COVID-19 Personal Protective Equipment and Source Control Grids

FOR CONGREGATE CARE SETTINGS, BY COMMUNITY TRANSMISSION LEVEL

12/7/2021

Settings include, but are not limited to, long-term care (nursing home and assisted living); home care; hospice; intermediate care facilities for intellectually disabled persons (ICF/ID); independent living; and other congregate care types of facilities.

PPE Grid for Health Care Workers/Direct Service Providers
(i.e., includes employees, contractors, volunteers, etc.)

<table>
<thead>
<tr>
<th>Community transmission level¹</th>
<th>Working with residents/clients WITH suspected² or confirmed SARS-CoV-2 infection</th>
<th>Working with residents/clients WITHOUT suspected or confirmed SARS-CoV-2 infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>gown; gloves; eye protection; N95 or higher level respirator</td>
<td>facemask³ (source control) and eye protection</td>
</tr>
<tr>
<td>Substantial</td>
<td>gown; gloves; eye protection; N95 or higher level respirator</td>
<td>facemask³ (source control) and eye protection</td>
</tr>
<tr>
<td>Moderate</td>
<td>gown; gloves; eye protection; N95 or higher level respirator</td>
<td>facemask (source control)</td>
</tr>
<tr>
<td>Low</td>
<td>gown; gloves; eye protection; N95 or higher level respirator</td>
<td>facemask (source control)</td>
</tr>
</tbody>
</table>


² Suspected includes people in quarantine or in isolation.

³ N95 (equivalent or higher level) respirator recommended for aerosol-generating procedures for all residents/clients in communities with substantial and high transmission levels.
COVID-19 Source Control Grid for Residents/ Clients/ Visitors

<table>
<thead>
<tr>
<th>Community transmission level¹</th>
<th>Residents/ clients: Fully vaccinated</th>
<th>Residents/ clients: Unvaccinated</th>
<th>Visitors: Fully vaccinated</th>
<th>Visitors: Unvaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Substantial</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Moderate</td>
<td>see footnotes²,³</td>
<td>yes</td>
<td>see footnotes²,³</td>
<td>yes</td>
</tr>
<tr>
<td>Low</td>
<td>see footnotes²,³</td>
<td>yes</td>
<td>see footnotes²,³</td>
<td>yes</td>
</tr>
</tbody>
</table>


² During an outbreak investigation: Residents/clients/ visitors should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident’s room.

³ In areas of low to moderate transmission: The safest practice is for residents and visitors to wear face coverings or masks and to physically distance, particularly if either of them is at increased risk for severe disease or is unvaccinated. If the resident and each of their visitors is fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact. Visitors should wear face coverings or masks when around other residents or health care personnel, regardless of vaccination status.

Guidance

Follow PPE guidance:

- Occupational Safety and Health Administration (OSHA): COVID-19 Healthcare ETS (osha.gov/coronavirus/ets)


- CMS and CDC continue to recommend facilities, residents, and families adhere to the Core Principles of COVID-19 Infection Prevention.
- Although not recommended, residents who are on transmission-based precautions or in quarantine may still receive visitors. In these cases, visits should occur in the resident’s room, and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents who are on transmission-based precautions or in quarantine, visitors should be made aware of the potential risk of visiting and of necessary precautions.
Visitors should adhere to the core principles of infection prevention. Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.

- The safest approach is for everyone, regardless of vaccination status, to wear a well-fitting face covering or mask while in communal areas of the facility.

### Explanations

**Removal of eye protection**: The safest approach is to extend the use of eye protection while COVID-19 is circulating in the community where the facility is located or in the surrounding counties. However, facilities may remove the eye protection requirement at their discretion when community transmission is at moderate to low levels. This decision should be based on the stability of the transmission levels, for example, when transmissions in the county where the facility is located and in surrounding counties remain at moderate to low levels for at least two weeks. This will help prevent the facility from rotating frequently to and from eye protection requirements.

**Standard and transmission-based precautions** should be applied to other potentially infectious agents. Refer to [CDC: Infection Control Basics](https://www.cdc.gov/infectioncontrol/basics/index.html).

### Definitions

**Isolation**: separates people who are sick with a contagious disease from people who are not sick.

**Quarantine**: separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

**Eye protection**: goggles or a face shield that covers the front and sides of the face.

**Facemask**: OSHA defines facemasks as “a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy.” Facemasks may also be referred to as “medical procedure masks.” Facemasks should be used 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. Other facemasks, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

**Respirator**: 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 CDC/NIOSH, including those intended for use in health care.

**Source control**: use of respirators, well-fitting facemasks, or well-fitting cloth masks to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Source control devices should not be placed on children under age 2; anyone who cannot wear one safely, such as someone who has a disability or an underlying medical condition that precludes wearing one safely; or anyone who is unconscious, incapacitated, or otherwise unable to remove their source control device without assistance. Face shields alone are not recommended for source control.
**Cloth 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 health care personnel.** For guidance on design, use, and maintenance of cloth masks, Refer to [CDC: Use Masks to Slow the Spread of COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html).

**Fully vaccinated:** In general, people are considered fully vaccinated:

- Two weeks after their second dose in a two-dose series, such as the Pfizer-BioNTech or Moderna vaccines.
- Two weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.


**Unvaccinated:** a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is unknown, for the purposes of this guidance.