WISCONSIN DEPARTMENT OF Public Instruction

PPE Considerations for Schools (August 8, 2022)

	Potential Contact with Bodily Fluids	Staff Working with Student with Possible or Confirmed COVID-19
Cloth Facial Covering or Face Mask	Yes, recommended as source control for protection of staff	Higher levels of protection should be used to protect staff *
Fluid Resistant Surgical Mask	Yes, required for protection for staff	Yes, recommended for protection for staff *
N95 or Higher Respirator or PAPR	Yes, recommended if staff performing procedures that aerosolize respiratory secretions such as, but not limited to: open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BiPAP, CPAP), manual ventilation. Fluid resistant surgical mask can be worn in lieu of respirator or PAPR when assisting with nebulizer treatments. See notes below.	Yes, recommended if staff performing procedures that aerosolize respiratory secretions such as, but not limited to: open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BiPAP, CPAP), manual ventilation. Also recommended if staff perform nebulizer treatments due to unknown risk. See notes below.
Protective Glasses or Goggles or Face Shield	Yes, for staff protection in conjunction with a fluid resistant surgical mask	Yes, for staff protection in conjunction with a fluid resistant surgical mask
Gloves	Yes, required for diaper changes, during feeding and anytime to prevent contact with body fluids.	Yes, required use whenever dictated by Standard/Universal Precautions.
Gown (Disposable)	Yes, required for protection for staff	Situation dependent
Lab Coat or Cloth Washable Covering (Scrub Jacket)	Yes, required if disposable is not an option	Situation dependent

*When health staff (nurse) is performing healthcare related responsibilities with suspected or confirmed COVID-19 individuals additional protections are required (i.e. use of N95 respirators, KN95 respirators, or fluid resistant surgical masks).

Table notes:

This document is primarily concerned with protection of school employees. The Occupational Safety and Health Administration (OSHA) released an Emergency Temporary Standard to protect healthcare and healthcare support service workers from occupational exposure to COVID-19. While OSHA standards do not apply directly to public employees, Wis. Stat. § 101.055 requires the Department of Safety and Professional Services (DSPS) to adopt standards at least equal to those provided to private employees by OSHA.

- **Potential Contact with Bodily Fluids** – Consider staff use for close contact with students who cannot manage bodily fluids (cough/sneeze/oral secretions/feces/urine/blood) or any time there is the potential for contact with body fluids (Standard Universal Precautions).
- **Possible or Confirmed COVID-19 Contact** – Consider health staff (nurse) use when caring for ill students, including students with respiratory symptoms or use during all tasks that include the physical assessment of any individual suspected of having COVID-19 or use during all tasks that include aerosol generating procedures (such as, but not limited to: open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BiPAP, CPAP), manual ventilation) or use during for diaper changes, during feeding and anytime to prevent contact with body any fluids.
- PPE should be used when administrative or engineering controls are not able to eliminate the hazard. PPE is only effective if worn properly.
- Training on the types of PPE, how to properly put on/take off, the limitations and care instructions must be provided to employees who wear PPE.
- Use established blood borne pathogen PPE during care/first aid procedures along with body, face/eye/nose/mouth protection for respiratory and oral secretions exposure.
- Recommendations change as knowledge is gained, check DHS COVID-19 Personal Protective Equipment and CDC Special Topics: Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) resources frequently.
- FDA COVID-19 Frequently Asked Questions

Cloth Facial Covering or Face Mask Notes:

- The wearing of face masks by students and staff is a district decision.
- Cloth masks provide **source control** by protecting those around the wearer in addition to protecting the wearer. Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. The wearing of face masks also protects the wearer from the respiratory secretions of others.

- When available, fluid resistant surgical masks are preferred over cloth face coverings for school nurses and school health assistants, as fluid resistant surgical masks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
- In situations where the viewing of an individual's mouth or facial expressions is important (i.e. lip reading) the use of clear face masks is recommended unless a higher level of protection is required due to the task involved.
- Cloth face coverings should NOT be worn instead of a respirator or facemask when more than source control is needed. If shortages exist, N95 or equivalent or higher-level respirators should be prioritized for procedures involving higher risk techniques (e.g., that generate potentially infectious aerosols) or that involve anatomic regions where viral loads might be higher (e.g., nose and throat, oropharynx, respiratory tract). Respirators should only be worn by those trained and fit tested for their use.
- CDC Guidance for Wearing Masks

N95 or Higher Respirator or PAPR Notes:

