COVID-19: How to Protect Yourself & Others
PPE and Infection Control in Schools
August 25, 2020

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Disclosures / Disclaimer

- I have no financial disclosure or conflict of interest concerning the material discussed in this presentation.

- The COVID-19 pandemic is a rapidly evolving incident: please refer to the Centers for Disease Control and Prevention’s COVID-19 website for the most up-to-date information and resources.

- The information in “The School Nurse & COVID-19” series are recommendations at this point in time on August 20, 2020, based on CDC and DESE guidance.
DESE Guidelines

- Health and safety/PPE supplies: Per the initial supply guidance issued by DESE, schools should have an inventory of standard healthcare supplies (e.g., masks and gloves). Use of additional supplies may be optional based on type of tasks performed (e.g., teachers do not need to wear gloves while teaching but may need to during necessary contact with students, such as when providing physical support to students with disabilities). All districts are eligible for federal CARES Act funds to support these purchases.

- Additional safety precautions are required for school nurses and/or any staff supporting students with disabilities in close proximity, when distance is not possible: These precautions must include eye protection (e.g., face shield or goggles) and a mask/face covering. Precautions may also include gloves and disposable gowns or washable outer layer of clothing depending on duration of contact and especially if the individual may come into close contact with bodily fluids.

*per DESE guidelines 6/25/20*
What is PPE?

- Personal Protective Equipment (PPE) protects you (the nurse, teacher or staff) from COVID-19 (or other potentially infectious patients or materials) when interacting with others (students or other staff).

- Worn to minimize/eliminate exposure.

- Cloth face coverings are NOT PPE and should not be worn for the care of people with suspected or confirmed COVID-19.

- For COVID-19 it includes:
  - Ear-loop or surgical mask
  - NIOSH-approved Respirator (N95)
  - Eye protection
  - Gown
  - Gloves
# PPE Recommendations for Direct Service Providers

<table>
<thead>
<tr>
<th>Classifications</th>
<th>N95 or KN95</th>
<th>Face Shield</th>
<th>Disposable Gown</th>
<th>Disposable Gloves</th>
<th>Gowns/Coveralls</th>
<th>Cloth Face Covering</th>
<th>Surgical Mask</th>
</tr>
</thead>
<tbody>
<tr>
<td>In care areas of students with suspected COVID-19</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>(w/ face shield if N95 not available)</td>
</tr>
<tr>
<td>In the same facility but not in the care areas for students with suspected COVID-19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Providing personal care to students without suspected COVID-19 but who may potentially be exposed to bodily fluids</td>
<td></td>
<td>X (preferred)</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Performing or present during aerosol generating procedures such as nebulizer treatments, chest PT, suctioning, trach care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation personnel/monitors who must come in direct physical contact with passengers (e.g. buckling/unbuckling, performing wheelchair safety services)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

*per DESE guidelines 6/25/20*
Disposable Gloves

- Clean, non-sterile gloves are to be used to protect your hands
- Gloves do not replace hand hygiene
  - Can have micro-perforations
- Change gloves when going from dirty to clean
- Change gloves if they become torn or heavily contaminated
- Change gloves between children
Disposable Gowns

- Gowns protect your clothes from contamination
- Gowns should be worn as part of standard precautions if there is anticipated spray or splash
- Gowns are to be worn for an suspected or confirmed person with COVID-19
- Gowns should be change between patients:
  - If disposable, discard after each use
  - If reusable, launder after each use
Eye Protection

- Eye protection protects your eyes from splashes and sprays of infectious matter
  - Creates a barrier so droplets cannot spray/land in the eyes

- Eye protection includes goggles or a face shield that covers the front and sides of the face

- Eye protection does not include safety glasses, trauma glasses or eyeglasses with gaps between the glasses and the face

- If a child is not wearing their mask for > 15 minutes and someone is within 6 feet of the child, then eye protection should be worn
Surgical Mask

- Barrier
- Protects against large droplets, splashes or sprays of bodily fluids
- Need to be fluid resistant
- Do hand hygiene prior to donning/doffing
- Discard when visibly soiled or wet
- Follow extended use policy on CDC if necessary
Respirator (N95)

