



Interim Coronavirus Disease 2019 (COVID-19) PPE Use Guidance for School Nurses and Unlicensed Assistive Personnel (UAP)

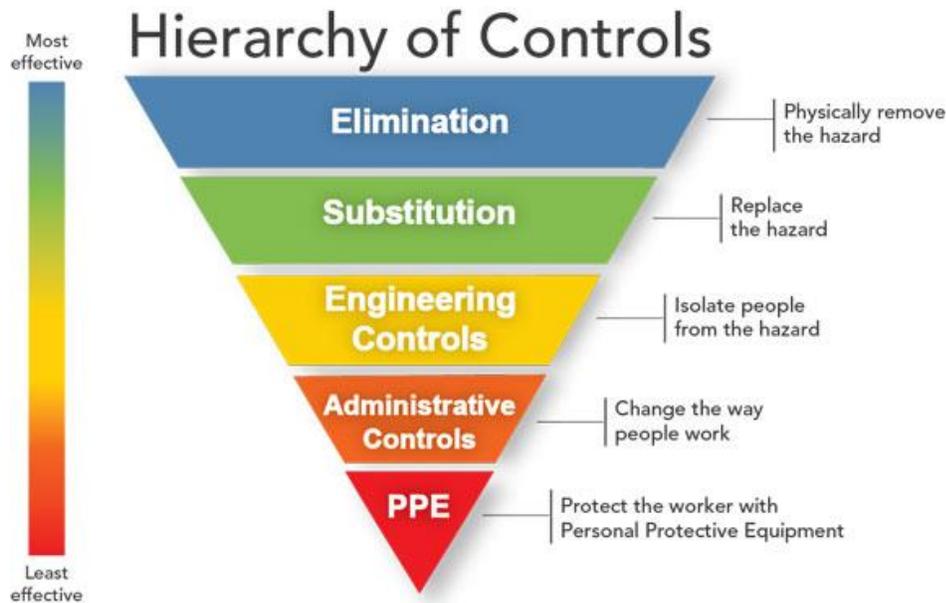
School nurses are essential healthcare personnel (HCP) in the community working on the frontlines of the COVID-19 pandemic in schools. This guidance is directed at school nurses and unlicensed assistive personnel (UAP) who provide care for children in K-12 education systems and is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19). School-based nurses and UAP should adhere to the Centers for Disease Control and Prevention (CDC) guidance regarding personal protective equipment (PPE) use for health care professionals. While schools are not identified as “healthcare settings,” school nurses and UAP designated to cover duties work in schools to provide healthcare services. During the performance of those services, there is risk of infection due to contact with students and/or staff members or contaminated environmental surfaces.

This document does NOT substitute nursing judgment and acknowledges that courses of action may be modified on a case-by-case basis.

Types of PPE Used in Healthcare Settings

- Gloves—protect hands
- Gowns/aprons—protect skin and/or clothing
- Facemasks—protect mouth and nose
- Respirators—protect respiratory tract from airborne infectious agents
- Goggles—protect eyes
- Face shields—protect face, mouth, nose, and eyes

All of the PPE listed here prevent contact with the infectious agent, or body fluid that may contain the infectious agent, by creating a barrier between the worker and the infectious material. This is the lowest of the [hierarchy of controls](#) and should be utilized in conjunction with other controls as a means of determining how to implement feasible and effective control solutions, such as environmental disinfection, isolation, etc.



The idea behind this hierarchy is that the control methods at the top of graphic are potentially more effective and protective than those at the bottom. Following this hierarchy normally leads to the implementation of inherently safer systems, where the risk of illness or injury has been substantially reduced.

Factors to consider when selecting PPE

- **Type of exposure anticipated**—This is determined by the type of anticipated exposure, such as touch, splashes or sprays, or large volumes of blood, body fluids, or other potentially infectious material that might penetrate the clothing.
- **Durability and appropriateness for the task**—This is linked to the type of exposure anticipated, i.e. use of PPE when caring for a student complaining of abdominal pain versus a student presenting with COVID-19 symptoms.
- **Fit**— PPE must fit the individual user, and it is up to the employer to ensure that all PPE are available in sizes appropriate for the workforce that must be protected.

Standard and Transmission-Based Precautions

Standard Precautions are used for all patient (student) care. They're based on a risk assessment and make use of common-sense practices and PPE use that protect healthcare providers from unknown sources of infection and prevent the spread of infection from person to person.

