

Guidance for Delivering Direct Student Support Services: Staff Protective Equipment

12/16/2020

In accordance with Executive Order 20-103 (EO), schools will continue to operate following the Safe Learning Plan for 2020-21 and this guidance document during the three weeks from Friday, Dec. 18, 2020, at 11:59 p.m. through Sunday, Jan. 10, 2021, at 11:59 p.m. The full executive order (EO) with all requirements can be found at [Executive Orders from Governor Walz \(mn.gov/governor/news/executiveorders.jsp\)](https://mn.gov/governor/news/executiveorders.jsp).

Updates to this document since Dec. 15, 2020, reflect changes in the [2020-2021 Planning Guide for Schools \(www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf) which require staff present in school buildings to wear a face shield in addition to their face covering whenever possible during the school day. This supplemental guidance builds on the 2020-2021 Planning Guide for Schools: Health Considerations for Navigating COVID-19 (see link below). It provides direction to school staff on the type of protective equipment that will be needed to reduce the risk of COVID-19 transmission when delivering direct student support services that require close, prolonged contact. This guidance applies to services delivered in kindergarten through 12th grade special and general education, pre-kindergarten programs including birth to three-part C under IDEA, and school-based child care programs. This guidance applies when planning for all scenarios in the 2020-2021 Planning Guide for Schools: Health Considerations for Navigating COVID-19.

References

- [2020-2021 Planning Guide for Schools: Health Considerations for Navigating COVID-19 \(www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf)
- [Guidance for Direct Service Providers \(www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html)
- [COVID19 Planning Considerations: Guidance for School Re-entry \(services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/\)](https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/)

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Schools must follow the [2020-2021 Planning Guide for Schools: Health Considerations for Navigating COVID-19 \(www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf). The guide includes information on:

- Health screening for all students, staff, and volunteers.
- Exclusion for students and staff who have COVID-19 symptoms, illness, or close exposure to someone with COVID-19.
- Cleaning and disinfecting.
- Wearing of face coverings and face shields.
- Social distancing and minimizing exposure.

Social distancing is an essential tool to slow the spread of disease, and school staff should evaluate all services to incorporate social distancing as much as possible. The Minnesota Department of Health (MDH) and Minnesota Department of Education (MDE) recognize that a variety of educational programs and services require close, physical, and prolonged contact, and would be difficult to provide to students while still abiding by social distancing guidelines. These include: evaluation for service eligibility; screening for developmental or other health conditions; personal care services; and specialized instruction and related services for students with special health care needs or disabilities.

This guidance on staff protective equipment when delivering direct support services must be used as another measure to reduce the risk of COVID-19 transmission during the provision of these and other services that require close, physical, and prolonged contact.

Basic principles of infection control

Face coverings

As of July 25, 2020, people in Minnesota are required to wear a face covering in indoor businesses and indoor public settings, per Executive Order 20-81. Executive Order 20-81 establishes different or additional requirements, exceptions, and recommendations for kindergarten through grade 12 schools.

Under the Executive Orders, face coverings are generally required for all students, staff, and other people present in any kindergarten through grade 12 school buildings, district offices, or riding on school transportation vehicles. To provide a consistent, safe environment for students and staff, this requirement applies equally to kindergarteners, even those aged 5 or under. Staff present in school buildings are required to wear a face shield in addition to their face covering whenever possible during the school day. Students and staff have some flexibility to wear face shields alone in limited circumstances, all of which are detailed in the Executive Order found at [Executive Orders from Governor Walz \(mn.gov/governor/news/executiveorders.jsp\)](http://mn.gov/governor/news/executiveorders.jsp) and [2020-2021 Planning Guide for Schools \(PDF\) \(www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf). As with other settings, children under 2 years or anyone with a medical, developmental, or behavioral condition that makes it unreasonable to wear a face covering should not wear a face covering.