- Offer a higher level of protection than ear-loop/surgical masks
- It covers the nose and mouth and reduces the person’s risk of inhaling hazardous airborne particles, gases or vapors
- Certified by CDC/NIOSH (National Institute for Occupational Safety) and cleared by the FDA
  - They are not all the same or created equal
  - [https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html)
- People wearing an N95 (nurse) need to be medically cleared and fit tested prior to using this device
### Counterfeit Respirators

- Respirators falsely marked and sold as being NIOSH approved and may not provide the same level of protection
- Signs that it may be counterfeit:
  - No markings at all on the filtering facepiece respirator
  - No approval TC number on the respirator or headband
  - No NIOSH markings
  - NIOSH spelled incorrectly
  - Presence of decorative fabric or add-ons (e.g. sequins)
  - Claims for approval for children
  - Earloops instead of headbands

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**Counterfeit Respirators**

<table>
<thead>
<tr>
<th></th>
<th>Surgical Mask</th>
<th>N95 Respirator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing and Approval</strong></td>
<td>Cleared by the U.S. Food and Drug Administration (FDA)</td>
<td>Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84</td>
</tr>
<tr>
<td><strong>Intended Use and Purpose</strong></td>
<td>Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer’s respiratory emissions.</td>
<td>Reduces wearer’s exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).</td>
</tr>
<tr>
<td><strong>Face Seal Fit</strong></td>
<td>Loose-fitting</td>
<td>Tight-fitting</td>
</tr>
<tr>
<td><strong>Fit Testing Requirement</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>User Seal Check Requirement</strong></td>
<td>No</td>
<td>Yes. Required each time the respirator is donned (put on)</td>
</tr>
<tr>
<td><strong>Filtration</strong></td>
<td>Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection.</td>
<td>Filters out at least 95% of airborne particles including large and small particles</td>
</tr>
<tr>
<td><strong>Leakage</strong></td>
<td>Leakage occurs around the edge of the mask when user inhales.</td>
<td>When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales.</td>
</tr>
<tr>
<td><strong>Use Limitations</strong></td>
<td>Disposable. Discard after each patient encounter.</td>
<td>Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.</td>
</tr>
</tbody>
</table>

[https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf?fbclid=IwAR2l4JUGx4DMmKk-yU4lmTVQgU7UQqijiFMGsIo4GE8B7yPpodDCSS3D6UE](https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf?fbclid=IwAR2l4JUGx4DMmKk-yU4lmTVQgU7UQqijiFMGsIo4GE8B7yPpodDCSS3D6UE)
## N95 versus KN95

<table>
<thead>
<tr>
<th>N95</th>
<th>KN95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made in the US or overseas</td>
<td>Made in China</td>
</tr>
<tr>
<td>Tested and certified by NIOSH</td>
<td>NOT tested and certified by NIOSH</td>
</tr>
<tr>
<td>Approved by the FDA</td>
<td>Approved by FDA Emergency Use Authorization</td>
</tr>
<tr>
<td>Filter 95% of particles</td>
<td>Filter 95% of particles</td>
</tr>
<tr>
<td>Headstrap method</td>
<td>Earloop method</td>
</tr>
<tr>
<td>Continue to achieve &gt; 95% filtration after disinfection</td>
<td>Have failed to achieve 95% filtration after disinfection</td>
</tr>
</tbody>
</table>

**Take Home Message** – NIOSH certified respirators are recommended. If an organization is not able to obtain NIOSH respiratory protection, a KN95 could be used for suspected or confirmed COVID-19 patients if it meets regulatory requirements under the EUA.
PPE for Aerosol Generating Procedures (AGP)

- Aerosol generating procedures (open suctioning, nebs) create infectious aerosols that can travel in the air
- PPE for AGPs
  - N95 respirator
  - Eye protection
  - Gown
  - Gloves
- The number of people should be limited in the room
- AGPs should be done in an isolation room with the door closed
- Surfaces should be cleaned and disinfected following an AGP
Aerosol Generating Procedures

