



SCHOOL HEALTH PROGRAM

Orange County Schools

200 East King Street
Hillsborough, NC 27278

INFECTION CONTROL PRECAUTIONS

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STANDARD PRECAUTIONS

By Everyone With Everyone

Purpose:

To reduce the risk of transmission of blood-borne and other pathogens from both recognized and unrecognized sources

Apply to:

Potentially infectious sources:

- **Blood**
- **Body fluids**
- **Secretions**
- **Excretions** (except sweat, regardless of whether they contain blood)
- **Non-intact skin**
- **Mucous membranes**
- **Contaminated items/environment**

Standard Precautions

Use personal protective equipment (PPE) and decontamination measures as follows:

HAND-WASHING and/or HAND-DECONTAMINATION

- Decontaminate hands before and after touching the potentially infectious source/surface
- Hand-washing/decontamination is essential whether or not gloves were worn
- It is preferred that soap and water be used whenever possible for hand-washing/decontamination

GLOVES

- Wear gloves if hand contact with a potentially infectious source/surface is expected
- Change gloves after/between each encounter with a potentially infected person
- Perform hand hygiene before and after wearing gloves

GOWN

- Wear a gown if soiling of clothes with body secretions is expected
- Change gown after/between each encounter with a potentially infected person
- Perform hand hygiene before and after wearing a gown

MASK/EYE PROTECTION/FACE SHIELD

Wear a mask, eye protection, or face shield if contact with potentially infectious source is likely to generate splashes or sprays to the facial area

REMOVAL OF PERSONAL CARE EQUIPMENT

PPE, which has been used, must be handled so as to prevent skin and mucous membrane exposure as well as contamination of clean clothing.

CLEANING and DISINFECTION

Contact custodial staff for proper decontamination of school/work environment



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HAND HYGIENE

By Everyone With Everyone

Purpose:

To reduce the risk of transmission of blood-borne and other pathogens from both recognized and unrecognized sources, hand hygiene will be practiced. Hand hygiene is used along with wearing gloves when potentially exposed to blood and body fluids.

Apply to:

Potentially infectious sources:

- **Blood**
- **Body fluids**
- **Secretions**
- **Excretions** (except sweat, regardless of whether they contain blood)
- **Non-intact skin**
- **Mucous membranes**
- **Contaminated items/environment**

Germ (pathogen) can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands
- Prepare or eat food and drinks with unwashed hands
- Touch a contaminated surface or objects
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects

Washing your hands is one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community.

Handwashing Using Soap and Water:

Handwashing using soap and water is the preferred method of cleaning hands. The procedure of scrubbing hands with soap and water loosens germs and discards them through running water.

Follow these seven steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails. Keep your hands pointed down and lower than your elbows.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.
6. **Dispose** of paper towel(s) into waste container.
7. **Turn** off faucet with a clean paper towel and then dispose of towel into waste container. Do not touch the inside of the sink at any time.

Use this CDC link for a basic visual on handwashing: [Handwashing Steps Poster](#)



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Cleaning Hands Using Hand Sanitizer:

If soap and water are not readily available, use an alcohol-based hand-sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Hand sanitizers kill germs on hands but do not remove them. While sanitizers can quickly reduce the number of germs on hands in many situations, they:

- Do **not** get rid of all types of germs *
- May not be as effective when hands are visibly dirty or greasy
- Might not remove harmful chemicals from hands like pesticides and heavy metals

*NOTE: Hand sanitizers DO NOT kill norovirus. Washing hands with soap and water is the best defense against norovirus.

To clean your hands with sanitizer:

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Monitoring Students by Staff:

- Supervise use of hand sanitizer by students.
- Ensure that children with skin reactions and contraindications to hand sanitizer use soap and water. Notify school nurse of this condition.
- Reinforce handwashing during key times such as: Before, during and after preparing food; Before eating food; After using the toilet; After blowing your nose, coughing or sneezing; After touching objects with bare hands which have been handled by other individuals.



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PERSONAL PROTECTIVE EQUIPMENT (PPE)

DONNING, WEARING and REMOVING

GLOVES, CLOTH FACE COVERINGS, SURGICAL MASKS,

EYE PROTECTION and FACE SHIELDS

By Everyone With Everyone

Purpose:

To reduce the risk of transmission of blood-borne and other pathogens from both recognized and unrecognized sources, the use of Personal Protective Equipment (PPE) will be required. PPE will be donned, worn, removed, and discarded as outlined below.

Apply to:

Potentially infectious sources:

- **Blood**
- **Body fluids**
- **Secretions**
- **Excretions** (except sweat, regardless of whether they contain blood)
- **Non-intact skin**
- **Mucous membranes**
- **Contaminated items/environment**

PPE is worn by the caregiver for personal protection and prevention of spread of disease. PPE is used only once with the individual being cared for and then discarded unless there are unusual circumstances during a pandemic or disaster which requires the use of the same PPE between more than one individual. PPE, which has been used, must be handled so as to prevent skin and mucous membrane exposure as well as contamination of clean clothing.

GLOVES

Disposable gloves are the most often used item of PPE.

- Wear gloves if hand contact with a potentially infectious source/surface is expected. The following are some examples but not a complete list of when gloves should be used:
 - Coming into contact with articles that are soiled by blood, body fluids, secretions, excretions, non-intact skin, and/or mucous membranes
 - Interacting with a sick person who is under Contact Precautions
 - Cleaning and disinfecting the area around the person who is sick or other surfaces that may be frequently touched in the school
- Change gloves after/between each encounter with a potentially infected person
 - Change gloves and perform hand hygiene between tasks/procedures with the same person after contact with material that may contain high concentrations of microorganisms;
 - Change gloves and perform hand hygiene between tasks/procedures with different people
 - Do not touch noncontaminated items and environmental surfaces with dirty gloves – including personal clothing/skin
- Throw soiled gloves out in a lined trash can. Do not disinfect or reuse the gloves.
- Perform hand hygiene before and after wearing gloves



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Gloves should be disposable and made of nitrile, vinyl or latex. Nitrile is used primarily in the school system due to the potential of latex allergies. If gloves are used as part of donning other/full PPE, see that section for more information. Otherwise, put gloves on each clean hand while keeping them intact (no breakage). Select gloves according to the size of your hands. When preparing to remove the gloves, use the following technique:

- Grasp the outside of one glove at the wrist. Do not touch your bare skin.
- Peel the glove away from your body, pulling it inside out.
- Hold the glove you just removed in your gloved hand.
- Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.
- Dispose of the gloves safely. Do NOT reuse the gloves.
- Clean your hands immediately after removing gloves.