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When direct student support services are being provided to a student, the following measures are required regarding face coverings:

- Staff providing direct support services are required to wear a face covering and face shield unless it would interfere with the services being provided.
 - The same face covering and face shield can be worn throughout the school day while working with multiple students unless the face covering or face shield becomes dirty, in which case it should be removed for washing/cleaning and replaced with a new, clean one.
- Students are generally required to wear a face covering when receiving direct close contact support services.
 - A face shield may be considered as an alternative for students who are unable to tolerate a face covering due to developmental, medical, or behavioral health needs, or students who are in kindergarten through grade 8 and have problems wearing a face covering.

Resources

- [How to Safely Wear and Take Off a Mask](http://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf)
(www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf)
- [How to Safely Wear Your Mask](http://www.health.state.mn.us/diseases/coronavirus/materials/masksafely.pdf)
(www.health.state.mn.us/diseases/coronavirus/materials/masksafely.pdf)
- [Use of Masks to Help Slow the Spread of COVID-19](http://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html)
(www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html)
- [Best Practices for Masks: Considerations for People with Disabilities and Special Health Needs](http://www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf)
(www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf)

Additional infection control measures

- Staff providing direct student support services must clean hands using soap and water or hand sanitizer with at least 60% alcohol (soap and water are preferred when hands are visibly dirty). Hand hygiene should be done regularly and in the following circumstances:
 - Before and after working with a student.
 - After incidental touching, providing hand-over-hand guidance with educational or technology materials, tactile American Sign Language, Print on Palm, protactile communication, or other similar points of touching.
 - Immediately after touching blood, body fluids, non-intact skin, mucous membranes, or contaminated items (even when gloves are worn during contact).
 - Immediately after removing gloves, after touching objects in the immediate student support vicinity, before eating, after using the restroom, and after coughing or sneezing into a tissue.
- Follow the school's symptom screening process for staff providing and students receiving direct support services, as well as ongoing monitoring throughout the school day to help quickly identify signs of illness. If a student or staff member begins to display symptoms of illness during the day,

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follow the school's procedure for illness and stop and/or postpone any scheduled direct support services.

- Work with custodial staff to establish routine cleaning and disinfecting of high-touch surfaces and shared equipment (e.g., wheelchairs, scooters, oxygen tanks and tubing, and other assistive devices) between uses.

Resource

- [Standard Precautions for All Patient Care
\(www.cdc.gov/infectioncontrol/basics/standard-precautions.html\)](http://www.cdc.gov/infectioncontrol/basics/standard-precautions.html)

Personal protective equipment (PPE)

Standard precautions is the term to describe the basic level of infection control that should be used to reduce the risk of transmission of illness if you anticipate you may have contact with blood, bodily fluids, secretions, and excretions (except sweat); non-intact skin; and mucous membranes.

Personal protective equipment (PPE) includes a surgical mask, N95 respirator, eye protection, disposable gloves, and a gown (disposable or cloth). Using this guidance document, schools must develop a process to determine what type of PPE should be used by school staff when working with students and under what circumstances. Whether PPE must be worn by school staff members and what type of PPE is required should be based upon several factors: the type of service being provided (e.g., instruction, personal cares, behavior support); the anticipated risk of exposure to infectious body fluids; and the individual health factors of students and staff. The process should also consider any current plans (e.g., Individual Family Service Plan, Individualized Healthcare Plan, Individualized Education Program, 504 Plan, or Behavior Intervention Plan) that are in place for the student, past experience in providing that service, and staff expertise (e.g., the school nurse, therapist, or teacher).

Generally, PPE is worn for a specific support service for each student. PPE must be removed and properly disposed of, and hand washing must be completed before interacting or working with another student. Cloth face coverings are not considered PPE.

Appendix A lists some of the more common types of student support services and interactions provided in the school setting and provides guidance on the PPE that is required for each type of service or interaction. It is important to provide consistency and uniform implementation of PPE for students who receive routine types of services. Schools should consider using Appendix A by circling the PPE to be used for the identified type of service for the specific student and share with other members of the school team as needed. Appendix A is not intended to be exhaustive. Schools should use the review process described above if the type of service is not identified in Appendix A to determine which PPE is needed. A school nurse is a good resource to help make these determinations.

