

COVID-19 Personal Protective Equipment (PPE) Guidance for Schools

Classification of Individual Wearing PPE	Respirator (fit-tested N95) *	Surgical Facemask/ KN95/ KF94	Eye Protection	Gloves	Gown/Coveralls	Cloth Face Covering (not PPE) ¹
Staff having routine interactions with students						X
Staff involved in repetitive short close encounters with students such as screening			X	X		X
School Nurses & Designated Health Personnel performing routine medical care duties**		X	X	X		
School Nurses and Designated Health Personnel caring for students with symptoms that do not suggest need for COVID-19 testing		X	X	X		
Staff working in close proximity to students unable to control bodily fluids***		X	X	X	X	
School Nurses and Designated Health Personnel caring for individuals with symptoms suggestive of need for COVID-19 testing or involved in procedures that generate aerosols****	X		X	X	X	
School Nurses, Designated Health Personnel, or school staff performing response testing in schools*****	X		X	X	X	

*To use fit-tested N-95s schools must have a Respiratory Protection Program in place that include medical evaluation, training, and fit testing. If this is not in place, a surgical facemask, KN95, or KF94 and a face shield or goggles should be used. Please refer to the [Emergency Respiratory Protection Program Guidance for School Nurses](#) from the Agency of Education.

** Routine tasks include, but are not limited to first aid, oral medication administration, vision screening, hearing screening, consultation, blood glucose checks (diabetes care), MDI treatments or use of peak flow meters for students with asthma³.

Students with chronic health conditions who are well and attending school, may receive routine care. Children who receive nebulized treatments should be encouraged to replace the nebulizer with oral inhalers whenever possible. Use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure.

***When working 1-1 with students unable to control body fluids, each student should be assessed by the school nurse, family, IEP coordinator to determine accommodations unique to that student. It may be appropriate to consult the medical provider or OT or PT for additional guidance².

**** When caring for individuals with symptoms suggestive of need for COVID-19 testing or involved in procedures that generate aerosols, such as the physical (nursing) assessment of any individual suspected of having COVID-19 additional PPE may be recommended. As soon as possible and as tolerated, a sick individual should wear a surgical mask until they leave for home or to a health care facility. Tasks that require close/direct contact with (i.e., within 6 feet of) people who are not known or suspected COVID-19 patients but are undergoing procedures with potential for aerosol generation or body fluid contact, such as, but not limited to: open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BiPAP, CPAP), and manual ventilation. It is advisable to do this assessment and any other airway procedures in a well-ventilated room isolated from others.

Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. 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) or for children who are in significant respiratory distress while awaiting emergency transport. Since some people can be asymptomatic with COVID-19 reasonable attempts should be made to reduce possible aerosol and respiratory droplet induction during care or treatment³.

Schools are strongly encouraged to provide nebulized treatments outside, weather permitting, or in a room vented to the outside that can be closed afterwards. Personnel should wear full PPE (N95, face shield, gown) during the procedure. This may be a reason that the procedure needs to be done at home or family to come and do treatment in their car during the day. Please discuss this with the family and the medical provider.

***** This includes students who are undergoing Test-to-Stay rapid antigen testing and students or staff undergoing in-school response antigen or PCR testing.

KN95 Respirators⁴: KN95s are not currently (as of the date of this document) a substitute for fit-tested N95 respirators. If you need to provide close contact care with or duties for symptomatic individuals, please consult with your school nurse or medical consultant for more information.

KN95s are currently NOT suitable for use in situations where a fit-tested N95 respirator is recommended such as aerosolizing medical procedures, e. g., suctioning an airway. If however, fit-tested N95 respirators are *indicated* but not available, KN95 respirators may be used in their place. KN95 respirators may routinely be used in lieu of a facemask or cloth facial covering. If [Crisis Standards of Care](#) beset our N95 supply, certain state tested KN95s may be used as N95 alternatives.

¹ [Back to School: Types of Masks](#) (UVM- Children’s Hospital)

² [Toileting and Diapering: When Physical Distancing is Difficult or Contraindicated for Students on IEPs](#) (9/15/20)

³ [CDC’s K-12 Schools and Child Care Programs; FAQs for Administrators, Teachers, and Parents](#)

⁴ [INSTRUCTIONS FOR USE AND WEAR OF A KN95 MASK IN SCHOOLS](#) (7/30/20)