- AGP Procedures include:
  - Bronchoscopy
  - Resuscitation involving emergency intubation or CPR (including mask bag ventilation)
  - Endotracheal intubation or extubation
  - **Open suctioning of airway secretions or cough assist**
  - Sputum induction
  - HFNC
  - CPAP/BiPAP
  - High-frequency oscillatory ventilation
  - **Nebulized treatments**
  - Upper airway surgeries (including tracheostomy replacement)
  - Upper and lower endoscopy
  - Transesophageal echocardiography (only during insertion or removal of the probe)
  - Aerosol-generating dental procedures
  - Autopsy
NOT Aerosol Generating Procedures

- AGP Procedures **do not** include:
  - Regular (i.e. not high flow) nasal cannula oxygen delivery
  - Face mask oxygen delivery
  - Humidified air/face tent/cool mist
  - Chest physiotherapy without open suctioning
  - Chest physiotherapy vest without open suctioning
  - Collection of nasopharyngeal or oropharyngeal specimens (if collected on a PUI, an N95 respirator would be used as this is part of routine care for a suspected COVID-19 case)
  - Patient talking, coughing, or sneezing
  - Routine oral care or oral suctioning
  - Uncuffed ETT/trach with leaks
  - Hand ventilation via endotracheal tube or tracheostomy tube
  - Mechanical ventilation using ventilator without a filtered exhalation limb
  - Ventilator circuit disconnections, including opening installation ports for in-line suctioning
  - **In-line suctioning (closed suctioning)**
  - Nebulized treatment in a closed ventilator circuit including an artificial airway without a leak
Donning & Doffing

*Putting it on (donning) and taking it off (doffing)*

- Reminders:
  - Riskiest activity is doffing
  - Store PPE in a clean location
  - Hand hygiene is part of the donning/doffing process
Donning a Surgical Mask

Perform hand hygiene

Hold mask with colored side facing out, pleats going down

Open pleats

Press the metal nose piece to the bridge of your nose to ensure a secure fit

Pull ear loops over ears

Perform hand hygiene
Doffing a Surgical Mask

Perform hand hygiene

Avoid touching the front of the mask as it is the most contaminated. Only touch the loops/ties/bands for doffing.

Grasp loops around ears and gently lift and pull mask away from face.

Discard into waste basket.

Perform hand hygiene.
Donning/Doffing an N95 Respirator

Video: [Easy Technique for Doffing Gown](#)

Video: [Donning PPE for Aerosol Generating Procedures](#)

Video: [Doffing PPE for Aerosol Generating Procedures](#)
Additional Resources

- CDC Website: Using Personal Protective Equipment
- CDC PDF: Guidance for the Proper Use of Protective Equipment
- CDC PDF: Sequence for Putting On or Removing PPE

- BU Shields Video: PPE for COVID-19
  material developed by MA DPH Bureau of Infectious Disease & Laboratory Sciences
Don PPE outside of patient’s room. Ensure hair is pulled back away from face.

1. Perform Hand Hygiene
   - Alcohol-based hand sanitizer
   - or soap and water for 20 seconds

2. Put on Gown
   - Ensure gown fully covers entire body when closed or tied

3. Put on Gloves
   - Ensure gloves go over cuff of gown

4. Remove Respirator from Storage Container

5. Put on Respirator
   - Hold respirator in one hand
   - Bring to face, grab lower elastic band
   - Close eyes, bring lower elastic band over head and below ears
   - Open eyes, grab upper elastic band, close eyes and pull upper elastic band over head and above ears
   - Pinch nose clip to ensure tight seal of mask

6. Remove Gloves
   - Grasp glove in palm of hand and pull glove off
   - Dispose of glove or hold in other hand
   - Slowly and gently, slide finger under other glove, between glove and cuff of gown.
   - Dispose of glove(s) in waste container

7. Perform Hand Hygiene
   - Alcohol-based hand sanitizer

8. Put on Eye Protection
   - Face shield
   - or goggles

9. Perform Hand Hygiene
   - Alcohol-based hand sanitizer

10. Put on Gloves
    - Ensure gloves go over cuff of gown
Doffing Personal Protective Equipment (PPE): Reusing Respirator and Eye Protection with Wrap-Around Gown

1. **Remove Gloves**
   - Grasp glove in palm of hand and pull glove off.
   - Dispose of glove or hold in other hand.
   - Slowly and gently, slide finger under other glove, between glove and cuff of gown.
   - Dispose of glove(s) in waste container.

