U.S. CDC Transmission Metrics, Source Control, and PPE Guidelines For Healthcare Workers Summary

Metrics Used for Source Control and PPE Decisions:	
Community Level - General Public	COVID-19 Community Levels help individuals and communities decide which prevention actions to take based on the latest information. Each level helps convey how much COVID-19 is impacting the general public using data on hospitalizations and cases. Using these data, communities are classified as low, medium, or high.
Community Transmission - Healthcare	Based on #new cases/100,000 persons & Percentage of positive NAAT in past 7 days. CDC recommends assessing the level of community transmission weekly using, at a minimum, two metrics: new COVID-19 cases per 100,000 persons in the last 7 days and percentage of positive SARS-CoV-2 diagnostic nucleic acid amplification tests in the last 7 days. For each of these metrics, CDC classifies transmission values as low, moderate, substantial, or high (Table). *If the values for each of these two metrics differ (e.g., one indicates moderate and the other low), then the higher of the two should be used for decision-making.* Link: https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html

Source Control & PPE Guidance for Healthcare Workers

Community Transmission Level	Source Control	Implementing Universal Use of PPE
High	**Source control for all when in areas of the healthcare facility where patients/residents could be encountered.** •HCW could *choose* not to wear source control when they are in well-defined areas that are restricted from patient/resident access (e.g., staff meeting rooms) if they do not otherwise meet the criteria described in bullets below ↓ AND the *CDC Community Level*s are NOT also high. *Note: when Community Levels are high, source control is recommended for everyone.*	**Facilities should consider having HCW use PPE as described below:** **1) NIOSH-approved particulate respirators with N95 filters or higher used for:** https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml •All aerosol-generating procedures; *See AGP guidance summary on HAI website:* •All surgical procedures that might pose higher risk for transmission if the patient has SARS-CoV-2 infection (*e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract*). •NIOSH-approved particulate respirators with N95 filters or higher can also be used by HCW working in other situations where additional risk factors for transmission are present, such as the patient/resident is unable to use source control and the area is poorly ventilated. They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCW working in affected areas is not already in place. •To simplify implementation, facilities in counties with high transmission may consider implementing universal use of NIOSH-approved particulate respirators with N95 filters or higher for HCW during all patient/resident care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission. **2) Eye protection** (*i.e., goggles or a face shield that covers the front and sides of the face*) **worn during all patient/resident care encounters.**
Substantial **Moderate** **Low**	**Facilities could choose not to require universal source control. However still remains recommended for individuals who:** •Have suspected or confirmed SARS-CoV-2 Infection or other respiratory infection (*e.g., those with runny nose, cough, sneeze*); **or** •Have had a close contact (*pateints/residents & visitors*) or higher-risk exposure (*HCW*) with someone with SARS-CoV-2 infection, for 10 days after their exposure; **or** •Have otherwise had source control recommended by public health authorities; **or** •Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days	

Notes:
•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.
•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.
•HCW and healthcare facilities might also consider using or recommending source control when caring for patients who are moderately to severely immunocompromised.

Definitions:
- **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.
- **PPE**: e.g., NIOSH-approved particulate respirators with N95 filters or higher or, facemasks during care of patients/residents with suspected/confirmed transmissible organisms that require Airborne and/or Droplet precautions.

Resident/Patient/ Visitor Source Control	
People, particularly those at high risk for severe illness, should wear the most protective form of source control they can that fits well and that they will wear consistently.	
Community Transmission Level & Guidance	
Low	**When SARS-CoV-2 Community Transmission levels are NOT high, healthcare facilities could** *choose* **not to require universal source control.** **However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who:** •Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (*e.g., those with runny nose, cough, sneeze*); **or**
Moderate	•Had close contact *(patients/residents and visitors*) with someone with SARS-CoV-2 infection, for 10 days after their exposure; **or** •Reside on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; **or**
Substantial	•Have otherwise had source control recommended by public health authorities *Note: When Community Levels are high, source control is recommended for everyone.*
High	**When SARS-CoV-2 Community Transmission levels are high, source control is recommended for everyone in a healthcare setting.**

Additional Guidance:

•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. 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.

•Patients/Residents with suspect or confirmed COVID-19: in general, patients should be encouraged to limit in-person visitation while they are infectious.

 ◆Counsel patients and their visitor(s) about the risks of an in-person visit.

 ◆ Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets, when appropriate.

 ◆ Facilities should provide instruction, before visitors enter the patient's room, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.

 ◆ Visitors should be instructed to only visit the patient room. They should minimize their time spent in other locations in the facility

•**U.S. CDC &** *CMS Nursing Home Specific Visitation Guidance* :

 ◆**CDC:** If indoor visitation is occurring in areas of the facility experiencing transmission, it should ideally occur in the resident's room. The resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit.

 ◆**CMS:**

  ⁌If the nursing home's county COVID-19 community transmission is NOT high, the safest practice is for residents and visitors to wear face coverings or masks, however, the facility could choose not to require

  visitors wear face coverings or masks while in the facility, except during an outbreak.

  ·Regardless of the community transmission level, residents and their visitors when alone in the resident's room or in a designated visitation area, may choose not to wear face coverings or masks and may

  choose to have close contact (including touch). Residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit.

  ·If a roommate is present during the visit, it is safest for the visitor to wear a face covering or mask.