COVID-19 Respiratory Protocol

This document is for health care personnel guidance purposes only and is not tied to supply procurement or allocation. The guidance included in this document that addresses specific types of PPE, does not in any way avow that those materials will be made available by the authors or any other supplier. Facilities operators and school nutrition services personnel should refer to their industry guidance.

Definitions:
Personal Protective Equipment (PPE): According to Occupational Safety and Health Administration (OSHA) personal protective equipment is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. The U.S. Centers for Disease Control and Prevention (CDC) states PPE is used every day by health care personnel (HCP) to protect themselves, patients, and others when providing care, including gowns, gloves, surgical masks, respirators, and face shields. Based on local and regional situational analysis of PPE supplies, surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP. U.S. CDC notes that PPE shortages are currently posing a tremendous challenge to the US healthcare system because of the COVID-19 pandemic. As such, CDC recommends that use of specific types of PPE discussed in this document (e.g., facemasks, respirators) be limited to HCP.

Eye protection: Goggles and face shields provide eye protection. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

Facemask: Use facemasks according to product labeling and local, state, and federal requirements. Facemasks that are not regulated by FDA, such as some procedure masks typically used for isolation purposes, may not provide protection against splashes and sprays. A facemask provides barrier protection against large-particle droplets and does not effectively filter inhaled small particles, fumes, or vapors. A surgical mask is primarily used to protect patients and healthcare workers from people who may have a respiratory infection or to protect sterilized or disinfected medical devices and supplies.

Face shields: A face shield is a form of PPE that provides eye protection. To provide the wearer full protection from respiratory droplets, it must be used with a facemask. The use of face shields is not a substitute for facemask or cloth face coverings.

Gowns (disposable): Depending on the product, gowns may be resistant or impermeable to fluids. Gowns need to be changed between potentially infectious cases to prevent cross contamination.

Healthcare Personnel: HCP in schools include, but are not limited to, school nurses, designated health assistants, therapists, school-based health center personnel, clinical students and trainees, and other school personnel providing close contact interventions.

Lab coat or cloth washable covering (scrub jacket or smock): 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 laundered daily.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

Universal Source Controls: Continued community transmission has increased the number of individuals potentially exposed to and infectious with COVID-19. Fever and symptom screening have proven to be relatively ineffective in identifying individuals who are infected but otherwise asymptomatic or pre-symptomatic. Additional interventions are needed to limit the unrecognized introduction of COVID-19 into school settings by these individuals. Schools should adopt aggressive source control measures such as hand washing, respiratory hygiene, physical distancing, and frequent cleaning and disinfection of high touch areas. Additionally, requiring everyone entering the facility to wear a cloth face covering (if tolerated) while in the building, regardless of symptoms is consistent with a recommendation to the general public advising them to wear a cloth face covering whenever they must leave their home.

Cloth face covering: These include textile (cloth) covers that are not PPE. It is uncertain whether cloth face coverings protect the wearer.5 They are intended to keep the wearer from spreading respiratory secretions when talking, sneezing, or coughing. Guidance on design, use, and maintenance of cloth face coverings is available from CDC and other public health authorities.

These steps are required to have and to use N95s in a school:
1. Each School District or School System must have a current Respiratory Protection Plan/ Policy (RPP) that has been formally adopted in place.
2. All Employees who are identified as candidates to wear an N95, must review the adopted Respiratory Protection Plan/Policy and acknowledge via signature and date of review.
3. Employee must complete an employer provided respiratory medical questionnaire, which will then be submitted confidentially to the employers' duly appointed Medical authority.
4. Medical Authority will review and approve or deny Employee as a candidate for Fit Testing.
5. Employee will be fit tested to qualify for use of an N95, only those who pass are permitted to use an N95. Fit testing should occur at least annually. Considerations for re-testing before the recommended interval, may include but are not limited to, significant weight loss or gain (this

occasionally comes up as an issue in the hospital particularly for women who got fit tested either during pregnancy, or became pregnant after their fit test).

Treatments: Avoid use of nebulizers as able. These increase disbursement of particles into the air and also put the user at higher risk. Instead the CDC recommends use of an inhaler with a spacer.

If a nebulizer is used, it must be administered in an isolation room. That room cannot be used for 2 hours and cleaned and disinfected.