2. **Remove Gown**
   - Dispose of glove or hold in other hand.
   - Slowly and gently, slide finger under other glove, between glove and cuff of gown.
   - Dispose of glove(s) in waste container.

3. **Perform Hand Hygiene**
   - Alcohol-based hand sanitizer.

4. **Set-up for Reusing Eye Protection and Respirator**
   - Place storage container and paper towel on countertop.

5. **Perform Hand Hygiene**
   - Alcohol-based hand sanitizer.

6. **Remove Eye Protection - Avoid touching front, contaminated surface of eye protection**
   - Tilt head forward, grasp strap and gently pull strap over head, pulling face shield away from face.
   - Grasp ear pieces behind ears and pull goggles away from face.
   - Place face shield or goggles on paper towel.

7. **Perform Hand Hygiene**
   - Alcohol-based hand sanitizer.

8. **Remove Respirator and Place in Storage Container**
   - Pull lower elastic band over head.
   - Gently pull upper elastic band over head and pull mask away from face.
   - Place respirator in storage container with outside surface down.
   - Close storage container and ensure your first initial, last name, BCH ID#, and unit is written on it.

9. **Perform Hand Hygiene**
   - Alcohol-based hand sanitizer or soap and water for 20 seconds.

**Outside patient's room**

**With respirator and Eye Protection in place, leave patient's room and enter anteroom or hallway.**

**In patient's room**

**April 5, 2020**

**Outside patient's room**

**Grasp ear pieces behind ears and pull goggles away from face.**

**Place face shield or goggles on paper towel.**

**April 5, 2020**
## Disinfection and Storage of Eye Protection

**Disinfect Reusable Eye Protection**

1. Put on Gloves

2. Disinfect Reusable Eye Protection

   Wipe eye protection thoroughly with an alcohol wipe, cleaning the inside first, and then the outside.

   Place on a clean surface to dry.

3. Dispose of wipe and contaminated paper towel in trash

4. Remove Gloves

   - Grasp glove in palm of hand and pull glove off
   - Dispose of glove or hold in other hand
   - Slowly and gently, slide finger under other glove, between glove and arm.
   - Dispose of glove(s) in waste container

5. Perform Hand Hygiene

   - Alcohol-based hand sanitizer
   - or soap and water for 20 seconds

6. Store Reusable Eye Protection for Later Use

   At end of your shift, store the eye protection in a clean location. Each healthcare worker will keep their eye protection for repeated use.

April 5, 2020
COVID-19 School Nurse Training for the Return to School

How to Protect Yourself and Others: PPE and Infection Control in Schools

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Boston Public Schools
August 25, 2020
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Overview

- Risk task classifications: Low-Moderate-High
- PPE use for school nursing activities
- Don & Doff Considerations
- Protective wear for caring for students with special health care needs: feeding, diapering
- Infection Control Considerations
  - Health Room
  - Classroom
- Medical Waiting Area/Isolation Room
- Nursing assessment: Student with COVID-19 symptoms & Return to School protocol
THE VALUABLE ROLE OF SCHOOL NURSES DURING THE COVID-19 PANDEMIC

COVID-19 will not be the only health concern addressed by school nurses—state mandated screenings; flu, pertussis, asthma, diabetes, severe allergies, behavioral health, medication administration & management, education, & care coordination.

School nurses are called upon to lead, educate, and practice following the tenets of Framework for the 21st Century School Nursing Practice™ through the principles of Leadership, Standards of Practice, Quality Improvement, Care Coordination, and Community/Public Health.

The School Nurse will play an essential role in the mitigation of COVID-19 and requires every tool available to practice with confidence and safety.
Unique challenges arise when implementing recommended infection control measures for students and staff in one building.

NASN, 2020
PPE: Guidelines for Use in the School Health Room

PPE is determined by *Task Classification*

**Low Risk**  School personnel and students must interact, and physical distancing cannot always be maintained.

**Moderate Risk** Tasks include those that require close/direct contact with (i.e., within 6 feet of) people who are not known or suspected to have COVID-19.

**High Risk** Tasks include the physical assessment of any individual suspected of having COVID-19 & Aerosol generating procedures.

