Interim Guidance for SARS-CoV-2 Source Control in Healthcare Settings

KEY POINTS:

Source control refers to use of well-fitting facemasks, respirators, or cloth face coverings to cover a person's mouth and nose to prevent spread of potentially infectious respiratory secretions when they are breathing, talking, sneezing, or coughing.

- All Healthcare Personnel (HCP) MUST wear source control while in healthcare settings
- Visitors must wear source control at all times in healthcare settings
- Patients must wear source control unless contraindicated
- While many respirators and medical facemasks function as source control, equipment used for source control may not be sufficient to also be used as Personal Protective Equipment (PPE).

Source control for healthcare workers means:

- A NIOSH-approved N95 or equivalent or better respirator **OR**
- A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators **OR**
- A well-fitting facemask (e.g., selection of a facemask with a nose wire to help the facemask conform to the face)
- Cloth face covering are not the best option for improving fit of medical masks in healthcare settings.
- Cloth face coverings alone may not be used for source control by HCP in patient care settings.

Source control for patients and visitors means:

- A well-fitting facemask (e.g., selection of a facemask with a nose wire to help the facemask conform to the face) **OR**
- A well-fitting cloth face covering

Purpose

This guidance defines source control and describes how source control should be used in healthcare settings. There is overlap of devices used for source control and personal protective equipment (PPE). Fitted respirators (such as N95s) and well-fitting medical facemasks when worn as PPE also act as source control. There are times in healthcare settings, however, when PPE is not indicated, and source control is still required.

The purpose of the document is:

- Provide guidance on when source control should be worn in healthcare settings and what is considered appropriate source control for HCP, patients, and visitors;
- To describe source control and differentiate from personal protective equipment (PPE), with consideration that some devices under certain circumstances may function as both;
- Provide guidance on how to improve the fit of source control in healthcare settings, which is different than community settings.

While this guidance discusses PPE in the context of source control, the guidance provided in this document is not comprehensive with respect to PPE and should not be used to determine whether a device worn for source control meets or exceeds requirements for PPE. For information on when PPE should be used refer to: Centers for Disease Control's ([CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic;](#) [(CDC) Using Personal Protective Equipment; and Washington State Department of Labor and Industries (L&I) publication F414-168-000 (Which Mask For Which Task)](#)

Source control versus PPE

Source control refers to the use of well-fitting [cloth face coverings](#), facemasks, or respirators to cover a person's mouth and nose to prevent spread of potentially infectious respiratory secretions when they are breathing, talking, sneezing, or coughing. Some devices used for source control may not protect the wearer from infection with SARS-CoV-2. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Healthcare facilities should follow the CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](#).

Source control should be used in addition to other interventions used to control the spread of SARS-CoV-2 (the virus that causes COVID-19), including maintaining a distance of least six feet and hand hygiene.

PPE is worn to minimize exposure to hazards that cause serious workplace injuries and illnesses, see the Occupational Safety and Health Administration ([OSHA) page on Personal Protective Equipment](#)

Ensuring a proper fit is important to optimize the function of both source control and PPE. Transmission from asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection can occur in healthcare settings, particularly in areas with moderate to substantial community transmission.

The following table reviews equipment used for source control, or as PPE, but is not a comprehensive summary for PPE.

	Source Control protects others		PPE protects the wearer	
	Source Control for HCP	Source Control for visitors and patients	PPE for care of patients with COVID-19 or higher priority activities	PPE for care of patients in Droplet Precautions
NIOSH approved, fit tested respirator	YES	N/A	YES	For higher priority activities**
Non-NIOSH approved or not fit-tested respirator	YES	May be used, should be prioritized for HCP	If NIOSH-approved and fit tested unavailable*	For higher priority activities** only if NIOSH-approved and fit tested unavailable*
FDA approved facemask	YES	May be used, should be prioritized for HCP	If respirator is unavailable*	YES (except for higher priority activities**)
Non-FDA approved facemask	Only in non-patient care settings	YES	DO NOT USE	DO NOT USE
Cloth mask/face covering	Only in non-patient care settings	YES	DO NOT USE	DO NOT USE

*Contact LHJ if experiencing shortages of PPE and document efforts to procure PPE and fit testing.

** Refer to PPE guidance provided in Contingency Strategies for PPE Use During COVID-19 Pandemic: Personal Protective Equipment (PPE) for Long-Term Care Settings and Interim Supplemental Guidance for Prioritization of N95 and Other Respirators in Inpatient Hospitals During Times of Supply Shortage for additional information of respirator prioritization.

Source Control for Patients and Visitors

Patients and visitors should wear their own well-fitting form of source control upon arrival to and throughout their stay in the facility. CDC has recommended several ways to improve the fit and filtration of masks for the general public. If they do not bring their own, patients should be

offered an option that is equivalent to what is recommended for people in the community. Some healthcare facilities may have requirements that exceed the recommendations in this document (e.g., facility provided mask).