Use this CDC link to see a visual of this procedure: [CDC: How to Remove Gloves Poster](#)

MASKS:

There are three basic masks that may be worn in the school system: cloth, surgical and N 95 (respirator). The mask selected is determined by the type of microorganism (germ) being protected from, its virulence, and the type of care/treatment being given to a student or staff member. Masks may also be worn to prevent the spread of infection (respiratory illness) in a community. N 95 masks are discussed in the next section.

During the COVID-19 pandemic, the NC Department of Health and Human Services (NCDHHS) has required that students demonstrating symptoms of illness like COVID-19 be placed in a separate room from well students. Although a cohort of students may be in this room, it is recommended that social distancing (6 feet) be allowed between students and that each person in the room wears a disposable mask in the room and until they leave campus.

Cloth Masks:

While being discussed here because it is a section about face coverings, **cloth face coverings are NOT personal protective equipment (PPE) per the CDC**. A cloth face covering may not protect the wearer, but it may keep the wearer from spreading the germ to others. They have been found beneficial in preventing the spread of the virus COVID-19. If a cloth face covering is worn by both people encountering each other, the likelihood of spreading the infection is further reduced.

For example: Cloth face coverings have been required during the COVID 19 pandemic. COVID 19 spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, talks, or raises their voice (e.g., while shouting, chanting, or singing). These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Recent studies (2019-2020) show that a significant portion of individuals with COVID-19 lack symptoms (are “asymptomatic”) and that even those who eventually develop symptoms (are “pre-symptomatic”) can transmit the virus to others before showing symptoms. To reduce the spread of COVID-19, the CDC recommends that people wear cloth face coverings in public settings when around people outside of their household, especially when other social distancing are difficult to maintain. See Appendix G – COVID-19 for the requirements placed on OCS from the NC Department of Health and Human Resources during the COVID-19 pandemic.

Per the CDC, when selecting or sewing a cloth face mask, make sure it is made of two layers of tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. As with any fabric, it is less



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protective if it becomes wet. **Make sure to wear a mask that is cleaned often and dry.** Launder cloth face coverings using hot water and a high heat dryer between uses.

How to Don and Remove a Cloth Mask:

To Put on a Mask:

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily

To Take Off a Mask:

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together (fold dirty/outside part inward)
- Place covering in the washing machine or zip lock baggie until you get home
- Be careful not to touch your eyes, nose, and mouth when removing and wash hands immediately after removing.

Use this CDC link for a visual on how to remove a mask: [How to Take Off a Mask](#)

Surgical Masks:

Surgical masks (medical masks or procedure masks) are loose-fitting disposable face coverings that protect the wearer's nose and mouth from contact with LARGE respiratory droplets, blood, body fluids, secretions and excretions. Surgical masks filter out large particles (droplets) in the air but **DO NOT** provide adequate protection against smaller airborne particles such as COVID-19. Therefore, surgical masks are worn in the school system when splashes and sprays of blood or body fluids are likely during treatment of a person but **NOT** as protection against certain microorganisms. Under normal circumstances, surgical masks are worn once and then discarded.

Use of Surgical Masks During the Covid-19 Pandemic:

- Surgical masks provide better protection than cloth face coverings against Covid-19 when working with symptomatic individuals and the recommended six feet of distance cannot be maintained.
- When N95 masks are not available due to lack of training, fitting or supplies (N95 masks are often rarely available in the school system)
- Providing health care procedures or physical assistance
- Providing respiratory-related health care procedures that carry the risk of aerosolization (nebulizer treatments, respiratory suctioning, etc.)
- Monitoring or supervising the sick/isolation space for those who screen positive at the school entrance or develop symptoms during the day and are awaiting transportation home
- When monitoring or supervising in the regular health office space (well room), cloth face coverings should be routinely worn.



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Using and Removing Surgical Masks

Using Surgical Mask:

- If masks have ties or elastic head bands, they should be secured at the middle of the back of the head and neck
- Fit flexible upper bands to the nose bridge
- Masks should be held snug to face and below chin
- Do not touch the surgical mask while wearing. If touched, immediately perform hand hygiene

Removal of Surgical Mask:

- Perform hand hygiene (remember the back of your head/hair is clean and your hands dirty)
- Remove with ties/earpieces and without touching the front (avoid self-contamination)
- Immediately perform hand hygiene after removal

Use this CDC link for a visual on how to remove a mask: [Do's and Don'ts of Putting On and Taking Off Facemasks](#)

Optimizing use of SURGICAL MASKS during the Covid-19 Pandemic:

Surgical masks are normally used once and then disposed. Per the CDC:

- Extended use of facemasks as “the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.”
- Limited re-use of facemasks is “the practice of using the same facemask by one caregiver for multiple encounters with different patients but removing it after each encounter”.

Due to the shortage of masks during the Covid-19 Pandemic, permission has been granted by NCDHHS to optimize and reuse surgical masks provided the following conditions are met:

- Discard when soiled, exposed to respiratory secretions, damaged, or hard to breathe through
- When reused, due to having minimal contact with symptomatic individuals, follow the CDC guidelines ([CDC: Optimizing the Supply of Surgical Masks](#)) with these specific points:
 - Caregiver should leave the sick/isolation room area if they need to remove the mask.
 - Masks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage.
 - The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
 - Label the bag/container with the caregiver’s name.

Note: masks that fasten with ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use. Facemasks with elastic ears may be more suitable for schools since they are easier to re-use.

EYE PROTECTION AND/OR FACE SHIELD

Wear a mask plus eye protection, OR mask plus face shield if contact with a potentially infectious source is likely to generate splashes or sprays to the facial area. Masks are also worn with the eye protection or face shield when respiratory precautions are necessary. These protective devices protect mucous membranes of the nose, mouth and eyes from blood, body fluids, secretions and excretions. Face shields can reduce the risk of infection transmission through coughs (stops the secretion spray as a barrier), but DO NOT protect the wearer from airborne illnesses whose germs can circulate around the shield. Masks should be worn with face shields whenever possible if the source of infection is airborne spread.