Transmission-Based Precautions are the second tier of basic infection control measures used in addition to [Standard Precautions](#) for patients who are suspected or known to be infected or colonized with certain infectious agents. Utilization of transmission-based precautions are needed to prevent infection transmission and are based upon the specific mode of transmission. PPE should be worn as indicated for standard and transmission-based precautions.

PPE Use When Caring for Students

Hand Hygiene

Prior to providing care to all students, nurses and UAP delegated to cover duties should practice hand hygiene using soap and water to wash hands for at least 20 seconds or alcohol-based hand sanitizer (ABHS) that contains at least 60% alcohol. Work station(s) should include adequate hand hygiene supplies (i.e. sink with running water, soap dispensers, ABHS dispensers, etc.).

Gloves

Gloves should be worn for standard and transmission-based precautions. During standard precautions, gloves are indicated when one can reasonably anticipate coming into contact with blood, bodily fluids, bodily tissues, mucous membranes, broken skin, or other potentially infectious material(s). Gloves should be changed after providing care to each student, when ripped or torn, when soiled or contaminated, and when moving from a dirty to a clean procedure (i.e. cleaning up vomit, then preparing medicine). To prevent cross acquisition and transmission, these same principles also apply when deploying universal use of gloves. Gloves should also be removed and changed before making contact with clean spaces (i.e. medication cabinets) and medical equipment.

Facemasks/Respirators

Ideally, students and other school personnel should wear a cloth face covering when in areas where social distancing is difficult to maintain, which would include students presenting for care by the school nurse or UAP. If the school system does not adopt universal source control for students, provide an appropriately sized facemask for students presenting for care. If the student cannot wear a facemask properly (e.g. preschool, pre-K-2 years-4 years old, medically complex, etc.), limit staff in the room to those that are essential.

When caring for students suspected of having COVID-19 symptoms, facemask or respiratory considerations for nurses and/or UAP should follow CDC guidance. N95 masks are recommended for HCP and must be fitted to ensure proper protection. School nurses should work with local hospitals and/or other healthcare organizations to meet this requirement. Per CDC, N95 respirator use by HCP have to be used 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. If N95 masks are not available due to supply issues, facemasks may be used. See [CDC Strategies for Optimizing PPE](#).

Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators (i.e. N95 masks) cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols (such as nasopharyngeal specimen collection), which would pose the highest exposure risk to HCP.

Other Considerations for the School Nurse

- Designate an isolation room for students suspected of having COVID-19.
- Send ill staff immediately home with administrative support, and isolate students if caregivers are not present to immediately take them home.
- Follow isolation guidance for schools:

- Evaluate the current school nurse designated space and determine if there is an adjacent space for isolation.
- If an adjacent space is not available, consider moving the school nurse work area to another larger location with a separate adjacent space. Consideration of ventilation such as windows and an outside door is preferable to reduce the spread of disease from isolated individuals when exiting the building. Computer, phone, internet, and restrooms with handwashing facilities are required in the school nurse designated space.
- Use facemasks for persons with respiratory symptoms and fever over 100.4 if available and tolerated by the person and developmentally appropriate.
- Create a “When to isolate and send students and staff home” flow chart for unlicensed staff and school administrators to follow if/when the school nurse is not present.
- Train UAPs on the administration of the flow chart, proper temperature taking procedure, and the use of PPE, including eye protection, gowns, gloves, and facemasks and/or respirators.
- Work with families and their healthcare providers to switch nebulized medications to metered-dose inhaler (MDI) wherever possible. During this COVID-19 pandemic, nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with or without spacer or face mask).

*For additional guidance, see DHEC’s [COVID-19 Interim Guidance for School Operations](#)

Resources

CDC Considerations for Schools. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html?deliveryName=USCDC_2067-DM28938

CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDC K-12 Schools and Child Care Programs: FAQs for Administrators, Teachers, and Parents. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>

National Association of School Nurses (NASN) Considerations for School Nurses Regarding Care of Students and Staff that Become Ill at School or Arrive Sick. https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Considerations_for_School_Nurses_Regarding_Care_of_Students_and_Staff_that_Become_Ill_at_School_or_Arrive_Sick.pdf

NASN Facemask Considerations for Healthcare Professionals in Schools. https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Facemask_Considerations_for_Healthcare_Professionals_in_Schools.pdf

NASN Interim Guidance: Role of the School Nurse in Return to School Planning. https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/COVID-19_Interim_Guidance_Role_of_the_School_Nurse_in_Return_to_School_Planning.pdf