School districts are required to create a process for students, families, and staff to self-identify as high risk for illness due to COVID-19. Districts must have a plan in place to address requests for alternative learning arrangements or work reassignments. The Centers for Disease Control and Prevention (CDC) provides guidance on people who need to take extra precautions and those at increased risk for severe illness. Schools should periodically consult this guidance as the COVID-19 pandemic continues to evolve.

- [People at Increased Risk
\(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html)

Resources

- [Masks 101: A Guide for Children Who are Medically Complex \(complexchild.org/articles/covid/masks101/\)](https://complexchild.org/articles/covid/masks101/)
- [Cloth Face Covering for Children During COVID-19 \(www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx\)](https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx)
- This video was created by a school nurse to explain cloth face coverings: [ELC Nurse Note #3 \(www.youtube.com/watch?v=vtfP2x8kG8Y\)](https://www.youtube.com/watch?v=vtfP2x8kG8Y).

Surgical masks

Medical-grade face masks (surgical masks) are FDA-regulated masks that are fluid resistant and provide the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. These must worn by health care staff or school staff (e.g., nurses, health assistants, or paraprofessionals) who are assessing students or staff for symptoms and providing health care procedures (e.g., nebulization treatments, assisting student use of a peak flow meter, oral or nasal suctioning, etc.). Tracheostomies that are set up with a **closed** or **in-line** suction system would not be considered an aerosol-generating procedures (AGPs) as the entire suctioning process is contained in a closed system and require a surgical mask and do not require an N95 respirator.

N95 respirators

An N95 respirator is a protective device designed to achieve a tight facial fit and efficient filtration of airborne particles. The “N95” designation means that when subjected to careful testing, the respirator blocks at least 95 percent of small (0.3 micron) test particles. A standard N95 respirator is required to control COVID-19 exposure when performing procedures that are likely to generate a higher level of potentially infectious aerosol particles than coughing, sneezing, talking, or breathing (also known as “Aerosol Generating Procedures” or “AGP”). Open suction of a tracheostomy where the caregiver is working on an open tracheostomy is an example of an AGP. See Appendix B: Considerations When Using an N95 Respirator for more details on requirements.

Eye protection (face shields)

Eye protection must be worn if there is a reasonable chance that a splash or spray of blood or body fluids may occur to the eyes, mouth, or nose. Eye protection should be removed and cleaned if it becomes visibly dirty or difficult to see through. Examples of services in which eye protection may be warranted include: feeding, suctioning, and assisting with medications that are difficult to swallow; and when working with students who have known to exhibit behaviors such as spitting or biting. **Eye protection must be worn when the situation requires that a staff member use a surgical mask or N95 respirator.**

Gloves (non-latex)

Gloves must be worn when there is reasonable expectation that the service provider may come in contact with blood, body fluids, non-intact skin, mucous membranes, and contaminated items. Hand washing must be performed before and after the use of gloves. Examples of services for which gloves are required include: toileting or diapering; feeding or providing oral care; assisting with personal hygiene such as brushing teeth or wiping away secretions; some speech service interactions; and assisting with medications or other nursing treatments. Gloves must be removed and changed before making contact with clean spaces (e.g., medication cabinets) and medical equipment.

Gowns (disposable, smock, other clothes, or coverings)

Gowns or other coverings are recommended when there is a reasonable expectation that saliva or other bodily fluids may come into contact with an employee's clothing. Reuse of disposable gowns is discouraged due to the high likelihood of contamination when removing and putting on a used gown. Cloth coverings can be used between multiple students as long as they are not visibly dirty. Cloth coverings should be washed at least daily or more often if visibly dirty. Staff should consider wearing a gown when assisting students with personal care (e.g., feeding, toileting, assisting with hygiene, or transferring). **A gown must be worn when the situation requires that a staff member wear a surgical mask or an N95 respirator.**

Staff training and education

Space should be designated for putting on (donning) and removing (doffing) protective equipment. Learning to correctly don and doff protective equipment is important to prevent self-contamination when using PPE. Any staff member using PPE should receive initial training with return demonstration and at least annually thereafter to ensure optimal benefit from the PPE use. School districts should consider having a designated staff member (such as the school nurse) who can help and assist staff as needed during the school day. Schools should consider placing signage as appropriate as a visual cue to guide staff on proper use and disposal of PPE.