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Eye protection and face shields may be disposable after a one-time use or may need to be cleaned between uses. If cleaned, use the manufacturer's guidelines. After use, do not touch hands, clothes or hair with the soiled front of these devices. Make sure soiled protective wear does not contaminate clean surfaces or clothing after removing. Discard appropriately.

Refer to the section on Donning/Removing Full PPE for further instruction. If goggles must be reused, see the section below under Optimizing use of FACE SHIELD during the Covid-19 Pandemic for reuse, cleaning and disinfecting.

Use of FACE SHIELD during the Covid-19 Pandemic:

Face shields used as protection during the pandemic should be used along with masks (cloth or surgical as appropriate). Face shields AND masks must be worn by the caregiver in the sick/isolation room. There are exceptions to use of the mask with the face shield when the wearer is in a regular school setting during the pandemic and must exhibit their full face for purposes of identification, communication with the hearing impaired, teaching phonics or other such activities.

Face Shields must be worn with surgical masks in the sick/isolation room when:

- Monitoring, assisting or providing care for a symptomatic person in combination with a surgical mask. Remember, wearing the mask AND face shield is necessary at all times in the sick/isolation room but the risk of exposure increases even more if the person is producing heavy respiratory secretions through coughing or lack of control)
- Providing an ordered respiratory-related health care procedure that carries the risk of aerosolization (such as nebulizer treatment, respiratory suctioning, etc.). During these procedures, there is the potential to aerosolize infectious particles in the event a student is Covid-19 positive. For more information, see: [CDC: FAQ for School Administrators](#)
- Since risk for exposure to asymptomatic Covid-19 during some aerosolizing respiratory procedures such as nebulizer treatments is not fully understood, it is recommended that schools identify a separate space when these procedures are needed. The space should not be the health room that is typically used for well care (e.g. providing medications, diabetic care, etc.). If not possible to identify a separate space, it is recommended that staff use a separated space within the isolation room

Face Shields by staff in non-sick/isolation rooms may be used as follows:

- The recommendation for all staff using face shields is that they also wear a cloth face mask (the caregiver in the sick/isolation room must wear a surgical mask since they are giving high risk care)
- If staff cannot wear a mask with the face shield, it is allowable by the Governor's Executive Order No. 147 and NCDHHS to wear only a face shield in the following situations (includes but may not be limited to):
 - As a substitute for individuals who have difficulties wearing a cloth face covering
 - As a substitute for teachers or others while they are interacting with students/others who need to be able to communicate in a way that requires the mouth to be visible, for example:
 - Those who are deaf or hard of hearing
 - Students receiving speech/language services
 - Infants and young children in early education programs
 - Students with Autistic Spectrum Disorder (ASD)
 - English-language learners (ESL)



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- **There are products such as transparent/clear masks or face coverings with a see-through panel in the front, but availability may vary depending on the setting and supply. If available, a transparent face mask may be a better option for protection that allows visibility. However, if a transparent face mask is unavailable, a face shield may be used as a substitute until or unless a transparent mask becomes available.**
- If face shields are used without also wearing a mask, they should wrap around the sides of the wearer's face and extend below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use.
- Encourage the use of other protective measures when only a face shield is worn, especially measures such as increasing ventilation in the space and maintaining social distancing.

Using and Removing Face Shields

Using Face Shield:

- Position the face shield over face and secure on brow with the headband
- Adjust to fit, comfortably (should fit snugly)
- Be conscious of not touching the face shield with hands, even if wearing gloves, to avoid contamination

Removing Face Shield:

- Grasp ear or head pieces with ungloved hands and lift away from face
- Place in designated space for cleaning. The outside front of the face shield is considered contaminated after use until cleaned. The "clean" parts are the elastic head band and/or earpieces of the face shield. The "dirty" parts is the shield itself. See optimizing section below for cleaning, disinfection and reuse.
- Label for wearer. Face shields should be assigned to one wearer when reused.
- Perform hand hygiene

Optimizing use of FACE SHIELD during the Covid-19 Pandemic:

Face shields used during the pandemic should be sturdier and able to be cleaned/disinfected vs single use/disposable. Follow the manufacturer instructions for cleaning and disinfecting. If unavailable, follow: [CDC Guidance on Optimizing Supply of Eye Protection](#) The following criteria must be used when using face shields:

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through
 - If a disposable face shield is reprocessed, it should be dedicated to one caregiver and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility)
- Caregiver should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene
- Caregiver should leave patient care area if they need to remove their eye protection.



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When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, use the CDC guidelines which include:

- Removing the face shield as directed above (including performing hand hygiene) after leaving the patient care area
- Placing the face shield in the designated space for cleaning/disinfection
- Wearing a new pair of clean gloves, carefully wipe the *inside*, followed by the *outside* of the face shield (or goggles) using a clean cloth saturated with neutral detergent solution or cleaner wipe
- Rewipe the *outside* of the face shield (or goggles) using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution
- Rinse the outside of face shield with clean water or alcohol to remove residue
- Fully dry (air dry or use clean absorbent towels)
- Remove gloves and perform hand hygiene



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PERSONAL PROTECTIVE EQUIPMENT (PPE)

DONNING, WEARING and REMOVING

N95 MASKS, GOWNS, and FULL PPE

By Caregivers With Infected Person

Purpose:

To reduce the risk of transmission of blood-borne and other pathogens from both recognized and unrecognized sources, the use of Personal Protective Equipment (PPE) will be required. PPE will be donned, worn, removed, and discarded as outlined below.

Apply to:

Potentially infectious sources:

- **Blood**
- **Body fluids**
- **Secretions**
- **Excretions** (except sweat, regardless of whether they contain blood)
- **Non-intact skin**
- **Mucous membranes**
- **Contaminated items/environment**

PPE is worn by the caregiver for personal protection and prevention of spread of disease. PPE is used only once with the individual being cared for and then discarded unless there are unusual circumstances during a pandemic or disaster which requires the use of the same PPE between more than one individual. PPE, which has been used, must be handled so as to prevent skin and mucous membrane exposure as well as contamination of clean clothing.

