

# Interim Guidance on Facemasks as a Source Control Measure

**CURRENT AS OF MARCH 27, 2020**

## What is source control?

Source control is a term used to describe measures intended to prevent infected individuals from spreading disease. Evidence suggests that COVID-19 transmission has occurred by mildly symptomatic or asymptomatic individuals prior to being diagnosed. In the context of this COVID-19 pandemic, source control refers to the practice of wearing a mask to reduce the likelihood of transmitting the virus. Source control can be applied to healthcare personnel (HCP), staff, and patients.

Facemasks worn as source control can be manufactured or homemade. It is important to note that homemade facemasks are **NOT** considered personal protective equipment (PPE) since their capability to protect healthcare personnel is unknown, and they should only be considered as a last resort when no other options exist for the purpose of PPE and all efforts to extend PPE supply have been exhausted. If these conditions are met, homemade facemasks can be used as source control to decrease transmission from an infected person.

## Recommendations for Source Control

- The Minnesota Department of Health (MDH) recommends that HCP and staff wear a mask for source control.
- Facility staff can wear a non-regulated FDA facemask for source control purposes.
- If wearing a non-FDA-regulated facemask (e.g., homemade, improvised, etc.), it should **NOT** be considered PPE and should **NOT** be used for PPE.
- HCP caring for suspected or confirmed COVID-19 patients must wear PPE in accordance with current CDC and MDH guidelines.
- Normal donning and doffing procedures apply for facemasks worn for source control purposes.
- HCP should avoid touching or adjusting a facemask worn for source control. Meticulous hand hygiene must be performed after touching the facemask.
- HCP should change facemask if it becomes wet and/or soiled.