NASN 2020
Low Risk

Activities include:
- Conversation with student or staff
- General interactions
- Receiving notes, letters from student
- Handing/receiving supplies, medications

Recommended PPE:
- Surgical face mask OR
- Cloth face mask
Activities include:

- Medication administration: oral, MDI, parenteral
- Procedural care: catheterization, g-tube care/feeds
- Diabetes care: blood glucose checks, site assessment
- General nursing care for illness and injury
- Population screening: vision, hearing, ht/wt, postural

Recommended PPE:

- Surgical face mask
- Disposable Gloves
  - Situation dependent
- Eye protection (Goggles OR Face Shield) with surgical mask
  - Situation dependent
  - Procedures that may cause fluid entry into eyes,
  - Caring for students who are unable to control secretions
  - Developmental level of student

Moderate Risk
Activities include:
- Physical assessment of any individual suspected of having COVID-19
- Duration/Spatial considerations
- Aerosol generating procedures: nebulizer treatments, oral or tracheal suctioning
- Trach care
- Manual ventilation
- BIPAP, CPAP, Mechanical ventilation

Recommended PPE
- Disposable gloves
- Disposable gown, OR
- Long sleeved washable covering
  - Lab Coat
  - Scrub coat
- N-95 mask OR
- Surgical mask & face shield
- Kn95 Face Mask & face shield
<table>
<thead>
<tr>
<th>Risk Level</th>
<th>School Nursing Activities</th>
<th>PPE Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOW RISK</strong></td>
<td>Conversation &amp; general interaction with student/staff:</td>
<td>Cloth Face Covering (Not PPE)</td>
</tr>
<tr>
<td></td>
<td>● administering/receiving notes/letters/provider’s orders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● receiving supplies, medications</td>
<td></td>
</tr>
<tr>
<td><strong>MODERATE RISK</strong></td>
<td>Medication administration: oral, MDI, parenteral</td>
<td>Surgical face mask, disposable gloves.</td>
</tr>
<tr>
<td></td>
<td>● Procedural care: catheterization, g-tube care/feeds</td>
<td>Eye protection (not eyeglasses) for procedures that may cause fluid entry into eyes, or when caring for students unable to control secretions - consider developmental level and situation (goggles or face shield).</td>
</tr>
<tr>
<td></td>
<td>● Diabetes care: blood glucose checks, site assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● General nursing care for illness and injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Screenings: Vision, Hearing, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>HIGH RISK</strong></td>
<td>Physical assessment of any individual suspected of having COVID-19</td>
<td>Disposable gown OR long sleeved washable covering such as a lab coat, scrubs coat or smock.</td>
</tr>
<tr>
<td></td>
<td>● Aerosol generating procedures: nebulizer treatments, oral or tracheal suctioning, trach care, manual ventilation, BIPAP, CPA, mechanical ventilation</td>
<td>IN ADDITION: N-95 respirator mask AND eye protection/face shield (not eyeglasses) OR surgical mask &amp; face shield OR Kn-95 face mask &amp; face shield</td>
</tr>
</tbody>
</table>
Envision Your Practice as a School Nurses & COVID-19

- Steps prior to entering/leaving isolation room
- Job Aides
- How to better fit a surgical mask
- Suggested storage of N95
- Suggested placement of mask during mask breaks
- Share a video, COVID-19 & Schools Fear Out-Learning In
Envision Your Practice as a School Nurses & COVID-19

- Envision your steps prior to entering/leaving PPE donned area:
  - Make a schedule of nursing intervention
  - Ready your supplies
  - Bundle activities (meds, feeding...) to effectively use face-to-face time & cut down on repeated donning/doffing
  - Share your schedule with school staff--Job Aid
Envision Your Practice as a School Nurses & COVID-19

- Job Aides are visuals to help remind people
  - They are often posted to communicate
    - Salient safety concern
    - Prevent mistakes
    - Support compliance with a standard of practice
Envision Your Practice as a School Nurses & COVID-19

- How to better fit a surgical mask--Demonstrate
  - Fold face mask in half
  - Take one of the elastic ear loops, make a knot as close and tight as possible to the mask
  - Repeat on the other elastic ear loop
  - Tuck/fold the mask opening inward face side

The mask will now better fit a child’s or an adult’s face
Envision Your Practice as a School Nurses & COVID-19