Resources

- [Using Personal Protective Equipment \(PPE\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)
(www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)
- [Sequence for Donning and Doffing PPE](https://www.cdc.gov/coronavirus/2019-ncov/downloads/Appendix-5-proper-use-of-PPE.pdf)
(www.cdc.gov/coronavirus/2019-ncov/downloads/Appendix-5-proper-use-of-PPE.pdf)

Optimizing, disposing, and cleaning of PPE and face coverings

Cloth face coverings do not need to be changed between providing services to multiple students over the course of the day as long as the coverings do not become visibly dirty. If a cloth face covering becomes visibly dirty, it should be removed and replaced with a clean one. Washable face coverings, gowns, and cloth coverings should be washed at least daily or more often if visibly dirty. Staff should

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bring additional face coverings or changes of clothing in case these become dirty during the day. Dirty clothing or face coverings should be placed into a plastic bag until they can be brought home and washed.

Used disposable PPE (gloves, gowns, or masks) can be put in a designated lined trash receptacle and removed in the same way as other school garbage.

Eye protection (face shields) should be cleaned and disinfected when visibly dirty or at least daily following manufacturer's direction or using the CDC guidance below.

- While wearing gloves, carefully wipe the inside followed by the outside of the face shield, using a clean cloth soaked with neutral detergent solution or a cleaning wipe.
- Carefully wipe the outside of the face shield using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- Wipe the outside of face shield with clean water or alcohol to remove residue.
- Dry fully (air dry or use clean absorbent towels).
- Remove gloves and wash hands.

Gloves should be changed after providing care to each student, when ripped or torn, when dirty or contaminated, and when moving from a dirty to a clean procedure (i.e., cleaning up vomit, then preparing medicine).

The CDC and MDH have guidance around the reuse and optimization of PPE supplies. Schools should use these resources to help establish priority use when supplies are limited. Priority should be given for respiratory protection for AGPs, procedures likely or known to induce coughing, the care of symptomatic children in the health office, and the risk of blood or body fluid exposure. The reuse of disposable gowns is discouraged due to the high likelihood of contamination when taking off and putting on a used gown. Appendix B includes specific instructions on the limited reuse of N95 respirators.

Resources

- [How to Wash a Cloth Masks
\(\[www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html\]\(https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html\)\)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html)
- [Strategies for Optimizing the Supply of Personal Protective Equipment
\(\[www.health.state.mn.us/diseases/coronavirus/hcp/optimizingppe.pdf\]\(https://www.health.state.mn.us/diseases/coronavirus/hcp/optimizingppe.pdf\)\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/optimizingppe.pdf)
- [Strategies for Optimizing the Supply of Isolation Gowns
\(\[www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html\]\(https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html\)\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html)
- [Strategies for Optimizing for Supply of Disposable Medical Gloves
\(\[www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html\]\(https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html\)\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html)
- [Strategies for Optimizing the Supply of Facemasks
\(\[www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html\]\(https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html\)\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html)

- [Strategies for Optimizing the Supply of Eye Protection](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html)
(www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html)

Staff member exposure incident

School districts need to create a plan to respond if a staff member has an accidental exposure to respiratory secretions, blood, or body fluids. The plan should:

- Provide instruction to staff on what to do should there be an exposure incident.
- Identify leadership with knowledge of applicable regulations (e.g., Occupational Safety and Health Administration and workers compensation) who can help guide the response and actions needed.
- Provide clear instructions for the staff member about where and how to wash exposed skin with soap and water.

