the provision of healthcare services,
- l) social service users in social service buildings, such as weekly care centres, homes for persons with a medical handicap, homes for senior citizens and homes with a special regime, and in facilities providing facilitating social services in residential form,
- m) other cases worthy of consideration that are stipulated by a healthcare or social service provider or attending doctor for movement and staying in healthcare facilities and social service facilities,
- n) employees and persons in a similar position, including officials, for the period when they perform work in one place, if such a person works at a distance of at least 2 meters from other persons,
- o) persons driving public transit vehicles, who are not in direct contact with passengers during their clearance,
- p) judges, lay assessors, public prosecutors, accused persons and their defense counsel, parties to civil, administrative and constitutional court proceedings and their representatives, witnesses, experts, interpreters and other persons on which a court decides, in the place and at the time of the court proceedings,
- q) persons performing copyrighted works (e.g. theatre, dance or musical performances), lecturers and persons participating in the creation and production of audio-visual works or programmes,
- r) hosts, reporters and other persons appearing on radio, television and other programmes,
- s) persons performing work classified by a decision of the competent public health protection authority in category three or four due to the risk factor affecting working conditions of heat stress, and also persons performing work which has not yet been categorized and for which it can be anticipated that, after categorization has been performed, they will be classified in category three or four due to the presence of a risk factor affecting working conditions of heat stress,
- t) customers of catering establishments while consuming food and meals, including drinks, subject to the condition that the customer is sitting at a table,
- u) persons travelling on public transport for the necessary period for the consumption of food and meals, including drinks,
- v) the couple being married over the course of the wedding ceremony and other persons attending the ceremony, and persons declaring that they are entering into registered partnership together and other persons attending this declaration,
- w) persons for the essential time needed to take their portrait photograph, or photographs of newlyweds, including a group photograph with household members and other direct relatives,
- x) athletes or exercising persons during training sessions, exercising, games, competitions, etc.,
- y) persons on the premises of internal artificial bathing places, such as swimming baths and pools, pools for toddlers and infants and paddling pools, spa and therapeutic pools and saunas.

## II.

Effective from 12:00 a.m. on 18 November 2020, the extraordinary measure of the Ministry of Health of 19 October 2020, Ref. No. MZDR 15757/2020-37/MIN/KAN, is cancelled.

## III.

This extraordinary measure takes effect on the date it is issued.

### **Rationale:**

The obligation to wear protective respiratory equipment is introduced in the indoor premises of buildings. Likewise, the obligation to wear protective respiratory equipment in means of public transport is introduced. Exceptions from these rules are stipulated.

Evidence of the effect of wearing masks to prevent the spread of SARS-CoV-2 is increasingly common and even important expert organisations, including the World Health Organization (WHO), European Centre for Disease Control and Prevention (ECDC) and the United States Centre for Disease Control (CDC), recommend that the public use them to protect the nose and mouth on this basis.

On average, the risk of transmission is reduced more than five times (in a recent systematic overview, 17.4% without a face mask to 3.1% with a face mask, e.g. N95, surgical or 12-16 layer cotton mask). The efficacy of this measure on an individual level and on the population level has also been proven by several studies on the use of medical or non-medical masks. A correctly-worn mask (i.e. a mask covering the nose and mouth) is effective not only in reducing the spread of the virus via respiratory secretions (i.e. controls the source of contagion), but also protects individuals from the COVID-19 disease. Masks represent a simple barrier that prevents the spread of droplets of respiratory secretions through the air to other people, primarily while speaking, coughing or sneezing.

Droplets larger than 10 µm (large drops) are often generated by coughing or sneezing, but also by shouting, laughing or regular speech, and they are sometimes released at high speed (50 m/s when sneezing, 10 m/s when coughing). Due to their dimensions and high speed, these drops reach a much further distance than small drops. Without a barrier, large droplets can travel a distance of more than 2 meters (coughing) or more than 6 meters (sneezing). Merely maintaining a two-meter distance may not prevent the spread of these large droplets, which may contain the virus. However, home-made masks and surgical masks can prevent the spread of these droplets.

Protection by using a mask may affect the likelihood of transmitting the virus in the community similarly to maintaining a two-meter distance from other persons and restricting the free movement of persons in public. If these approaches are combined, the restricted gathering of persons and wearing of face masks may double the effect of measures and lead to the flattening of the curve of positive cases of COVID-19 in the population.

Reducing virus transmission in the population by wearing face masks is a non-costly form of intervention which can prevent increased mortality rates in the population and reduce the economic losses related to higher sickness rates.

Experience in practice has shown that countries which support the wearing of masks and

respirators had a lower death rate from coronavirus infection. Implementing the wearing of masks into practice also slowed down the daily increment of new cases compared to the period before masks.

The protective effect provided by masks was also proven in published case studies within air transport and at establishments providing services at close distances where, despite close contact and longer periods of exposure, neither the 25 passengers nor the 140 exposed customers were infected, because all of the contacts and the infected persons themselves were wearing a face mask.

Transmission of the novel coronavirus has been described in closed air-conditioned public premises, where neither the distance nor direction of spreading the virus corresponded to the direct transmission of droplets, and transmission by air through the A/C system was assumed. Indoor air-conditioned spaces, including public transport, may be considered riskier than insufficiently ventilated non-air-conditioned premises. It has been shown that the direction of the air current, the maintenance or condition of the A/C equipment and the presence or absence of HEPA filters can affect the spread of the novel coronavirus.

Within epidemic incidence in certain indoor premises with air conditioning, the reproduction number of SARS-CoV-2 contagion reached up to a value of 11. Yet systematic overviews indicated a reduction of the reproduction number through the use of face masks in an interval of 6 to 80%, including beta-coronaviruses such as the originators of the SARS, MERS and COVID-19 diseases.

With the return of children to schools and a greater number of children to preschool facilities, there is a higher incidence of respiratory diseases with similar symptoms to the new SARS-CoV-2 coronavirus every year in autumn and winter. In terms of protecting the defined systems and preventing coinfection and superinfection, it is desirable to maximally reduce their impacts on the heightened morbidity of the population. Given the similar method of spreading seasonal viral infections, the protective impact of masks or other forms of protecting the nose and mouth will be equally apparent in this case as it is in protecting against coronaviruses.

Given the foregoing and other studies and practical experience, indoor premises are considered riskier in terms of the transmission of viral respiratory diseases than outdoor premises, which is why the preventive measures consisting of the universal mandatory protection of the mouth and nose must be focused with a priority in this direction.

The efficacy of using protective respiratory equipment to prevent the spread of the COVID-19 disease is demonstrated by a number of foreign studies, which were published here, for example:

- [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.neim.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/>.

Effective from 20 October 2020, the obligation to wear protective respiratory equipment also applies in motor vehicles and on all other publicly accessible premises in the built-up area of the municipality, where there are at least

2 persons less than 2 meters apart at the same place and same time, unless these are exclusively household members.



  
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ministr zdravotnictví

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