- Suggested storage of N95
  - Tupperware container—Make holes in the lid and container for air circulation:
    - N95 on face—don’t touch the mask
    - Put the tupperware container to your face, mask is inside the container
    - Secure the lower elastic, pull it over your head and onto the back of the container
    - Repeat the upper elastic, pull it over your head and onto the back of the container
    - Reverse steps to put back on N95
Envision Your Practice as a School Nurses & COVID-19

- Suggested placement of mask during mask breaks
Envision Your Practice as a School Nurses & COVID-19

I am going to show you another version of donning and doffing. As you look at it, please start imagining and personalizing, when, where, how, and why, you would perform donning and doffing in your school.
CDC’s Don Video

How to Safely Put On Personal Protective Equipment (PPE)
CDC’s Doff Video

How to Safely Take Off Personal Protective Equipment (PPE)
Envision Your Practice
Children with Special Healthcare Needs

- PPE considerations for:
  - Feeding
  - Diapering
- Reinforcement of universal precautions
- Reinforcement of universal control measures by staff
Envision Your Practice as a School Nurses & COVID-19

- Share a video, COVID-19 & Schools: Fear Out-Learning In A Training Module for Boston Public Schools Staff Caring for Students with Special Health Needs

"https://drive.google.com/file/d/1FLv4kIF71sEl-bMXzDRvWO7mtkvR19q9/preview"
Infection Control: Empowering Nurses with Best Practice on cleaning considerations

Goals:
- Understand the basics & guidelines
- Develop a plan
- Implement the plan

Health room:
- Daily
- Between student interactions
School Nurse Experience

- Form a committee to ensuring proper cleaning & disinfecting
  - Establish regular meeting times.
  - Look at the current needs, policy and talk about realistic plans.
  - Develop plan - what, who, when
  - The principal and custodial staff implement the plan; school nurse, teachers, and other personnel support the plan.
- Include: Custodian, Principal or representative, teachers and paraprofessionals, community representatives, i.e. Asthma Coalition, Mass COSH, Children’s Hospital
Understand the system and who sets the guidelines

- OSHA - Occupational Safety & Health Administration
- CDC - Center for Disease Control
- Public Health Department
- DESE - Dept of Education and Secondary Education
  - responsible for all services in the school
- Superintendent Circulars - district policy guidelines
- Each School
  - Facilities Department - determines the cleaners used in our school and will provide the training on how to use the cleaning materials
Occupational Safety & Health Administration (OSHA) is an agency of the US Department of Labor

- OSHA rules and regulations are designed to protect workers and keep work environments safe and healthy.
- The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDSs) (formerly known as Material Safety Data Sheets or MSDSs) to communicate the hazards of hazardous chemical products.

UNDERSTAND THE RIGHT TO KNOW

Read the label of the product:
- Is it a cleaner, sanitizer or disinfectant?
- Note the “dwelling time”
- Go to the company site and print out the Material Safety Data Sheet
  - Note the toxic effect on the human body
- Start a binder on the cleaning products used at your school
  - keep it in your office for reference
  - Refer to this information if you needed to call the poison control center
Developing the Plan for School Cleaning & Disinfecting

DESE Guidance - Facilities
Department responsibility:

- Update cleaning and disinfecting protocols
- Obtain additional supplies, as needed
- Train staff appropriately

DESE Protocols include cleaning & disinfecting:

- At least daily for shared spaces & furniture
- Multiple times/day high-touch surfaces like door handles, light switches, handrails

DESE, 2020
Remember the basics

- Germs/ COVID 19
- How are germs/microorganisms transmitted?
- Who is a carrier?
- Germs / microorganisms on various surfaces.
- Precautions we take to prevent the transmission in the school setting
- CDC guidelines on infection control
Know the Basics:
Difference between cleaning, disinfecting, & sanitizing

Cleaning
- Removes dirt from surface - soap and water commonly used.

Disinfecting
- Stronger chemicals used to kill a wider range of organisms

Sanitizing
- Lowers the amount of organisms to a safe level; requires custodians or a special cleaning company

Hand sanitizer
- Reduces organisms on surface of hands; CDC recommends 60% alcohol content
School Health Room/Classroom

- Reduce sharing of common spaces and frequently touched objects.
- Clean visibly dirty surfaces with soap and water prior to disinfection.
- Frequently explain cross contamination. People forget.
- Best practice would be to clean after every student.
- Do not spray disinfectants while a student is in the room.
- Keep disinfectant out of the reach of students.