- N95 or higher respirators/half or full-face elastomeric respirators or PAPRs require training/ medical clearance/ and a written program and fit testing. **Not everyone can use a respirator due to their own health issues.**
- Healthcare workers must use N95 or greater protection respirators when in contact with patients who may spread infectious diseases via airborne secretions.
- Fluid resistant surgical mask can be worn in lieu of respirator or PAPR when assisting with nebulizer treatments.
- NIOSH-Approved Particulate Filtering Facepiece Respirators
- NPPTL Respirator Assessments to Support the COVID-19 Response

Protective Glasses/Googles or Face Shields Notes:

- Googles or glasses provide protection from entry into eyes along with mouth and nose if worn with fluid resistant surgical mask.
- Face shields protect entry into eyes, mouth, and nose from direct cough and sneeze. *Does not cover facial expressions which may be important to some students and in some situations where viewing the mouth is important. Use of clear fluid resistant mask in conjunction with face shield as PPE is recommended in situations with exposure or contact with bodily fluids of individuals with no known COVID-19. Face shields are not meant to function as primary respiratory protection and should be used concurrently with a fluid resistant surgical mask (for droplet precautions) or a respirator (for airborne precautions) if aerosol-generating procedure is performed.

Disposable or Cloth Gown Notes:

- Depending on product, may be resistant or impermeable to fluids. Needs to be changed between students to prevent cross contamination.

- FDA - Manufacturers of Gowns and Other Apparel
- Cloth is not impermeable to fluids but provides a removable layer. Soiled clothing should be placed into a dissolvable laundry bag. If onsite laundry service is not available, consider contracting with an industrial laundry service. Worn or contaminated clothing is required to be launder daily.

Asthma Treatment Notes:

- No asthma treatments are considered aerosol generating procedures (AGP) by the OSHA Emergency Temporary Standard (ETS) and do not require the use of an N95 respirator or greater protection while performing these treatments.
- AGPs are defined as medical procedures that generate aerosols that can be infectious and are of respirable size. Under the ETS, only the following procedures possible done in schools are considered AGPs:
    - Open suctioning of airways;
    - Sputum induction;
    - Cardiopulmonary resuscitation;
    - Endotracheal intubation and extubation;
    - Non-invasive ventilation (e.g., BiPAP, CPAP);
    - Manual ventilation;
- Refer to https://www.osha.gov/coronavirus/ets/faqs for what are the requirements under the ETS for performing an AGP on a person with suspected or confirmed COVID-19
- School nurse and school staff providing procedural care to students not suspected of having SARS-CoV-2 infection should use a tiered approach based on the level of community transmission to inform the need for universal eye protection and respirator use. See CDC data tracker: https://covid.cdc.gov/covid-data-tracker/#county-view
- Asthma treatments provided via metered dose inhaler (MDI) with a spacer with or without a face mask, (according to each student's individualized treatment plan) are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure.
- 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). Based on limited available data, it is uncertain whether aerosols generated from some procedures, such as nebulizer administration or high flow oxygen delivery may be infectious.
- Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether potential associations between performing this common procedure and increased risk of infection might be due to aerosols generated by the procedure, or due to increased contact between those administering the nebulized medication and infected patients.

- PPE for use when administering nebulizer treatments to students with asthma consists of gloves, surgical mask, and eye protection. Use of a gown is optional. Rooms should be well-ventilated, or treatments should be performed outside. The room should undergo routine cleaning and disinfection after the use of a nebulizer.
- Use of peak flow meters, including in the school setting, includes forceful exhalation. Based on limited available data, forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of transmitting the virus that causes COVID-19. However, for some people with asthma, using a peak flow meter can trigger cough. PPE for use when administering peak flow meters to students with asthma consists of gloves, medical or surgical facemask and eye protection. Use of a gown is optional.

Additional Resources:

Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222

CDC Guidance for Wearing Masks
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html?deliveryName=USCDC_2067-DM31977

National Association of School Nurses Guidance for Healthcare Personnel on the Use of Personal Protective Equipment (PPE) in Schools During COVID-19 https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Guidance-for-Healthcare-Personnel-on-PPE-Use-in-Schools.pdf

OSHA Personal Protective Equipment: https://www.osha.gov/personal-protective-equipment

This document was originally developed in cooperation with the Wisconsin Department of Health Services, the Wisconsin Department of Safety and Professional Services, and WisCon COVID Consultation Wisconsin State Laboratory of Hygiene.