- Patients may remove their source control when alone in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room.

- Cloth face coverings, facemasks and respirators should not be placed on:

    o young children under age 2, **OR**

    o anyone who cannot wear one safely, such as someone who has a disability or an underlying medical condition that precludes wearing a mask safely, **OR**

    o anyone who is unconscious, incapacitated or otherwise unable to remove their cloth face covering, facemask or respirator without assistance.

- Facilities should offer reasonable accommodations to visitors who are not able to wear a face covering or mask as source control, such as alternatives to on-site visits (e.g., telephone or internet communication). Businesses, including healthcare facilities, must deny entry if a customer/visitor refuses to wear a face covering or mask as source control. See Face Coverings – Business Owner Guidance.

- Educate patients, visitors, and HCP about the importance of performing hand hygiene, including immediately before and after any contact with their cloth face covering, facemask, or respirator.

Source Control for Healthcare Personnel (HCP)

One of the following should be worn by HCP for source control while in the facility:

    o A NIOSH-approved N95 or equivalent or better respirator **OR**
    o A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators **OR**
    o A well-fitting facemask (e.g., selection of a facemask with a nose wire to help the facemask conform to the face; selection of a facemask with ties rather than ear loops; tying the facemask's ear loops and tucking in the side pleats; fastening the facemask's ear loops behind the wearer's head

- HCP should always wear well-fitting source control while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers.

- To reduce the number of times HCP must touch their face and potential risk for self-contamination, when used for **source control** only and not as **PPE** under transmission-based precautions, HCP should consider continuing to wear the same respirator or well-fitting facemask (extended use) throughout their entire work shift. If the respirator or well-fitting face mask is removed, (e.g., eating, drinking), then it should be discarded and replaced. Re-use (removing and redonning the face mask, including for breaks or eating/drinking) should only be practiced if operating under crisis capacity strategies.

- Once put on, HCP should not touch their medical facemask. If they touch or adjust their medical facemask, they must perform hand hygiene before and after contact.
- HCP should remove their respirator or facemask, perform hand hygiene, and put on their community source control when leaving the facility at the end of their shift.

Facemask use in Healthcare Settings

In healthcare settings, medical facemasks are used by healthcare personnel (HCP) for two general purposes.

1. As **PPE** to protect a healthcare worker's nose and mouth from exposure to inhalation, splashes, sprays, splatter, and respiratory secretions, such as when treating patients on Droplet Precautions. For guidance on appropriate use of PPE in the context of the COVID-19 pandemic, see CDC's Using Personal Protective Equipment (PPE); Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic; and the Washington State Department of Labor and Industries (L&I) publication F414-168-000 (Which Mask For Which Task).
   - When worn as PPE to protect the healthcare worker's nose and mouth from exposure to inhalation, splashes, sprays, splatter, and respiratory secretions (e.g., for patients on Droplet Precautions), facemasks should be removed and discarded after each patient encounter.
2. For **source control** to cover a healthcare worker's nose and mouth to prevent spread of respiratory secretions from the healthcare worker to other people.
   - When used for **source control only**, and PPE is not indicated, medical facemasks may be used for the duration of a shift unless they become soiled, damaged, or hard to breathe through; medical facemasks, used for **source control only** should be removed and discarded at least after each shift. If the respirator or well-fitting face mask is removed, (e.g., eating, drinking), then it should be discarded and replaced. Re-use (removing and redonning the face mask, including for breaks or eating/drinking) should only be practiced if operating under crisis capacity strategies.
   - Wear and disposal practices are different if facemasks are used as **PPE**: see #1 and CDC's Strategies for Optimizing the Supply of Facemasks.

Improving the Fit of Masks in Healthcare Settings

The fit of the device used to cover the wearer's mouth and nose is a critical factor in the level of source control (preventing exposure of others) and the level of the wearer's exposure to infectious particles. Fit-tested respirators offer the highest level of both source control and protection against inhalation of infectious particles in the air. Facemasks that conform to the wearer's face so that more air moves through the material of the facemask rather than through gaps at the edges are more effective for source control than facemasks with gaps and can also reduce the wearer's exposure to particles in the air. Improving how a facemask fits can increase the facemask's effectiveness for decreasing particles emitted from the wearer and to which the wearer is exposed.