N95 (RESPIRATOR) MASKS

An N95 mask (a type of respirator) can filter out both large and SMALL particles (95%) when the wearer inhales. In the school system, the school nurse should have access to at least one N95 mask. A larger supply may be needed during a pandemic or outbreak. **The nurse must be trained and PASS A FIT TEST to confirm a proper seal before using the N95 mask.** Like surgical masks, N95 masks are intended to be disposable after each use. The N95 mask used in the school system should NOT have a one-way valve that allows unfiltered air to be released. It is suggested that at least one other caregiver should be trained and fit tested for N95 mask use.

See the Full PPE Section for donning and removing a gown.

See the following link on how to test the N95 mask seal: [N95 Mask - Checking Proper Seal](#)

GOWN

Wearing a disposable gown is for the purpose of protecting skin and preventing the soiling of clothing during tasks/procedures which may generate splashes or sprays of blood, body fluids, secretions or excretions.

- Wear a gown if soiling of clothes with blood, body secretions or excretions is expected
 - In the school system, a gown is rarely needed unless interacting with a person who is producing respiratory or other body fluids to a degree that is likely to get on the clothing or exposed skin of a caregiver



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- Example: use during a nebulizer treatment when there is community spread of a highly infectious respiratory illness (e.g. Covid-19). In this case, the treatment can aerosolize the pathogen and generate sprays of respiratory secretions. **Whenever possible, such treatments should not be done in the school system.**
- Example: younger students often respond to the onset of illness with vomiting and/or diarrhea and typically have less control of their bodily responses than older students.
- Use when treatment/care is necessary and contact precautions are in place
- Use when treatment/care may generate sprays and respiratory precautions are in place.
- Change gown after/between each encounter with a potentially infected person
- Discard soiled gown in a lined trash can. Do NOT disinfect or reuse the gowns.
- Perform hand hygiene before and after wearing a gown

A gown is rarely worn without the use of other PPE. See the Full PPE Section for donning and removing a gown.

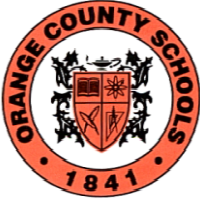
Note: aprons may be available for first aid responders and teachers in their first aid packs. These are one-time use disposable plastic items that should not be confused with gowns. These aprons worn over clothing may be used in a response to an incident requiring basic first aid in order to protect the responder from blood, body fluids, secretions and excretions. However, a gown provides more extensive covering of the torso, arms and clothing and should be used when treating a person highly suspected to be infectious.

FULL PPE:

Wearing full PPE is the donning of gowns, masks, eye protection and gloves to protect against contact with potentially infectious blood, body fluids, secretions and excretions. The following are instructions on how to put on (don) and removing full PPE so that self-contamination does not occur. **REMEMBER:** once used, the full PPE attire is considered contaminated and potentially able to transmit infection. None of the “outside” of the PPE should be touched with your hands or clean clothing. Washing your hands is critical after removing the PPE. If your clothing has not remained unsoiled during your use of the PPE, it should be changed and cleaned promptly. Any skin that was inadvertently soiled should also be washed promptly with soap and water. (Hand sanitizer may be used as a temporary method of killing germs but should be followed by washing.) If it is a single use, disposable piece of PPE, discard the item in a trash receptacle immediately upon removal. If the item is grossly contaminated with blood or body fluids, place in a biohazard container or place a biohazard sticker to the outside of the trash bag.

How to Put On (Don) PPE Gear

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer or soap and water.**
3. **Put on isolation gown.** Tie all of the ties on the gown.
4. **Put on the appropriate mask.** If the mask has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in pocket between care of students or staff.
 - **N 95 mask:** Straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the N 95.
 - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.



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5. **Put on face shield or goggles.** When wearing an N95 mask, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Put on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **Caregiver may now enter the isolation room.**

How to Take Off (Doff) PPE Gear

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). Dispose of in trash receptacle.
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *
3. **Caregiver may now exit isolation room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles. Dispose of as appropriate in trash receptacle.
6. **Remove and discard mask.** Do not touch the front of the respirator or facemask.
 - o **N95 Mask:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - o **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front. If the mask is made with 2 bands to the back of the head, use the N95 mask instructions for removal.
7. **Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.**

** Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

(source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>)

Use this CDC link to see a visual of this procedure: <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>



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PERSONAL PROTECTIVE EQUIPMENT (PPE)

CDC GUIDELINES ON EXTENDED USE/REUSE OF N95 MASKS

Guidelines for: Lead Nurses & Director of Health & Safety

To Determine & Possibly Allow: The Extended Use or Reuse of N95 Masks

By Caregivers With Infected Person

An N95 mask (a type of respirator) can filter out both large and SMALL particles (95%) when the wearer inhales. In the school system, the school nurse should have access to at least one N95 mask. A larger supply may be needed during a pandemic or outbreak. **The nurse must be trained and PASS A FIT TEST to confirm a proper seal before using the N95 mask.** Like surgical masks, N95 masks are intended to be disposable after each use. The N95 mask used in the school system should NOT have a one-way valve that allows unfiltered air to be released. It is suggested that at least one other caregiver should be trained and fit tested for N95 mask use.

Due to limited access to N95 masks during the COVID-19 pandemic, the CDC has given guidance to extended use and limited reuse of the N95 mask in the healthcare setting (school isolation room):

- Minimize the number of individuals who need to use respiratory protection through the preferential use of engineering and administrative controls;
- Use alternatives to N95 respirators (e.g., other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air purifying respirators, powered air purifying respirators) where feasible;
- Implement practices allowing extended use and/or limited reuse of N95 respirators, when acceptable; and
- Prioritize the use of N95 respirators for those personnel at the highest risk of contracting or experiencing complications of infection.

In light of these recommendations, an N95 mask should be worn by the caregiver at each school when respiratory precautions for small particles are in place and/or the isolation room is used. It is highly recommended that the N95 mask be used only once. However, the school nurse may give guidance for the extended use or reuse of the mask as outlined by the CDC below.

The CDC has defined and expanded upon according to the following:

- **Extended** use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters. Extended use is well suited to situations wherein multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards. Extended use has been recommended as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics.