It is important to review and understand the circumstances related to each accidental exposure to inform any needed revisions in the delivery of the service or changes in the type of PPE required by the school's PPE process. School staff should take care to avoid blaming or shaming students or staff members when an accidental exposure occurs.

Should a student or staff member develop COVID-19 due to an accidental exposure, a contact investigation would be completed by MDH to determine which individuals were in close contact with the positive case during their infectious period, at which time additional instruction would be provided regarding quarantine and testing.

Considerations when using face coverings or PPE with students

Direct service providers should be mindful that seeing staff putting on PPE or being approached by staff wearing a face covering, face shield, or other PPE could cause unexpected reactions or anxiety in students. Use a student-centered approach and offer reassurance throughout interactions. Examples of helpful practices and useful resources include:

- Put a face covering, face shield, or PPE on a favorite stuffed animal.
- Consider face coverings that have a child-friendly theme material.
- Show a student who you are without the face covering, face shield, or PPE, then put on the face covering or PPE in front of them (make sure you are socially distant).
- Show pictures of others wearing face coverings, face shield, or PPE.
- Use books to tell a story of wearing face coverings, face shield, or PPE.

Specialized physical health care services

Specialized physical health care services are provided to students with special health care needs, which helps to ensure access to education in the school environment. The services listed here are not meant to be exhaustive, and schools may need to consider additional services. The use of PPE for some of these procedures may be consistent with how they were completed prior to the COVID-19 pandemic, but for others, additional PPE may be warranted.

Restrictive procedures: physical holding

- Physical Restraint and COVID-19: These guidelines are to be used in conjunction with Minnesota Statutes § 125A.0941 – 125A.0942, [Standards for Restrictive Procedures \(www.revisor.mn.gov/statutes/cite/125A.0942\)](https://www.revisor.mn.gov/statutes/cite/125A.0942)
- To limit the risk of infection prior to a physical hold:
 - Ensure that staff do not wear plastic protective gowns that can be easily ripped or torn; these gowns may become a hazard.
 - Ensure staff are wearing disposable gloves, cloth face coverings, face shields, and long sleeves to the maximum extent possible.
 - Ensure that only staff required for safely restraining a student are involved; one additional staff member should monitor and address protective equipment needs for those staff who are involved in the physical hold in the event that protective equipment needs to be altered or adjusted.
- To limit the risk of infection during a physical hold:
 - Keep hands clear of eyes, mouth, and nose of self and others.
 - Relieve first responders as soon as possible if they are not wearing appropriate protective equipment.
 - Avoid long and extended physical holds.
- To limit the risk of infection after a physical hold:
 - Remove and dispose of and/or clean protective equipment immediately after a physical hold.
 - Avoid touching your face and limit contact with hard surfaces before washing your hands.
- School staff participating in training to meet the requirements in Minn. Stat. § 125A.0942 subd. 5 must:
 - Wear disposable gloves, cloth face coverings or face shield, and long sleeves when in close contact with another staff person or trainer.
 - Keep hands clear of eyes, mouth, and nose of self and others.
 - Avoid long and extended physical holds.

Respiratory conditions

Environmental controls are important when providing any respiratory treatments, including nebulization treatments, oral or nasal suctioning, and tracheostomy suctioning. Any space where respiratory procedures are performed, whether a dedicated space such as a nurse's office or another multi-use space such as a classroom, should be evaluated for airflow management. School staff are strongly recommended to consult with an HVAC professional to evaluate and optimize airflow, ventilation, filtration, and air cleaning. The following resources can be used to help manage indoor air in the school:

- [Indoor Air Considerations: COVID-19](http://www.health.state.mn.us/diseases/coronavirus/indoorair.html)
(www.health.state.mn.us/diseases/coronavirus/indoorair.html)
- [Ventilation Guidance for Schools: COVID-19](http://www.health.state.mn.us/diseases/coronavirus/schools/vent.html)
(www.health.state.mn.us/diseases/coronavirus/schools/vent.html)

