

Guidance for Providing Nebulization Treatments in Schools

The COVID-19 pandemic has resulted in several changes to the delivery of health care. One area that has been impacted is in the use of nebulizers and peak-flow meters in various schools and other educational venues, including community-based settings such as child care or Head Start programs.

Prior to COVID-19, school and child care staff could administer a nebulizer treatment with minimal training in the procedure and within almost any room environment. This is no longer the current recommendation. The Centers for Disease Control and Prevention (CDC) has issued guidance regarding children with asthma or other chronic respiratory conditions that require treatment.

CDC guidance states:

- Symptoms of COVID-19 and asthma may overlap, including cough and shortness of breath. Children who are symptomatic must not attend school until seen by a health care provider.
- During COVID-19, asthma treatment with an inhaler and spacer are preferred over nebulizer treatments whenever possible. Asthma inhalers are not considered an aerosol-generating procedure.
- Due to limited data, it is unknown whether aerosols generated by nebulizer treatments are infectious. Therefore, nebulizer treatments should be reserved for those children who cannot use or do not have access to an inhaler.
- Use of a peak-flow meter is not considered an aerosol-generating procedure, based on limited data. However, use of a peak-flow meter can trigger a cough.
- Those staff who administer either nebulizer treatments or peak-flow meters should wear personal protective equipment (PPE), which includes medical or surgical face mask, eye protection, and gloves.
- The nebulization should be administered in a room that is separate from other care delivery and can be cleaned and disinfected after the procedure.
- The only people present in the room during a nebulizer treatment or use of a peak-flow meter should be the child receiving the treatment/test, and the staff member administering the treatment/test.
- This CDC guidance brings challenges to administering nebulized treatments in school and community settings.

The challenges include:

- Obtaining and educating staff on proper use, donning, and doffing of PPE.
- Ongoing community shortages of PPE.
- Identifying a space to accommodate the administration of nebulization treatments.

In consideration of the CDC recommendations, the Minnesota Department of Health is encouraging prescribing providers to evaluate the opportunity to transition children from a nebulizer to an inhaler with spacer for use in schools and community settings during the COVID-19 pandemic. The school will work with students and families on making this change from nebulizer to using an inhaler during the school day.

If you have any additional questions, please contact the Minnesota Department of Health at health.schools.covid19@state.mn.us.

Resources

- [Guidance for Delivering Direct Student Support Services: Staff Protective Equipment \(www.health.state.mn.us/diseases/coronavirus/schools/directsupport.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/schools/directsupport.pdf)
- [CDC: K-12 Schools and Child Care Programs: FAQs for Administrators, Teachers, and Parents \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html)
- [Managing Asthma in Minnesota Schools \(www.health.state.mn.us/diseases/asthma/schools/managing.html\)](http://www.health.state.mn.us/diseases/asthma/schools/managing.html)
- [2019 Minnesota Statutes 121A.221 Possession and Use of Asthma Inhalers by Asthmatic Students \(www.revisor.mn.gov/statutes/cite/121A.221\)](http://www.revisor.mn.gov/statutes/cite/121A.221)
- [2019 Minnesota Statutes 121A.22 Administration of Drugs and Medicine \(www.revisor.mn.gov/statutes/cite/121A.22\)](http://www.revisor.mn.gov/statutes/cite/121A.22)



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