# Source Control Assessment
## Guide for Mask Use in Health Care Settings

| Considerations | Yes/No | Discussion |
|---|---|---|
| Do metrics indicate high community level of a respiratory illness? | | Masking is recommended during periods of higher levels of community COVID-19 or other respiratory virus transmission. Health care settings with residents or patients that generally do not leave the facility might consider implementing masking only for staff and visitors especially; based on a facility risk assessment, targeted toward higher risk areas, or patient populations (e.g., when caring for patients with moderate to severe immunocompromise) during periods of higher levels of community COVID-19 or other respiratory virus transmission.<br>**Data Sources:**<br>• The Centers for Disease Control and Prevention (CDC) is collecting and reporting COVID-19 hospital admissions data on the CDC COVID-19 Data Tracker.<br>• The Respiratory Virus Hospitalization Surveillance Network (RESP-NET) interactive dashboard or data from the National Emergency Department Visits for COVID-19, Influenza and Respiratory Syncytial Virus can be used to inform when respiratory virus season is beginning or ending.<br>• For more granular information, outpatient respiratory illness visits determined by data reported to ILINet, are aggregated to provide state level estimates.<br>• Specific state and/or community level data available from state or county health departments and/or local hospitals and congregate care facilities |
| Are there suspected or confirmed COVID-19 infection or other respiratory infection(s) requiring droplet or airborne precautions in your health care setting? | | **Masking is recommended for residents/patients and visitors.**<br>• When a resident/patient or visitor has suspected or confirmed COVID-19 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze)<br>• When a resident/patient or visitor has had close contact (patients and visitors) or a higher-risk exposure with someone with COVID-19 infection, a mask should be worn 10 days after their exposure.<br>• When a resident/patient on Droplet Precautions must be transported outside of the room.<br>• In settings where Airborne Precautions cannot be implemented due to limited engineering resources. Providing N95 or higher level respirators or masks if respirators are not available will reduce the likelihood of airborne transmission until the resident/patient is either transferred to a facility with an airborne infection isolation room or returned to the home environment.<br>**Masking is recommended for health care Personnel (HCP).**<br>• When entering the room of a patient with suspected or confirmed COVID-19 infection , use a National Institute for Occupational Safety and Health (NIOSH) approved particulate respirator with N95 filters.<br>• When having close contact with a patient on droplet precautions (a respirator is not necessary). Masks are generally donned upon room entry.<br>• When caring for patients on Airborne Precautions (a mask or respirator, depending on the disease-specific recommendations (Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) Appendix A: Table 2). Masks are donned prior to room entry. |

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| Are you caring for patients that are moderate to severely immunocompromised during periods of higher levels of community COVID-19 or other respiratory virus transmission? | | Consider a broader use of masking. |
| Has source control been recommended by public health authorities (e.g., in guidance for the community when COVID-19 hospital admission levels are high)? | | Consider a broader use of masking. |
| Does your healthcare setting serve residents/patients at higher risk for severe outcomes? | | Healthcare settings might tier their interventions based on the population they serve.<br><br>Consider a lower threshold for action in areas of the facility primarily caring for patients at highest risk for severe outcomes (e.g., cancer clinics, transplant units) or in areas more likely to provide care for patients with a respiratory infection (e.g., urgent care, emergency department). |
| Has input from partners been considered? | | Reviewing plans with partners including patient and family groups and HCP can help determine practices that will be more broadly supported. |
| Are you coordinating with other health care settings in your jurisdiction that your family shares patients with? | | Facilities and jurisdictions might have access to more granular data for their jurisdiction to help guide efforts locally. |

**Resources:**
- CDC, Interim Infection Prevention and Control Recommendations for HCP During the COVID-19 Pandemic
- CDC, Isolation Precautions, III. Precautions to Prevent Transmission of Infections Agents
- The Centers for Medicare & Medicaid Services, QSO-20-39-NH Visitation Revised