Extended use is favored over reuse because it is expected to involve less touching of the respirator and therefore less risk of contact transmission. A key consideration for safe extended use is that the respirator must maintain its fit and function. The maximum length of continuous use in non-dusty healthcare workplaces is typically dictated by hygienic concerns (e.g., the respirator was discarded



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because it became contaminated) or practical considerations (e.g., need to use the restroom, meal breaks, etc.), rather than a pre-determined number of hours.

If extended use of N95 respirators is permitted (**as determined by the OCS lead nurse/s and Director of Health and Safety**), respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination) and consider additional training and reminders (e.g., posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper Personal Protective Equipment (PPE) donning and doffing technique. **Staff must take the following steps to reduce contact transmission after donning:**

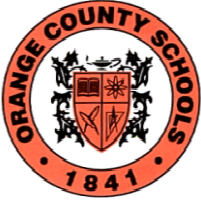
- **Discard N95 respirators following use during aerosol generating procedures.**
- **Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.**
- **Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.**
- **Consider use of a cleanable face shield (preferred³) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.**
- **Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).**

Extended use alone is unlikely to degrade respiratory protection. **Staff must:**

- **Discard any respirator that is obviously damaged or becomes hard to breathe through.**
- **Reuse** refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it ('doffing') after each encounter. The respirator is stored in between encounters to be put on again ('donned') prior to the next encounter with a patient. For pathogens in which contact transmission (e.g., fomites) is not a concern, non-emergency reuse has been practiced for decades. For example, for tuberculosis prevention, CDC recommends that a respirator classified as disposable can be reused by the same worker as long as it remains functional and is used in accordance with local infection control procedures. Even when N95 respirator reuse is practiced or recommended, restrictions are in place which limit the number of times the same respirator is reused. Thus, N95 respirator reuse is often referred to as "limited reuse". Limited reuse has been recommended and widely used as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics.

If reuse of N95 respirators is permitted (**as determined by the OCS lead nurse/s and Director of Health and Safety**), respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination) and consider additional training and/or reminders (e.g., posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique, including physical inspection and performing a user seal check. Use this link to perform a seal check: [N95 Seal Check](#). **Staff must take the following steps to reduce contact transmission:**

- **Discard N95 respirators following use during aerosol generating procedures.**



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- **Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.**
- **Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.**
- **Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.**
- **Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.**
- **Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).**
- **Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.**
- **Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Use this link to perform a seal check: [N95 Seal Check Procedure](#) Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.**

To reduce the chances of decreased protection caused by a loss of respirator functionality, respiratory protection program managers should consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used in that facility. If no manufacturer guidance is available, preliminary data suggests limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin. Management should consider additional training and/or reminders for users to reinforce the need for proper respirator donning techniques including inspection of the device for physical damage (e.g., Are the straps stretched out so much that they no longer provide enough tension for the respirator to seal to the face?, Is the nosepiece or other fit enhancements broken?, etc.). **Staff must:**

- **Follow the manufacturer's user instructions, including conducting a user seal check.**
- **Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.**
- **Discard any respirator that is obviously damaged or becomes hard to breathe through.**
- **Pack or store respirators between uses so that they do not become damaged or deformed.**

Secondary exposures can occur from respirator reuse if respirators are shared among users and at least one of the users is infectious (symptomatic or asymptomatic). Thus, N95 respirators must only be used by a single wearer. **To prevent inadvertent sharing of respirators, staff using these devices must:**

- **Label containers used for storing respirators or label the respirator itself (e.g., on the straps) between uses with the user's name to reduce accidental usage of another person's respirator.**

When determining whether extended use or reuse is necessary, the CDC cautions against the following risks. Some devices have not been cleared by the FDA to be used in such a fashion. Manufactures may only advise discarding after use. The most significant risk is of contact transmission from touching the



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surface of the contaminated respirator. Respiratory pathogens on the respirator surface can potentially be transferred by touch to the wearer's hands and thus risk causing infection through subsequent touching of the mucous membranes of the face (i.e., self-inoculation). Respirators might also become contaminated with other pathogens acquired from patients who are co-infected with common healthcare pathogens that have prolonged environmental survival (e.g., methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant enterococci, *Clostridium difficile*, norovirus, etc.). These organisms could then contaminate the hands of the wearer, and in turn be transmitted via self-inoculation or to others via direct or indirect contact transmission.

The risks of contact transmission when implementing extended use and reuse can be affected by the types of medical procedures being performed and the use of effective engineering and administrative controls, which affect how much a respirator becomes contaminated by droplet sprays or deposition of aerosolized particles. For example, aerosol generating medical procedures such as the use of nebulizers or sputum induction, are likely to cause higher levels of respirator surface contamination, while source control of patients (e.g. asking patients to wear facemasks), use of a face shield over the disposable N95 respirator, or use of engineering controls such as local exhaust ventilation are likely to reduce the levels.

(source: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>)



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RESPIRATORY ETIQUETTE

By Everyone With Everyone

Purpose:

To reduce the risk of pathogen transmission of airborne illnesses spread through respiratory secretions, regardless of presumed cause.

Apply to:

Potentially infectious respiratory secretions spread through:

Coughs

Sneezes

Runny nose

Respiratory Etiquette

Contain potentially harmful respiratory secretions through:

Cover

- Nose/mouth when coughing or sneezing

Use Tissues

- To contain respiratory secretions
- Dispose of them in the nearest waste receptacle after use
- If tissues are not available, the coughing/sneezing person should cover their nose/mouth with their elbow

Hand Hygiene

- Perform hand hygiene (e.g., hand washing with soap and water, alcohol-based hand rub, or antiseptic hand-wash) after having contact with respiratory secretions and contaminated objects/materials

Stay Away

- Avoid close contact with others when they are sick or you are sick
- Do not share drinks, etc.
- Try not to touch eyes, nose or mouth. Germs often spread this way.
- When space and chair availability permit, encourage coughing persons to sit at least three (3) to six (6) feet away from others in the room.



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CONTACT PRECAUTIONS

By Caregiver With Infected Person

Purpose

To reduce the risk of pathogen transmission spread through direct or indirect contact of a strongly suspected or confirmed infectious source/surface. Contact precautions must be used when a direct or indirect contact is expected – whether or not the person shows signs of illness.