Nebulization treatments

- For people with respiratory conditions, the continued use of regular preventive (controller) and rescue (albuterol) inhalers is critical.
- Students who regularly use a rescue inhaler with a spacer should be permitted to do so with minimal supervision.
- For students needing a rescue inhaler without a spacer, the child should be permitted to use the inhaler by removing the portion of the face covering over the mouth for the inhalation of the medication, re-covering the mouth/nose, and then permitting exhalation to avoid mixing air particles.
- CDC guidance states it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. For some people with asthma, using a peak flow meter can trigger a cough. But based on limited data, forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of spreading COVID-19.
- If nebulization or peak flow meter is used, schools must follow these protocols:
 - The nurse or school staff member must use PPE (surgical mask, eye protection, gloves, and gown). While not considered as high risk as other procedures, school staff could choose to use an N95 respirator if available and not in short supply and a respiratory program is in place that includes initial fit testing for anyone using an N95 respirator.
 - The space should be separate with good ventilation and ability to close the door. Use of a portable HEPA filtration unit can provide additional protection and should be strongly considered.
 - If the student can use the nebulizer or peak flow meter independently, the nurse or school staff members should be 6 feet away from the student, if possible, during the procedure, or even step outside of the room if this can be done safely.

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- The room should undergo complete routine cleaning and wiping down of hard surfaces after the procedures are complete. When cleaning, staff members should wear PPE (surgical mask, eye protection, and gloves).
- Current CDC guidance recommends switching patients from nebulizer treatments to an inhaler with spacer, as long as the patient can tolerate and have access to the inhaler. The school nurse should work with the student's health care provider and parents to switch to an inhaler with a spacer or a chamber, if possible.
- [K-12 Schools and Child Care Programs: FAQs for Administrators, Teachers, and Parents \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html)

Suctioning

- Aerosol-generating procedures (AGP) are those that are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These procedures potentially put staff at increased risk for pathogen exposure and infection.
- Maintaining an open airway for students is an essential health care service, but has additional medical challenges due to the need for PPE, space, and space-cleaning requirements to ensure the safety of students and staff. School nurses, school staff, families, and medical providers should collaborate to develop a plan of care that seeks to avoid or minimize the opportunity for urgent procedures like suctioning.
- Oral or nasal suctioning is not generally considered an AGP. Tracheostomies that are set up with a **closed** or **in-line** suction system would not be considered an AGP as the entire suctioning process is contained in a closed system. If those procedures are done, follow these protocols:
 - The nurse or school staff member must use PPE (surgical mask, eye protection, gloves, and a gown). While not considered as high risk as other procedures, school staff could choose to use an N95 if available and not in short supply and a respiratory program is in place that includes initial fit testing for anyone using an N95.
 - The space should be separate with good ventilation and ability to close the door. Use of a portable HEPA filtration unit can provide additional protection and should be strongly considered.
 - If not feasible to have a separate space, the student should be separated from others in the room by a minimum of 6 feet and up to 12 feet if possible, ideally at the back of the classroom where other students are not facing the child. A barrier such as plexiglass could be considered as well. If suctioning is performed in the classroom, the nurse or staff member should focus suction in the oral cavity as much as possible and avoid the back of the throat where it would be more likely to generate cough.
 - Any space where respiratory procedures are performed should have frequent and careful cleaning, including hard surfaces.
- Open suction of a tracheostomy where the caregiver is working on an open trach would be considered an AGP. If this procedure is done, staff must follow these protocols:

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- The nurse or school staff member must use PPE (N95, eye protection, gloves, and a gown).
- The space should be separate with good ventilation and ability to close the door. Use of a portable HEPA filtration unit can provide additional protection and should be strongly considered.
- Limit the people in the room to the student and staff performing the procedure.
- When the procedure is completed, the room should be closed for at least 60 minutes to allow aerosolized particles to settle.
- The room should undergo complete cleaning and wiping down of hard surfaces after the procedures are done and the room has settled. When cleaning, staff members should wear appropriate PPE (N95, eye protection, gloves, and a gown).

