



## Nursing Policy & Procedure

Subject: Implementing Source Control Measures

Policy #: 6180

Revision/Review Date: 2023-02-21

**Objective:** Source control is an important tool to help keep germs from spreading.

**Definition:** Source control refers to use of respirators or well-fitting surgical facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.

### **POLICY:**

When SARS-CoV-2 (COVID-19) Community Transmission levels are high, source control is will be required for everyone in the facility when they are in areas where they could encounter residents.

Staff who have not completed their primary vaccination series (including those who have a pending request or been granted an exemption or who have a temporary delay) are to use source control, regardless of whether they are providing direct care to or otherwise interacting with residents.

When SARS-CoV-2 Community Transmission levels are **not** high, the facilities will choose not to require universal source control.

However, even if source control is not universally required, it will be required for individuals in who:

- 1) Have suspected SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- 2) Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or
- 3) Work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control can be discontinued as a mitigation measure once no new cases have been identified for 14 days; or
- 4) Have otherwise had source control recommended by public health authorities

When COVID-19 is present in the facility, an N-95, equivalent or higher-level respirator will be required, instead of a facemask for aerosol generating procedures, on unit(s) affected.

When COVID-19 is present in the facility, staff will be directed to wear eye protection, surgical mask and/or N-95 or equivalent or higher-level respirator on affected unit, floor, or facility wide, dependent on current outbreak.

When a respirator or well-fitting facemask is used solely for source control, it can be used for an entire shift unless it becomes soiled, damaged, or hard to breathe through.

When employees are on break, mask should be thrown away if removed.

If used during the care of patient 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 patient with SARS-CoV-2 infection, facemask during a surgical procedure or during care of a patient on Droplet Precautions), the respirator or facemask will need to be removed and discarded after the patient care encounter and a new one should be donned.

Once a respirator or surgical facemask leaves the facility, it should be discarded and not returned.

Use of source control does not replace the need for proper handwashing

Hands should be washed before and after removing or reapplying any type of facemask

Employees not wearing or handling masks as required may be subject to progressive discipline policy as determined by their supervisor, DON, or administrator.

*This policy does not change influenza-related masking requirement; however, it does include elements of the influenza-related masking requirement, such as the influenza related vaccination component.*