

## COVID-19 Frequently Asked Questions on Source Control in Correctional Facilities

Last Updated: March 25, 2021 (updates in orange text)

The purpose of this document is to provide staff in the correctional setting with answers to frequently asked questions regarding the use of facemasks for source control.

### RECOMMENDATIONS

#### What does the NH Department of Public Health Services (DPHS) recommend for staff in correctional facilities?

- NH DPHS recommends that staff in correctional facilities adhere to the [universal source control](#) recommendations in order to maximally protect staff and residents.
- Staff whose job duties require any interaction with other staff and residents should wear a commercial facemask at all times while they are in the facility.
  - When available, facemasks are preferred over cloth face coverings for staff. Facemasks offer **both** source control and protection for the wearer against exposure to splashes and sprays of infectious secretions from others.
- Staff whose job duties do not require any interaction with other staff and residents (e.g., not working in **congregate living spaces, housing units or shared staff offices**) may continue to wear a cloth face covering for source control while in the facility.
- If staff must touch or adjust their facemask or cloth face covering they should perform hand hygiene immediately before and after.
- Staff should remove their facemask and put on their cloth face covering when leaving the facility at the end of their shift.
- Staff should receive job-specific training on PPE and demonstrated competency with selection and proper use of facemasks (e.g., putting on and removing without self-contamination).
- NH DPHS recommends that staff utilizing N95s at work are fit tested prior to use. If fit testing cannot be done, a seal check should be performed at minimum.

#### What does the NH Department of Public Health Services (DPHS) recommend for residents in correctional facilities?

- NH DPHS recommends that residents in correctional facilities adhere to the [universal source control](#) recommendations.
- Encourage all incarcerated/detained persons to wear a cloth or surgical face mask as much as safely possible, to prevent transmission of SARS-CoV-2 through respiratory droplets that are created when a person talks, coughs, or sneezes ("source control").
- Provide masks at no cost to incarcerated/detained individuals and launder cloth face coverings routinely.
- Clearly explain to residents the purpose of masks and when their use may be contraindicated. Many individuals with COVID-19 do not have symptoms, so it is important for everyone to wear masks in order to protect each other: "My mask protects you, your mask protects me."
- Surgical masks may also be used as source control, but if in short supply surgical masks should be conserved for situations requiring PPE.

## GENERAL INFORMATION

### What is meant by the phrase “source control”?

Source control refers to measures to prevent an individual infected with SARS-CoV-2 from transmitting infection to others. Compared with an infected person who coughs or sneezes and is not wearing a mask, an infected person wearing a facemask contaminates their environment less and is less likely to directly infect others. Symptom screening alone will not identify infectious individuals who have no symptoms or before they have symptoms. Therefore, source control offers additional protection to staff and limits the spread of COVID-19.

### What are surgical masks?

Surgical masks are fluid-resistant, disposable, and loose-fitting protection devices that create a physical barrier between the mouth and nose of the wearer and the immediate environment. They are often referred to as facemasks, although not all facemasks are regulated as surgical masks.

If worn properly, a surgical mask is excellent for source control but also helps block large-particle droplets, splashes, sprays, or splatter that may contain the COVID-19 virus, keeping it from reaching your mouth and nose.

### What are N95 respirators?

An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles.

## PROPER FACEMASK USE

### When should I wear a facemask?

Everyone entering the facility to wear a facemask or cloth face covering while in the building, regardless of symptoms. This approach is consistent with the new [recommendation to the general public](#) to wear a cloth face outside of their homes and the [recommendation for healthcare personnel](#) to wear a facemask within healthcare facilities.

### Should I wear a mask in public?

Yes, wear a cloth face covering in public settings even while maintaining social distancing. Wearing a cloth face covering is not a substitute for physical distancing and other prevention measures. (Source: [CDC](#))

### When is a cloth face covering appropriate for staff?

Cloth face coverings may be appropriate for source control if there is no ongoing transmission of COVID-19 within the facility. During supply shortages of surgical facemasks, cloth face coverings are an acceptable alternative. Cloth face coverings should be washed daily by the facility.

### Who should NOT wear a facemask or cloth covering?

Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

### What facemask is most effective for source control?

Both a surgical facemask and an N95 are effective for source control. Both provide increased protection for the wearer against exposure to splashes and sprays of infectious material from others. Both N95s and surgical masks protect the wearer from patient secretions. Of note, N95s with an exhaust valve should NOT be used as source control.