Catheterization care

- Student and staff members must wear a face covering and face shield during catheterization care.
- Staff members are required to wear gloves to prevent fluid crossing from the student to the staff in the forms of drainage or splatter. A disposable gown or cloth covering is also recommended.
- A disposable covering or diaper should be used under the buttocks before and during the procedure to catch any drainage, deposit supplies, and contain supplies once the procedure is done.
- Once the catheterization procedure is over, gloves need to be removed, hands washed, and new gloves reapplied before dressing or assisting with dressing the student.
- After assisting the student, gloves need to be removed, hands washed, and new gloves reapplied to clean and disinfect the area before use again.

Diabetes care

- Students and staff members must wear a face covering and face shield when providing most diabetes care.
- Students with diabetes can often perform their own blood glucose monitoring, carbohydrate counting, and mild hypoglycemic and hyperglycemic care with little to no supervision. In the event that a child needs supervision and management by a member of the school health team, he or she should be cared for in an area not used to isolate sick students or staff.
- Insulin administration or management of the insulin pump and/or continuous blood glucose monitor can be done safely with minimal contact. Use gloves and wash hands when in contact with a student or supplies.

Gastrostomy tube (G-tube) feedings

- Students and staff members must wear a face covering and face shield when providing G-tube feeding.

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- Gastrostomy feedings require gloves and eye protection/face shield to prevent fluid crossing from the student to the provider in the forms of spillage, drainage, or splatter from feeding or gastric fluids. A disposable gown or cloth covering is recommended.
- All supplies used for the feeding (formula or nutritional feeding, tubes, syringes, etc.) can be managed with the staff member using gloves and by washing hands.
- Consider using a towel or a disposable covering around the stomach to catch any drainage, spilled feeding, or gastric contents.



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Appendix A: Guide for Choosing Protective Equipment

Note: Staff must wear a face covering and/or face shield when providing direct student support services. See the “Face coverings” section for details.

This resource is not intended to be exhaustive; schools and programs should evaluate additional scenarios based on type of service being provided and associated infection risks while taking into account an individual assessment of student/staff health considerations.

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| Types of Close Services | Eye Protection: Face Shield | N95 | Medical/ Surgical Disposable Mask | Disposable Gloves (non- latex) | Disposable Gowns, Smock, Other Body Coverings |
|--|--------------------------------|--------------|--|--------------------------------------|--|
| Activities such as special education assessments, and early childhood and vision/hearing screenings. | Required | Not required | Not required | Required, if sharing materials | Not required |
| Transportation-related support (e.g., buckling/unbuckling, wheelchair lockdown). | Required | Not required | Not required | Required | Not required |
| Activities such as instruction, therapy, related services, and crisis/behavior response. | Required | Not required | Not required | Required, if sharing materials | Optional |
| Speech therapy and articulation therapy services. | Required | Not required | Not required | Required, if sharing materials | Not required |
| Personal care (e.g., diapering, toileting, oral and G-tube feeding) that could expose staff to student's bodily fluids. | Required | Not required | Not required | Required | Optional |
| Direct care (e.g., first aid, medications, diabetes care) and monitoring of students unrelated to illness. | Required | Not required | Not required | Required | Not required |
| Direct care and monitoring of staff/students for symptoms of illness in the health office. | Required | Not required | Required | Required | Required |
| Nebulization treatments, peak flow meter monitoring, oral/nasal suctioning, or closed trach system suctioning. Includes staff cleaning the room after these procedures. | Required | Optional | Required | Required | Required |

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| | | | | | |
|--|----------|----------|--------------|----------|----------|
| Performing or are present during aerosol-generating procedures, including open trach suctioning and trach cares. Includes staff cleaning the room after these procedures. | Required | Required | Not required | Required | Required |
|--|----------|----------|--------------|----------|----------|

Appendix B: Considerations When Using an N95 Respirator

N95 respirator use by health care personnel should be done in the context of a comprehensive, written respiratory protection program that meets the requirements of OSHA's Respiratory Protection standards; the program should include medical evaluations, training, and fit testing.

