

# Recommendations for Infection Prevention and Control Practices for Delivering Direct Student Support Services

5/27/2021

This guidance provides strongly recommended practices to school staff on the use of protective equipment to reduce the risk of COVID-19 and other communicable disease transmission when delivering direct student support services that require close, prolonged contact. This guidance applies to services delivered in kindergarten through grade 12 special and general education, pre-kindergarten programs, birth to three-part C under IDEA, and school-based child care programs.

## References:

- [CDC: Information for School Nurses and Other Healthcare Personnel \(HCP\) Working in Schools and Child Care Settings \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/school-nurses-hcp.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/school-nurses-hcp.html)
- [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)
- [CDC: Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html)
- [CDC: Guidance for Direct Service Providers \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/direct-service-providers.html\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/direct-service-providers.html)
- [AAP: COVID-19 Guidance for Safe Schools \(services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/\)](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/)

## Basic principles of infection control

### Face mask recommendations

The following measures are strongly recommended when direct student support services are being provided to a student:

- Staff providing direct support services are strongly encouraged to wear a face covering unless it would interfere with the services being provided.
  - The same face covering can be worn throughout the school day while working with multiple students unless it becomes dirty or soiled. MDH recommends removing soiled face coverings and replacing them with clean face coverings.

### Additional infection control recommendations

- Staff providing direct student support services should 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.
  - 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.
- MDH recommends working 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

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

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## Personal protective equipment (PPE) recommendations

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 are encouraged to 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 should be worn by school staff members and the type of PPE should be based upon several factors, including:

- The type of service being provided (e.g., personal cares, nursing treatments).

- 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 should be worn when necessary, based on the specific support service provided to each student. PPE should be removed and properly disposed of, and hand washing should 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 provided in the school setting and provides guidance on the PPE that should be used for each type of service. It is important to provide consistency and uniform implementation of PPE for students who receive routine types of services. 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.

## 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 should be worn 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. Refer to [Appendix B](#) for more details.

## 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 should be 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 are not considered aerosol-generating procedures (AGPs), as the entire suctioning process is contained in a closed system. Schools are strongly encouraged to consider a surgical mask for these services and do not need to require an N95 respirator.

## Eye protection (face shields)

Eye protection should 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.

## **Gloves (non-latex)**

Gloves should 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 should be performed before and after the use of gloves. Examples of services for which gloves are recommended 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 should 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).

## **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**

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

## Recommendations for optimizing, disposing, and cleaning PPE

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 are encouraged to 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

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

## Recommendations for staff exposures

School districts should create a plan to respond to accidental staff 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.

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## Considerations when using face masks 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. Schools are encouraged to 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.

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## Recommendations for 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.

## 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, schools are encouraged to:
  - Ensure staff are wearing face masks and/or face shields to the 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, staff are encouraged to:
  - 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, staff are encouraged to:
  - Avoid touching your face and limit contact with hard surfaces before washing your hands.

## 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 encouraged 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:

- [Ventilation Guidance for Schools: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/schools/vent.html\)](https://www.health.state.mn.us/diseases/coronavirus/schools/vent.html)
- [CDC: Ventilation in Schools and Childcare Programs \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.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 are encouraged to follow these protocols:
  - The nurse or school staff member should 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.
  - 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.

[Clinical Questions about COVID-19: Questions and Answers \(www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/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 should 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 is considered an AGP. If this procedure is done, staff are encouraged to follow these protocols:
  - The nurse or school staff member should 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

- Staff members should wear a face shield during catheterization care.
- Staff members should 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 should be removed, hands washed, and new gloves reapplied to clean and disinfect the area before use.

## 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.

## Gastrostomy tube (G-tube) feedings

- Staff members should wear gloves and eye protection/face shield when providing gastrostomy feedings 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.) should 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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Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.

## Appendix A: Guide for Choosing Protective Equipment

Note: Staff are strongly recommended to wear a face mask when providing any direct student support services unless medical masks or N95 are indicated below in the table.

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.

Types of Close Services	Cloth Face Mask	Eye Protection: Face Shield	N95	Medical/Surgical Disposable Mask	Disposable Gloves (non-latex)	Disposable Gowns, Smock, Other Body Coverings
Speech therapy and articulation therapy services.	Recommended	Optional	Not required	Not required	Optional	Not required
Personal care (e.g., diapering, toileting, oral and G-tube feeding) that could expose staff to student's bodily fluids.	Recommended	Recommended	Not required	Not required	Recommended	Optional
Direct care (e.g., first aid, medications, diabetes care) and monitoring of students <b>unrelated</b> to illness.	Recommended	Recommended	Not required	Not required	Recommended	Not required
Direct care and monitoring of staff/students for <b>symptoms of illness</b> in the health office.	Medical/surgical mask recommended	Recommended	Not required	Recommended	Recommended	Recommended
Nebulization treatments, peak flow meter monitoring, oral/nasal suctioning, or closed trach system suctioning. <b>Includes staff cleaning the room after these procedures.</b>	Medical/surgical mask recommended	Recommended	Optional	Recommended	Recommended	Recommended
Performing or are present during aerosol-generating procedures, including open trach suctioning and trach cares. <b>Includes staff cleaning the room after these procedures.</b>	N95 Recommended	Recommended	Recommended	Not required	Recommended	Recommended

## 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)
- [CDC: 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/)
- [CDC: Filtering out Confusion: Frequently Asked Questions about Respiratory Protection \(www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf\)](https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf)
- [OSHA Respiratory Protection \(www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134\)](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134)
- [OSHA: Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak \(www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit\)](https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit)
- [OSHA: Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus\)](https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus)
- [OSHA: Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.osha.gov/memos/2020-04-03/enforcement-guidance-use-respiratory-protection-equipment-certified-under\)](https://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.

## RECOMMENDATIONS FOR INFECTION PREVENTION AND CONTROL PRACTICES FOR DELIVERING DIRECT STUDENT SUPPORT SERVICES

- 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. Plastic bags are not recommended.
- Staff should leave the patient care area before removing their PPE.
- Recommendations for 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**

- [CDC: NIOSH-Approved N95 Particulate Filtering Facepiece Respirators \(www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/n95list1.html\)](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html)

### **Alternate respirator resource**

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

### **Additional PPE resources from the National Association of School Nurses (NASN)**

- [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)