The fit of the face covering is a critical factor to protect the wearer and those around them. Respirators offer the highest level of both source control and protection against inhaling infectious particles. Facemasks that conform to the wearer's

face so that more air moves through the material of the facemask rather than through gaps at the edges are more effective for source control than facemasks with gaps and can also reduce the wearer's exposure to particles in the air (CDC).

### **How do I maximize the fit of my facemask?**

Everybody is better protected when we all wear masks. Masks should be well fitted to the face and cover both the nose and mouth. Masks that pinch and form over the bridge of the nose are better. See CDC's facemask [Do's and Don'ts](#).

Better mask fit leads to better source control, filtration, and reduced exposure. Better fit can be accomplished in a variety of ways (CDC):

- Upgrade your mask and [find a better fit](#)
- "Knot and tuck" (see video instructions [here](#))
- Double masking is an option, but it should be with a cloth face mask over a multi layered disposable medical procedure type mask

\*Double masking isn't just about increasing the number of layers over your nose and mouth. The primary goal of double masking is to improve the fit and eliminate gaps. This shouldn't cause a person to fidget with their mask or touch their face more. Double masking may cause increased touching/adjusting the mask which in turn may reduce the fit of the mask.

Mask fit must be individualized –the size and shape of everybody's face is different. For example, knotting and tucking surgical or cloth facemasks can change the size/shape of the mask so it no longer fully covers the nose and mouth on a larger face.

### **When should I dispose of my surgical mask?**

If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the facemask, discard it safely, and replace it with a new one. To safely discard your mask, place it in a plastic bag and put it in the trash. Wash your hands after handling the used mask.

During shortages of surgical masks, it may become necessary to implement extended use of surgical masks according to the CDC [strategies for optimization of PPE](#).

### **What type of PPE should staff wear when caring for a resident with suspect/confirmed COVID-19?**

Known or suspect COVID-19 residents should be isolated and cared for using all recommended PPE for all routine patient care activities. Follow recommendations for healthcare facilities, which require the following PPE: gloves, eye protection, gown and a facemask. Surgical facemasks should be used for routine evaluation and sample collection for COVID-19 testing. An N95 or higher-level respirator should be used for aerosol-generating procedures (e.g., sputum induction, nebulizer use, intubation).

### **What precautions should you take when wearing a respirator?**

Not everyone is able to wear a respirator. N95 respirators are not designed for children or people with facial hair, because a proper seal cannot be achieved. People with chronic respiratory, cardiac, or other medical conditions that make breathing difficult should check with their health care provider before using an N95 respirator. Some models have exhalation valves that can make breathing out easier and help reduce heat build-up, but these N95 respirators with exhalation valves should not be used for source control. In addition, if you are not properly trained, fit tested for and accustomed to N95 use, you may be more likely to adjust your facemask throughout their shift and increase the chance for self-contamination.

### **Should I be fit tested for an N95?**

In routine circumstances, respirators should be used as part of a respiratory protection program that provides staff with medical evaluations, training, and fit testing. However, due to the current urgency of response efforts during the COVID-

19 pandemic, OSHA has suspended annual fit testing. Initial fit testing should still be performed. If wearing an N95 for the care of a resident with suspect or confirmed COVID-19, the wearer should perform a seal check and be properly trained on how to wear an N95. Connect with your local hospital or fire department's occupational health program to inquire about fit testing your staff.

## SUPPLY MANAGEMENT

### How to prioritize facemasks during supply shortages?

If there are anticipated shortages of facemasks, facemasks should be prioritized for staff in direct contact with residents and then for residents with symptoms of COVID-19 (as supply allows). Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.

### What is extended-use of facemasks?

Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different residents, without removing the facemask between resident encounters.

- Remove and discard the facemask if it is soiled, damaged, or hard to breathe through.
- Take care not to touch the facemask.
  - If you touch or adjust their facemask they must immediately perform hand hygiene.
- Leave the resident care area if you need to remove the facemask.

## KEY CONTACTS

Topic/Inquiry	Contact	Phone/Email
<ul style="list-style-type: none"><li>▪ General Information</li><li>▪ <a href="http://www.nh.gov/covid19">www.nh.gov/covid19</a></li></ul>	2-1-1 New Hampshire	1-866-444-4211 TTY: 603-634-3388
<ul style="list-style-type: none"><li>▪ Clinical Questions</li></ul>	Division of Public Health Services Bureau of Infectious Disease Control	603-271-4496
<ul style="list-style-type: none"><li>▪ Healthcare Surge</li><li>▪ Personal Protective Equipment (PPE) Supply Issues</li></ul>	DHHS Emergency Services Unit	<a href="mailto:esu@dhhs.nh.gov">esu@dhhs.nh.gov</a>