Medical Waiting Room (MWR)

The purpose of the MWR is to minimize transmission of COVID-19 by providing a place for those students who await pick-up because while in school they:

- Exhibit symptoms of COVID-19
- Discover positive COVID-19 test results for themselves or a close contact

Ideally, one student per MWR but if more than one student in MWR:

- At least 6 feet apart (spaced as far apart as possible)
- Wearing a surgical mask provided by the school (non-N95 and non-cloth)
- If a student is unable to wear a mask, then no other students in MWR
MWR Staffing

The MWR must be supervised by an adult staff member at all times when students are present. The supervising staff person:

- Is trained in CPR/AED
- Is in close communication with the school nurse
- Wears appropriate PPE provided by the school
  - Surgical mask and goggles/face shield if distanced 6 feet from student
  - If unable to maintain 6 feet distance, then N95 respirator or disposable mask and face shield, gloves, and gowns
Equipment/Supplies for MWR

Outside MWR:
- Surgical masks
- Gloves
- Disposable gowns
- Hand sanitizer
- Receptacle - storage of nurse’s N95 mask & face shield
- Post job aides

Inside MWR:
- Hand sanitizer
- Tissues
- Several waste baskets and plastic liner bags
Assessing the Student with COVID-19 Symptoms

When assessing students who have underlying conditions that present as symptoms of COVID-19, use nursing judgement! Treat, and if there is improvement, the student may return to class. Examples include:

- Asthma
- Seasonal allergies
- Migraine
- Food sensitivity
A student sent to the nurse with any symptom of COVID-19 (possible fever, cough, difficulty breathing, sore throat, congested or runny nose, loss of taste or smell, chills, headache, nausea, vomiting, diarrhea, poor feeding) is masked and seated in the medical waiting/isolation room.

**Fever Only**
Fever of 100.0°F or higher.

**Non-Respiratory Symptom Only**
Nurse assesses symptom for historically known etiology of symptom: migraines, IBS, lactose intolerance, etc. Is nurse suspicious that the symptom is COVID-19 related?

- **No**
  - Send Home
    - If non COVID-19 underlying cause is identified, & nurse is convinced that this is the cause of the symptom, then student may be treated and may Return to Class.

- **Yes**
  - Send Home
    - Nurse contacts the parent/guardian, notifies of symptom and the need to pick-up the student (NO school bus); student is to continue to wear surgical mask and is monitored in the medical waiting/isolation room until parent/guardian arrives. Nurse advises parent/guardian to consult with student's PCP & if their student develops other symptoms of COVID-19 to seek testing. Nurse reviews symptoms and how to get the student tested/testing sites. If symptoms worsen quickly, call 911.

**Fever Only**
Fever of 100.0°F or higher.

**Respiratory Symptoms**
Cough, difficulty breathing, SOB. No fever or other symptoms.

**Multiple Symptoms**
Send Home
Nurse advise parent/guardian to contact student's PCP for possible testing for COVID-19.

- **Does the student have asthma?**
  - **Yes**
    - Send Home or Call 911
      - Nurse assesses symptoms deciding if 911 is needed and discusses with parent guardian.
  - **No**
    - Nurse contacts the parent/guardian, notifies of symptom and the need to pick-up the student (NO school bus); student is to continue to wear surgical mask and is monitored in the medical waiting/isolation room until parent/guardian arrives. Nurse advises parent/guardian to consult with student's PCP & if their student develops other symptoms of COVID-19 to seek testing. Nurse reviews symptoms and how to get the student tested/testing sites. If symptoms worsen quickly, call 911.
Terms: Isolation, Quarantine, Close Contact, and COVID-19 related fever

**Isolation:** Separates people infected with Covid-19 from those not infected. Separates those people with COVID-19 symptoms *as well as* those who have tested positive for COVID-19 who may be symptomatic or asymptomatic.