Potentially Infectious Sources

Infectious Wounds

Conjunctivae or mucous membranes

Contaminated objects or equipment

Feces, blood etc.

Contact Precautions

Remember: direct contact transmission involves contact with an infectious agent and the subsequent physical transfer of microorganisms to a susceptible host through skin-to-skin contact or contact with a contaminated inanimate object. In addition to standard precautions, implement the following measures:

Seclude

- Place infected person into a private room if possible.
- If a private room is not available, place the person with other students/staff suspected or confirmed to have the same microorganism/contact precautions.
- When a private room is not available and cohorting is not achievable, consider the epidemiology of the microorganism and the at-risk population when determining placement.
- Consultation with infection control professionals is advised before placement.

Wear Personal Protective Equipment (PPE)

- Gloves and gown should be donned prior to entering the room.
- Wear other PPE depending on the type of care to be given and the possibility of splashes.
- During the course of providing care, change gloves after having contact with infective material that may contain high concentrations of microorganisms.
- Dispose of soiled gloves in a waste can.
- Also change gloves/gowns and wash hands between care of different people.

Equipment Handling

- Whenever possible, limit equipment/items used for care to a single person (or cohort of persons infected with the same pathogen and precautions).
- If common use is unavoidable, then adequately clean and disinfect the equipment/items before use with another person.
- Soiled items that must be removed from the room should be double-bagged according to isolation protocol, labeled, and decontaminated appropriately.

Disposal of Contaminated Articles

- Remove gloves and gown prior to leaving the room and dispose of gloves and gown in a waste container. (This waste container must be placed in a biohazard bag when it is full.)
- Be careful to not re-contaminate your hands/body prior to leaving the room.
- Wash hands after leaving the room.

RESPIRATORY PRECAUTIONS - Continued

RESPIRATORY PRECAUTIONS

By Caregiver With Infected Person

Purpose

To reduce the risk of transmission of pathological microorganisms by either airborne or droplet transmission in someone who is suspected or confirmed of having a highly contagious respiratory-borne infection.

Definitions and Descriptions

Droplet transmission is defined as (1) droplet nuclei (small-particle droplet nuclei $< 5 \mu\text{m}$ in diameter); or (2) respiratory droplet (large-particle droplets $> 5 - 10 \mu\text{m}$ in diameter). Respiratory droplets carrying infectious pathogens transmit infection when they travel directly from the respiratory tract of the infected individual to susceptible mucosal surfaces of the recipient, generally over short distances (from talking, singing, coughing, sneezing or during procedures that generate aerosols, such as nebulizer treatments, suctioning). The maximum distance for droplet transmission has not yet been firmly determined; however, pathogens are not thought to be transmitted through the air over long distances. Historically, 3-6 feet around the infected person has been thought to be an area of high risk, though 10 feet has also been used when determining the need for a mask. Donning masks for working within this area has been recommended, especially for certain pathogens spread by the droplet route. It is likely that the distance droplets travel depends on the velocity and mechanism by which droplets are propelled from the source, the density of respiratory secretions, environmental factors (e.g. temperature and humidity), and the ability of the pathogen to maintain infectivity over that distance (virulence). Note these criteria when determining use of a mask and/or seclusion/isolation room.

Airborne transmission is different from droplet transmission as it refers to the presence of microbes by dissemination of either airborne droplet nuclei (which are generally considered to be particles $< 5 \mu\text{m}$ in diameter) or small-particles in the respirable size range that remain infective in the air over time and distance (e.g. spores of *Mycobacterium tuberculosis*). Droplet size and other variables continue to be under study in understanding transmission of pathogens. Droplet nuclei (defined above) particles, arising from desiccation of suspended droplets, have been associated with airborne transmission. In these cases, it is possible for the pathogen to remain suspended in the air and/or be dispersed over long distances by air currents, affecting transmission of infection. Whether certain illnesses necessitate the use of an isolation room guidelines or a closer look at the building's ventilation system/air currents, and/or special air handling/ventilation must be determined according to the latest CDC or NCDHHS guidelines.

(source: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/scientific-review.html>)

Mode of Transmission

Microorganisms spread by the respiratory route are transmitted by:

- (1) Airborne or disseminated small-particle droplet nuclei travel through air currents and may become inhaled or deposited on another susceptible person in the same room or over a longer distance.

Examples:

- measles (rubeola)
 - chickenpox (may be transferred both via droplets or airborne route)
 - pulmonary tuberculosis
 - COVID-19 is suspected of having airborne qualities but is still under study as of 7-31-20
- (2) large-particle droplets do not remain suspended in the air, so the microorganisms can only travel short distances and can be spread by coughing, sneezing, talking, etc. Examples:
 - chickenpox (may be transferred both via droplets or airborne route)
 - common cold
 - conjunctivitis
 - COVID-19

RESPIRATORY PRECAUTIONS - Continued

- (3) Indirect contact – person touches a contaminated article or surface and then touches their face (mucous membrane of eyes, nose, mouth)

Whenever possible, the school nurse should determine whether the pathogen is spread by airborne/small-particle droplet nuclei or large-particle droplets in order to advise appropriate precautionary measures against the spread of disease. In either case, the infected individual must be secluded from others.

In addition to standard precautions, implement one of the following measures:

(1) Separate Area Seclusion

- appropriate for large-particle droplet transmission
- must maintain a distance of three to six feet from non-infected individuals
- place in a private room or secluded area of the health room, classroom or office
- may cohort in a separate room (to cohort means to place an individual with others either suspected or confirmed to have the same micro-organism, but with no other infection)
- special air handling and ventilation is not necessary. The door to the room may remain open.
- infected individual may be asked to wear a mask per school nurse or caregiver discretion. If the person is in a room with other non-infected individuals, he/she should wear a mask.
- if the infected person is not wearing a mask, the caregiver should wear one when working within 3 feet of the individual, especially if contact with the potentially infectious source is likely to generate splashes or sprays to the facial area
- remember: the infected person may or may not show signs of illness

OR

(2) Isolation Room **

- appropriate for airborne and/or small-particle droplet nuclei transmission
- appropriate for someone who is suspected or confirmed of having a highly contagious respiratory-borne infection or novel strain whose impact has not yet been fully determined
- may cohort (place an individual with others either suspected or confirmed to have the same micro-organism, but with no other infection)
- door to the room must remain closed
- room utilized must meet the one of the following air handling requirements:
 - ideally, if available: a special air handling unit/room is recommended which meets all three conditions:
 - negative air pressure in relation to the surrounding areas
 - 6-12 air changes per hour, and
 - appropriate discharge of air outdoors or monitored high-efficiency filtration of room air before the air is circulated to other parts of the building
 - window which opens to the outside and a fan that blows air away from the door
 - if the weather is nice, wait for the parent/guardian outside with the infected student. The student should wear a mask.
- When a private room with air handling measures is not available and/or cohorting is not achievable, consultation with infection control professionals is advised before placement of the infectious person
- Infected person must wear a mask when exiting the room and being transported from one area to the other.
- For typical pathogens, caregiver should wear a mask when in the room with the infected person(s) unless the room has special air handling.