Fit testing is a critical component whenever workers use tight-fitting respirators. OSHA requires an initial respirator fit test to identify the right model, style, and size respirator for each worker, as well as annual fit tests. Additionally, tight-fitting respirators, including the N95, require a user seal check each time one is put on. Facial hair at the sealing area of the respirator will cause it to leak.

Resources

- [Public Health Respiratory Protection Program Template \(www.health.state.mn.us/facilities/patientsafety/infectioncontrol/rpp/template/index.html\)](http://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/rpp/template/index.html)
- [Proper N95 Respirator Use for Respiratory Protection Preparedness \(blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/\)](https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/)
- [Filtering out Confusion: Frequently Asked Questions about Respiratory Protection \(www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf\)](http://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf)
- [OSHA Respiratory Standards \(www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134\)](http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134)
- [Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak \(www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit\)](http://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit)
- [Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus\)](http://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus)
- [Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.osha.gov/memos/2020-04-03/enforcement-guidance-use-respiratory-protection-equipment-certified-under\)](http://www.osha.gov/memos/2020-04-03/enforcement-guidance-use-respiratory-protection-equipment-certified-under)

General considerations during extended use and reuse of PPE

- **Extended use** refers to wearing the same item of PPE for multiple patient encounters without removing the PPE between patients.
- **Reuse** refers to use of the same item of PPE for multiple patient encounters with removal and storage of the item between patients.
- Staff should perform diligent hand washing before and after putting on, removing, or adjusting any piece of PPE intended for extended use or reuse.

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- Staff should take extreme care not to inadvertently touch any piece of PPE worn on the head (N95, facemask, or eye protection) to avoid contamination.
- Any piece of PPE that is typically disposable but is being used for extended use or reuse should be restricted for use by one person and not be shared between staff.
- Any piece of PPE being used for extended use or reuse should be inspected prior to use for visible signs of soiling or damage and discarded if needed.
- Any piece of PPE that no longer fastens securely should be discarded.
- N95 respirators, facemasks, and eye protection should be carefully stored between uses in a clean, breathable storage container such as a paper bag or cardboard box. Do not use plastic bags.
- Staff should leave the patient care area before removing their PPE.
- Limited reuse of N95 respirators:
 - Wear gloves when performing a seal check on a previously used respirator and discard gloves afterward.
 - When removing an N95, wash hands and remove the respirator by the straps without touching the inside.
 - Contact the respirator manufacturer for recommendations on the maximum number of reuses for that particular N95 model. If no manufacturer guidance is available, data suggest no more than five reuses per device.
 - During both extended use and reuse of N95s, remove the mask if it becomes dirty, wet, damaged, or hard to breathe through.

N95 resources

- [Strategies for Optimizing the Supply of Personal Protective Equipment \(www.health.state.mn.us/diseases/coronavirus/hcp/optimizingppe.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/optimizingppe.pdf)
- [NIOSH-Approved N95 Particulate Filtering Facepiece Respirators \(www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html\)](http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html)

Alternate respirator resource

- [Strategies for Optimizing the Supply of N95 Respirators: Contingency Capacity Strategies \(www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html#contingency\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html#contingency)

Additional PPE resources

- [Guidance for Healthcare Personnel on the Use of Personal Protective Equipment \(PPE\) in Schools During COVID-19 \(higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Guidance-for-Healthcare-Personnel-on-PPE-Use-in-Schools.pdf\)](https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Guidance-for-Healthcare-Personnel-on-PPE-Use-in-Schools.pdf)
- [Facemask Considerations for Healthcare Professionals in Schools \(higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Facemask_Considerations_for_Healthcare_Professionals_in_Schools.pdf\)](https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Facemask_Considerations_for_Healthcare_Professionals_in_Schools.pdf)