**Quarantine** is used to keep someone *who might have been exposed to COVID-19* but who are not yet feeling symptoms away from others. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

**Close Contact** - close contacts will be defined as only those who have been within 6 feet of distance of the person testing positive for at least fifteen minutes, while the person was infectious. The infectious period begins 2 days prior to symptom onset. If someone is asymptomatic, the infectious period is considered to begin 2 days prior to the collection of their positive test.

**COVID-19 related fever:** A fever as a COVID-19 symptom is defined as 100.0°F or higher.
Protocol for return to school if identified as a close contact

All close contacts should be tested

Close contacts (CCs) must self-quarantine for 14 days after their last exposure to the person who tested positive, regardless of the CCs test result. Even with a negative test result, the CC must continue to self-quarantine for the full 14 days as the virus may take up to 14 days to cause illness.
Protocol for return to school for an individual testing positive for COVID-19

Self-isolation for COVID-19 positive cases is a minimum of 10 days.

People who test positive may return to school after 10 days isolation and once they have:

a. gone for 3 days without a fever (and without taking fever-reducing medications like Tylenol); and

b. experienced improvement in other symptoms (for example, their cough has gotten much better); and

c. received clearance from public health authority contact tracers (the local board of health or Community Tracing Collaborative).

Repeat testing prior to return is not recommended. Return to school should be based on time and symptom resolution.
Protocol for return to school after experiencing COVID-19 symptoms if there is an alternative diagnosis

If a provider has documented an alternative diagnosis, the individual may return to school based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis).
Protocol for return to school after experiencing COVID-19 symptoms and the result of COVID-19 test is negative

If the individual with COVID-19 symptoms has tested negative for COVID-19, then the individual may return when there is:

- Improvement in symptoms

**AND**

- No fever (100.0°F) for > 24 hours without fever reducing meds
Protocol for return to school after experiencing COVID-19 symptoms and not tested for COVID-19

Those not tested for COVID-19 may return to school 10 days from start of symptoms as long as:

- Symptoms have improved

AND

- No fever for ≥ 24 hours without fever reducing medication
## BPS School Nurse Flowchart - Protocols for COVID-19 Related Return-to-School Scenarios
(from DESE/MDPH Joint statement 8/19/20)

<table>
<thead>
<tr>
<th>Close contact to a person who tests positive for COVID-19</th>
<th>Individuals who have tested positive for COVID-19</th>
<th>COVID-19 symptoms diagnosed as an alternative diagnosis</th>
<th>COVID-19 symptoms &amp; negative COVID-19 test result</th>
<th>COVID-19 symptoms but not tested for COVID-19</th>
</tr>
</thead>
</table>
| Must self-quarantine for 14 days after the last exposure to the person who tested positive; even if this CC tests negative, the CC must continue to self-quarantine for the full 14 days as COVID-19 may take up to 14 days to cause CC to be ill. | May return to school after 10 days isolation and:  
- Improvement in symptoms  
- No fever for 3 days without fever reducing medications  
- received clearance from public health authority | If a provider has documented an alternative diagnosis, the individual may return to school based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis). | The individual may return when there is:  
- Improvement in symptoms  
- No fever for more than 24 hours without fever reducing medications | The individual may return to school 10 days from start of symptoms if:  
- Symptoms have improved  
- No fever for more than 24 hours without fever reducing medications |

- Individuals who have tested positive for COVID-19 must self-quarantine for 14 days after the last exposure to the person who tested positive; even if this CC tests negative, the CC must continue to self-quarantine for the full 14 days as COVID-19 may take up to 14 days to cause CC to be ill.

- May return to school after 10 days isolation and:
  - Improvement in symptoms
  - No fever for 3 days without fever reducing medications
  - received clearance from public health authority

- If a provider has documented an alternative diagnosis, the individual may return to school based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis).

- The individual may return when there is:
  - Improvement in symptoms
  - No fever for more than 24 hours without fever reducing medications

- The individual may return to school 10 days from start of symptoms if:
  - Symptoms have improved
  - No fever for more than 24 hours without fever reducing medications
Questions
References


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Comprehensive Personal Protective Equipment (PPE) Guidance

References

Guidance for Healthcare Personnel on the Use of Personal Protective Equipment (PPE) in Schools During COVID-19


[https://www.nasn.org/nasn/nasn-resources/professional-topics/framework](https://www.nasn.org/nasn/nasn-resources/professional-topics/framework)