RESPIRATORY PRECAUTIONS - Continued

During the COVID-19 (small-particle droplet transmission) pandemic, the NC Department of Health and Human Services (NCDHHS) has required that students demonstrating symptoms of COVID-19-like illness (CLI) be placed in a separate room (sick/isolation space) from well students. Although a cohort of students may be in this room, it is recommended that social distancing (6 feet) be allowed between students and that each person in the room wears a disposable mask. In addition, open windows have been recommended for ventilation in small spaces such as buses and offices.

**** Note: Determine isolation room(s) available in advance and method of exiting the building so that risk of transmission is minimal. The nurse's office shall NOT be used.**

Additional Care-Giver Precautions (to be used in separate area or isolation room):

- Persons immune to chicken pox or measles may enter the room without respiratory protection; however, a mask must be used with all other airborne diseases necessitating the use of the isolation room.
- Susceptible care-givers should not enter the room if other immune caregivers are available (e.g. chicken-pox, measles).
- If susceptible persons must enter the room, they should wear mask
- Respiratory precautions including eye protection should be considered when performing all procedures that generate aerosols (e.g. sputum induction or aerosol medication therapy)
- Limit the use of aerosol-generating procedures on people with infectious respiratory disease to those that are deemed medically necessary
- Eye protection should consist of goggles that fit snugly around the eyes
- A face shield may be worn over goggles to protect exposed areas of the face, but should not be used as a primary form of eye protection for these procedures
- For non-typical pathogens, nurses should wear a N95 mask (respirator/individually fitted mask) when working closely with persons infected unless the room has special air handling.

Note: Respiratory Precautions may be modified if a novel infection appears. Guidelines regarding the use of N95 masks may change.



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SOCIAL DISTANCING

By Everyone

Purpose

To reduce the transmission of infectious disease by limiting close contact of people.

Examples of Social Distancing Measures

- Limit direct physical contact with other people (i.e. maintain a 3-6 foot distance; avoid contact with hands or contaminated articles, etc.)
- Stay home and avoid public places (i.e. limit contact with others during community events/gatherings such as sports events, church attendance, grocery shopping, etc.)
- School closure
- Etc.

Achieving Social Distancing at School

Limitation of physical contact

- Limit direct contact (i.e. hand contact, soiled articles, etc.)
- Students/staff with symptoms of communicable disease are to stay home/go home if they are sick.
- Parents/guardians of sick students are expected to come pick-up their child as soon as possible when called.

Isolation or separation of sick individuals away from others prior to leaving campus

- Used when the disease is considered highly infectious or has other significant potential risk to the well-being of other students/staff
- Separates and restricts the movement of people who have an infectious illness from those who are healthy
- Identification of the characteristics of the infectious illness allows the school nurse to determine the appropriate course of action in regards to separation and isolation. The school nurse may determine that the student is able to remain in the classroom until the parent arrives if the pathogen is common (i.e. common cold).

Quarantine of people who have been exposed to an infectious disease but are not ill

- Usually decided by health department officials or medical providers
- Physically separates and restricts movement of individuals to protect the larger community – for example, may be requested of family members exposed to a sick individual at home/community

During Severe Outbreaks or Pandemics, such as COVID-19, Schools Are REQUIRED To:

- Provide social distancing floor/seating markings in waiting and reception areas
- Mark 6 feet of spacing to remind students and staff to always stay 6 feet apart in lines and at other times when they may congregate. **This must be ensured when the school moves into more restrictive measures as dictated by the local or state health department, such as 50% student capacity in the school vs 100% capacity.**
- Provide marks on the floors of restrooms and locker rooms to indicate proper social distancing
- Limit nonessential visitors and activities involving external groups or organizations.



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- Have staff monitor arrival and dismissal to discourage congregating and ensure students go straight from a vehicle to their classrooms and vice-versa
- Discontinue the use of any self-service food or beverage distribution in the cafeteria (e.g. meals and/or snacks served at school should be individually packaged and served directly to students; milk or juice may be available separately and should also be served directly to students. As always, ensure the safety of children with food allergies.
- Choose physical education activities that limit the use of shared equipment, and any close contact between students during those activities must be limited and brief
- Discontinue activities that involve bringing together large groups of people or activities that do not allow for social distancing, including assemblies, performances, in-person field trips, etc.
- Provide frequent reminders for students and staff about social distancing and infection control measures (e.g. floor markers, arrange furniture or block off seats, etc.)

Recommended During Times of Outbreak or Pandemics:

- Minimize opportunities for sustained exposure (15 minutes or more) by ensuring sufficient social distancing with at least 6 feet between people whenever possible.
- Use physical barriers such as plexiglass for protection at reception desks and similar areas
- Keep students and teachers in small cohort groups that stay together as much as possible (whenever possible)
- Incorporate virtual events such as field trips, parents/family meetings, assemblies, and performances where possible.
- If social distancing is not possible in the cafeteria, have meals delivered to the classroom or have students bring food from the cafeteria back to their classroom to eat.
- Hold physical education classes outdoors when possible.
- Consider the unique needs of music programming (e.g. band, orchestra) where there may be an increased risk of transmission. Incorporate protocols such as disinfection of shared equipment, ensuring at least 6 feet between participants, and hand hygiene. Limit or avoid the playing of woodwind and brass instruments due to the increased risk of respiratory droplets, and inability to wear a cloth face covering while playing.
- Other group activities, such as singing (e.g. choir, glee club, cappella groups, musical theatre) with the potential to generate increased respiratory droplets should be avoided.
- See required listing above for more information, especially about discontinuing activities and frequent reminders.