CDC has recommended several ways to [improve the fit and filtration](#) of masks, including covering a medical facemask with a cloth face covering. However, if a good fit is achieved using a single medical facemask using techniques such as [knotting and tucking](#), other approaches to improving fit such as adding layers or using framed mask "fitters" might not be necessary. CDC indicates that layering masks requires special care in healthcare settings. WA DOH and WA L&I do not recommend using a non-disposable device, such as cloth face coverings or framed mask "fitters" to improve the fit of medical masks due to the complexity of implementing CDC's special care recommendations safely. Certain types of facial hair, like beards, can make mask fitting difficult. To improve fit, HCP with beards can shave their beards or trim their beards close to the face.
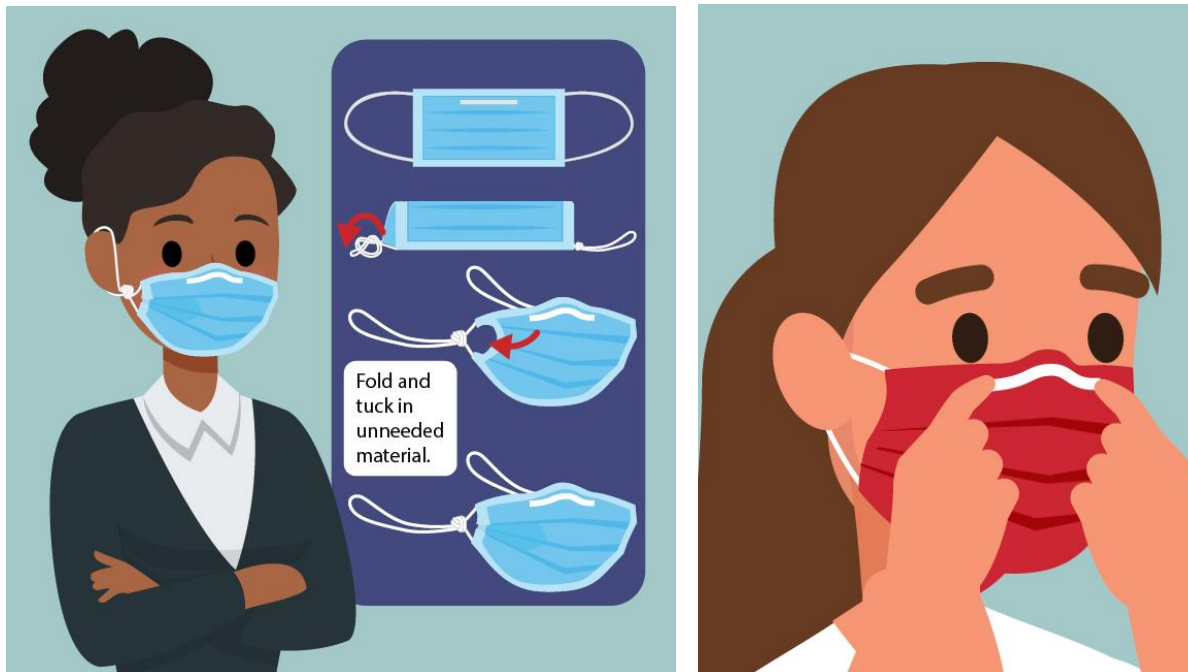
Cloth face coverings/masks are not PPE and should not be used to protect against splashes and sprays, such as when used while treating patients on Droplet Precautions.

Definitions

Cloth face covering/mask: Textile (cloth) covers that are intended primarily for source control in the community. **They are not personal protective equipment (PPE) appropriate for use by healthcare personnel as the degree to which cloth face covering protect the wearer might vary.** Guidance on design, use, and maintenance of cloth face covering is [available](#).

Extended use: The practice of wearing the same tight-fitting respirator (e.g., N95) or facemask for repeated close contact encounters with several different patients, without removing the respirator between patient encounters. Under extended use, tight-fitting respirators or facemasks should be discarded immediately after being removed. If removed for a meal break, the respirator or facemask should be discarded, and a new respirator or facemask put on after the break.

Fitter: Devices worn over a face mask to improve fit; often with a frame-like design. Not recommended by WA DOH and WA L&I.

Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, dental personnel, and volunteer personnel).

Healthcare settings refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, residential LTCF, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, dental, behavioral health and others.

Medical Facemask: Medical facemasks are PPE and are often referred to as surgical masks or procedure masks. Use medical facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Patient refers to anyone receiving care for medical reasons or assistance with activities of daily living, including clients and residents.

Personal Protective Equipment (PPE): equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. See OSHA's page on Personal Protective Equipment.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

Re-use: The practice of using the same tight-fitting respirator (e.g., N95) or facemask by one HCP for multiple encounters with different patients but removing it (i.e. doffing) after each encounter.

Source control: Use of well-fitting cloth face covering, facemasks, or respirators to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.

More COVID-19 Information and Resources

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee's proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. Stigma will not help to fight the illness. Share accurate information with others to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
- WA State Coronavirus Response (COVID-19)
- Find Your Local Health Department or District
- CDC Coronavirus (COVID-19)
- Stigma Reduction Resources

Have more questions about COVID-19? Call our hotline: **1-800-525-0127,** Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language.** For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.