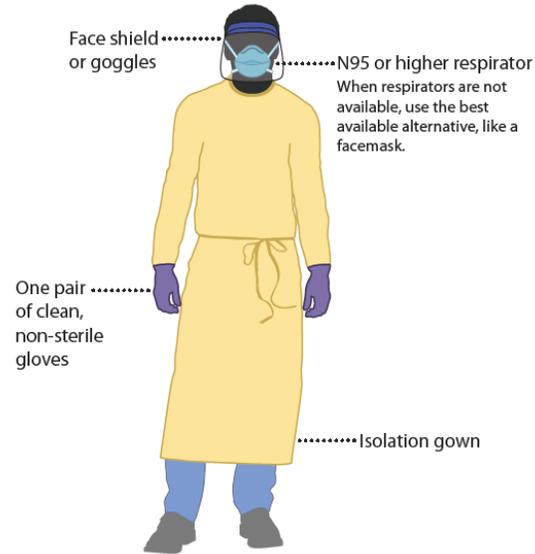


Infection Control – PPE – Nebulizer Treatments

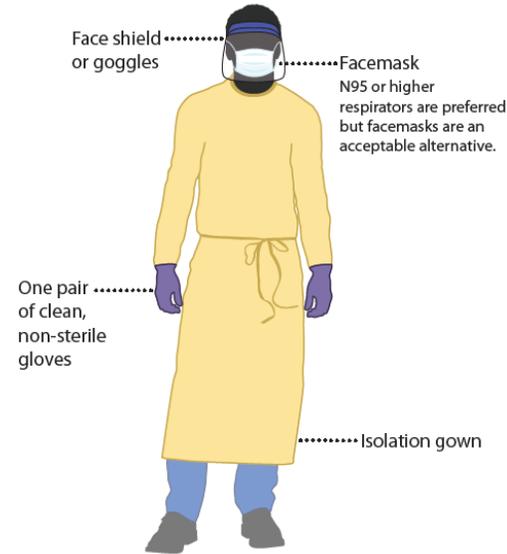
COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



CS 71504-C 03/23/2020

Acceptable Alternative PPE – Use Facemask



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

“HCP (Healthcare Personnel) who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.”

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (Update 5/23 & 5/29)

Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged¹ close contact² with a patient, visitor, or HCP with confirmed COVID-19³</p>	<ul style="list-style-type: none"> • HCP not wearing a respirator or facemask⁴ • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹ 	<ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure⁵ • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶ • Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Implement Universal Use of Personal Protective Equipment

- **HCP working in facilities located in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow [Standard Precautions](#) (and [Transmission-Based Precautions](#) if required based on the suspected diagnosis).

They should also:

- Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.
 - Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for:
 - Aerosol generating procedures (refer to [Which procedures are considered aerosol generating procedures in healthcare settings FAQ](#)) and
 - Surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract) (refer to [Surgical FAQ](#)).
 - Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath would compromise the sterile field.
- **For HCP working in areas with minimal to no community transmission**, HCP should continue to adhere to [Standard](#) and [Transmission-Based Precautions](#), including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP.



Nebulizer Treatments

- Inhalers with spacers are preferred over nebulizer treatments whenever 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
- PPE for use when administering nebulizer treatments or peak flow meters to students with asthma consists of gloves, medical or surgical facemask and eye protection.

Nebulizer Treatments

- During this COVID-19 pandemic, if a nebulizer treatment or use of peak flow meter is necessary at school for a student, the number of people present in the room should be limited to the student and the staff member administering the treatment or peak flow meter. If appropriate based on the student's age and level of maturity, the staff member could leave the room and return when the nebulizer treatment is finished. After the nebulizer treatment or use of peak flow meter, this room should undergo routine cleaning and disinfection. CDC has information on how to clean and disinfect and how to prevent asthma attacks triggered by cleaning and disinfecting activities.

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