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SECLUSION

By Caregiver With Infected Person

Purpose

Separation of infected persons from others in order to prevent or limit transmission of illness.

Mode of Transmission Needing Isolation

- Contact (Direct or Indirect)
- Respiratory (Droplet or Airborne)

Types of Seclusion Used on School Campus

1. Separate area
2. Isolation room

Separate Area

The infected individual is removed from the general population and placed in a location that limits the spread of disease.

- Identify separate area which may be in the health room, office, classroom, outdoors (weather permitting) or other space. Remember: an adult caregiver must be available for supervision. The caregiver does not need to be the school nurse.
- The separate area for contact precautions must allow for no contact of the infected individual or contaminated articles by others.
- The separate area for respiratory precautions must allow for a minimum space of 3 to 6 feet between the infected individual and others.

Isolation Room

The infected individual is removed from the general population and placed in a room that isolates and dilutes the microorganisms responsible for the illness. Use of an isolation room is indicated when health officials (i.e. health department, medical provider or school nurse) determine there is heightened concern for the welfare of the general population thus warranting extra precautions. Remember: The adult caregiver must remain in the room. The caregiver should not be the school nurse.

- Determine isolation room available in advance - Room: _____ and method of exiting the building/premises so that risk of transmission is minimal.
- When transporting from one area to the other, have the infected person wear a mask if the infectious agent is potentially airborne.

The isolation room must meet the following requirements:

- Private room closed off to all others that are not sick with the same microorganism.
- Location may not be the health room.
- Room must be equipped with protective measures for the caregiver and subsequent occupants, including:
 - Personal protective equipment (PPE: gloves, masks, protective eyewear, gowns, biohazard containers).
 - Air handling capability if the microorganism is spread via the respiratory route (open window, fan or special air handling unit if available).
 - Specialized environmental cleaning once the infected person has left the premises.
- Route for exiting the building/premises from the isolation room should be as direct as possible, limiting the potential for transmission of the pathogen to others.



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VACCINATIONS

According to NC Law and As Indicated

Purpose

To protect a large number of persons from acquiring infectious disease.

Immunity May Be Obtained By

- Active disease
- Vaccination

Vaccinations

All students are expected to be in compliance with the required immunization schedule. Refer to the OCS Immunization Policy, number 4110.

School nurses assist OCHD staff in administering mass vaccinations or other pre-/post-exposure prophylaxis treatment to students, staff and possibly other community members, as requested by the health department when such intervention is deemed necessary to help prevent spread/morbidity of communicable disease.

Students who are immune-compromised or have inadequate immunization history may be excluded from school if their safety is deemed at risk. See Appendix F – Communicable Diseases: Management/Exclusion



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ENVIRONMENTAL MEASURES

Daily and As Indicated By Custodial Staff and Others

Purpose

Interventions taken to clean equipment, surfaces, buildings, and other environmental components, rendering pathogens harmless, thus protecting a large number of persons from acquiring infectious disease.

Daily/Routine Cleaning

- Use environmental cleaning agents known to kill infectious disease (detergent-based cleaners or Environmental Protection Agency (EPA) registered disinfectants)
- Use materials/supplies/equipment that meet OSHA requirements and are authorized by the OCS Environmental Health & Safety Director
- Perform cleaning routine as trained/recommended by the OCS Environmental Health & Safety Director. Includes: scrubbing, washing, using antiseptics/suitable detergents, and vacuum cleaning.

Note: All staff must take responsibility in keeping their environment clean. Proper disposal of trash, wastes containing body fluids, etc. can help custodial staff greatly in keeping the school environment clean and safe.

Additional precautions should be taken in schools serving developmentally delayed students and in those facilities where there is a known or suspected carrier of communicable disease considered transmissible by contact (e.g. impetigo, streptococcus, or Hepatitis A in diapered or incontinent individuals).

Disinfection

- Any physical or chemical process serving to destroy or remove pathological microorganisms
- Use environmental cleaning agents known to kill infectious disease (detergent-based cleaners or Environmental Protection Agency (EPA) registered disinfectants)
- Use materials/supplies/equipment and disinfection routines that meet OSHA requirements and are authorized by the OCS Environmental Health & Safety Director
- May occur:
 - (1) Daily
 - (2) At specific intervals
 - (3) When certain communicable disease episodes occur, needing concurrent or prompt disinfection (e.g. after students/staff leave campus). This special disinfection may be requested by the school nurse, OCHD communicable disease designee, or Environmental Health & Safety Director.
 - (4) When conducting specialized cleaning, custodial staff will receive the recommended cleaning protocol from the Environmental Health & Safety Director or the Chief Operating Officer.

Note: Nurses, coaches, special education staff, etc. also have additional responsibilities in keeping their environment and equipment clean and disinfected. These specialized school staff must follow professional and manufacturer guidelines when cleaning and disinfecting equipment used by students and others.

ENVIRONMENTAL MEASURES - Continued

Additional Environmental Controls

In addition to routine cleaning, appropriate staff should:

- Maintain storage areas for clean clothing, supplies, equipment and utensils that are separate from storage areas for soiled linens/items
- Maintain areas for storage and handling of food, first aid supplies, and medications that are not in close proximity to areas for soiled items
- After each use, clean surfaces used for diapering and food handling, and items that have been mouthed by students, such as mats, wedges, and special chairs. Use EPA approved disinfectants.
- Clean surfaces in regular classrooms periodically.
- Place soiled disposable items such as gloves, paper towels, diapers, cover-up sheets, under-pads, etc. in receptacles lined with plastic bags. The bags are to be sealed and discarded daily. Avoid using cloth laundry bags.
- Linen (if used in the school setting) and clothing/items that are soiled with blood, body fluids, secretions, or excretions, should be handled, transported and processed in a manner that prevents skin and mucous membrane exposure and contamination of clean clothing. Follow the OCS Bloodborne Pathogen Control Plan.
- Establish an appropriate cleaning schedule for the custodial staff.
- Adhere to Bloodborne Pathogens Control Plan when cleaning up blood and body fluid spills.