**COVID-19**

**Source Control Measures and Physical Distancing**

**Policy and Procedures**

**Sample Policy and Procedure**

**Source Control Measures**

**Background**

The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) have provided guidance to reduce the risk of COVID- 19 outbreaks, including the implementation of source control and physical distancing in large gatherings.

For purposes of this document, Healthcare Personnel (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, dental healthcare personnel, 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, and volunteer personnel).”1

“Source Control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.”1

It is important that anyone that is at high risk for severe illness should wear source control that provides them with the most protective option that fits well and will be consistently worn.

The guidance for source control includes recommendations based upon the SARS-CoV-2 Community Transmission levels.

**Policy**

It is the policy of this facility to implement source control measures for HCP, residents, visitors, and vendors in accordance with current COVID-19 guidance.

Source control options for health care personnel includes:

* “A NIOSH-approved particulate respirator with N95 filters or higher;
* 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);
* A barrier face covering that meets ASTM F3502-21 requirements including Workplace Performance and Workplace Performance Plus masks; OR
* A well-fitting facemask.”1

**Note:** When the above options are used for only source control, they can be used for the entire shift unless soiled, damaged or hard to breathe through.

**Procedure**

1. The Infection Preventionist will identify the SARS-CoV-2 Community Transmission levels to determine source control:
	1. When SARS-CoV-2 Community Transmission levels are high, source control will be implemented for everyone in the facility when in areas where resident’s will be encountered.
* “HCP could choose not to wear source control when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms) if they do not otherwise meet the criteria described below and [Community Levels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=CommunityLevels&null=CommunityLevels) are not also high. When [Community Levels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=CommunityLevels&null=CommunityLevels) are high, source control is recommended for everyone.”1
1. When SARS-CoV-2 Community Transmission levels are not high, universal source control is not required unless:
	1. Individual has suspected or confirmed SARS-CoV-2 infection
	2. Individual has another respiratory infection with symptoms such as runny nose, cough or sneezing
	3. Resident or visitor has had close contact with someone with SARS-CoV-2 infection, for 10 days after their exposure
	4. Employee has had a higher risk exposure with someone with SARS-CoV-2 infection, for 10 days after their exposure
	5. Resident resides on a unit or area of the facility with a COVID-19 outbreak until no new cases have been identified for 14 days
	6. Employee works on a unit or area of the facility with a COVID-19 outbreak until no new cases have been identified for 14 days
	7. Source control is recommended by State or local public health authorities
2. Source control can still be worn for employee, resident, or visitor personal preference
3. Residents on transmission-based precautions should wear a well-fitting facemask for source control when out of the resident room for medically necessary reasons or for resident transfer outside of the facility, unless not tolerated
4. Residents that are unable to wear a mask (i.e., disability, medical condition, etc.), should practice physical distancing from others during large gatherings
	1. If resident is unable to wear a mask and staff cannot prevent close contact with others, it is recommended that resident not attend large gatherings
		1. If resident refuses to wear a mask and physically distance from others when there is a large gathering, educate resident on the benefits of source control and physically distancing, hand hygiene, cough etiquette, other core principles of infection prevention and risk of refusal and document education and resident response in the medical record. Staff to provide reminders for adherence.
5. Source control for employees is recommended when caring for a resident who is moderately to severely immunocompromised.
6. Well-fitting facemasks may be offered to visitors.
	1. Visitors may use own mask or respirator with higher-level of protection that is not visibly soiled based on individual preference
7. Source control (if tolerated) and physical distancing should be implemented for indoor visitation during an outbreak response for the resident and their visitor(s).

**References and Resources**

1 Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic), Updated Sept. 23, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Centers for Disease Control and Prevention. CDC Streamlines COVID-19 guidance to help the public better protect themselves and understand their risk. August 11, 2022: <https://www.cdc.gov/media/releases/2022/p0811-covid-guidance.html>

Centers for Medicare & Medicaid Services. QSO-20-39-NH, Nursing Home Visitation – COVID-19 (REVISED), 09/23/2022: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

# Centers for Disease Control and Prevention. Strategies for Optimizing the Supply of Facemasks. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/docuent/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

Centers for Medicare & Medicaid Services. Infection Prevention, Control & Immunizations Critical Element Pathway, CMS-20054 (10/26/2022): <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

**Sample Policy and Procedure**

**Physical Distancing**

**Background**

The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) have provided guidance to reduce the risk of COVID- 19 outbreaks, including the implementation of physical distancing, with large gatherings and with visitation during an outbreak investigation, which is a core prevention strategy for COVID-19 transmission.

Physical distancing (maintaining at least 6 feet between people) is a mitigation strategy that is important in the community and is very important in health care organizations.

**Policy**

It is the policy of this facility to implement physical distancing (maintaining at least 6 feet between people) measures as recommended by current State and Federal guidance to include with large gatherings, when visitation occurs during an outbreak investigation in accordance with current COVID-19 guidance and other instances as recommended by the Centers for Disease Control and Prevention (CDC) or the Centers for Medicare & Medicaid Services (CMS).

**Procedure**

1. Physical distancing will be encouraged and recommended during peak visitation times and large gatherings.
2. Facility will post signage as reminders in common areas that includes:
	1. Physical distancing of at least 6 feet in large gatherings
	2. Instructions on when and how to perform hand hygiene
	3. Source Control-wearing well-fitting masks
3. Visitation
	1. Physical distancing is recommended and encouraged during peak times of visitation and with large gatherings
	2. If visitation occurs during an outbreak investigation, visitors will be instructed to physically distance themselves from other residents and staff whenever possible and performance of hand hygiene
		1. Instruct visitor to go directly to resident room or visitation area
4. Communal Areas, Dining Areas, Group Activities
	1. If a resident is unable to wear a mask due to disability or medical condition, resident should physically distance from others during large gatherings and educate resident on the core principles of infection prevention (i.e., hand hygiene, physical distancing, cough etiquette, etc.), and staff to provide reminders for adherence to infection prevention principles.
5. If employees are requested to return to work with contingency capacity strategies to mitigate staffing shortages, to the extent possible, staff should practice physical distancing from others.

**References and Resources:**

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic), Updated Sept. 23, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Centers for Disease Control and Prevention. CDC Streamlines COVID-19 guidance to help the public better protect themselves and understand their risk. August 11, 2022: <https://www.cdc.gov/media/releases/2022/p0811-covid-guidance.html>

Centers for Medicare & Medicaid Services. QSO-20-39-NH, Nursing Home Visitation – COVID-19 (REVISED), 09/23/2022: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/docuent/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

Centers for Medicare & Medicaid Services. Infection Prevention, Control & Immunizations Critical Element Pathway, CMS-20054 (10/26/2022): <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

Centers for Disease Control and Prevention. Strategies to Mitigate Healthcare Personnel Staffing Shortages, Updated Sept. 23, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>