

# Coronavirus Disease (COVID-19) – Source Control

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## Policy Statement

Source control measures are utilized as part of the infection prevention and control measures during the COVID-19 pandemic.

## Policy Interpretation and Implementation

1. Source control refers to the use of well-fitting facemasks or respirators that cover the mouth and nose and prevents the spread of respiratory secretions when individuals are breathing, talking, sneezing, or coughing.
2. Well-fitting facemasks are provided as a source control option for visitors and residents. Masks or respirators with higher-level protection (that are not visibly soiled) may be used by people who choose that option.
3. Source control options for staff include:
  - a. a NIOSH-approved particulate respirator with N95 filters or higher;
  - b. a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated.) OR
  - c. a well-fitting facemask.
4. When used solely for source control, any of the options listed above may be used for an entire shift unless they become soiled, damaged, or hard to breathe through.
5. If they are used during the care of a resident for which a NIOSH-approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH-approved particulate respirators with N95 filters or higher during the care of a resident with SARS-CoV-2 infection, facemask during a surgical procedure or during care of a patient on droplet precautions), they will be removed and discarded after the resident care encounter and a new one will be donned.
6. When an Outbreak occur in the facility, source control is used by all staff and visitors in the facility (and encouraged for residents) when they are in areas of the facility where they could encounter resident.
7. When No Outbreak or current SARS-CoV-2 in the facility, the facility may choose not to require universal source control. However, even if source control is not universally required, it remains recommended for individuals in the facility who:
  - a. have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
  - b. had close contact (residents and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or
  - c. reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak (universal use of source control may be discontinued as a mitigation measure once no new cases have been identified for 14 days); or
  - d. have otherwise had source control recommended by public health authorities.
8. Individuals might also choose to continue using source control based on personal preference, informed by their perceived level of risk for infection based on their recent activities (e.g., attending crowded indoor gatherings with poor ventilation) and their potential for developing severe disease.

- a. For example, if an individual or someone in their household is at increased risk for severe disease, they should consider wearing masks or respirators that provide more protection because of better filtration and fit to reduce exposure and infection risk, even if source control is not otherwise required by the facility.
9. Source control is recommended when caring for residents who are moderately to severely immunocompromised.

	§483.80 Infection Control
	F880
	§1910.502(f) Personal Protective Equipment (PPE) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (09-23-22)
	Coronavirus Disease (COVID-19) – Using Personal Protective Equipment
	1.1 (H5MAPL1511)