

Internet Explorer Alert

It appears you are using Internet Explorer as your web browser. Please note, Internet Explorer is no longer up-to-date and can cause problems in how this website functions

This site functions best using the latest versions of any of the following browsers: **Edge, Firefox, Chrome, Opera, or Safari.**

You can find the latest versions of these browsers at <https://browsehappy.com>

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Guidance on the Use of Personal Protective Equipment (PPE) for Pediatric Care in Ambulatory Care Settings During the SARS-CoV-2 Pandemic

The American Academy of Pediatrics (AAP) strongly endorses the uninterrupted care of children during the severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2) pandemic in a manner that is safe for pediatricians, office staff, children, and families. Consistent and effective infection prevention and control (IPC) practices need to be employed (including the appropriate use of personal protective equipment [PPE]) to mitigate the risk of infection for all who work or receive care in ambulatory settings. Although the evidence base is evolving, this resource offers guidance for pediatric care in ambulatory settings (eg, offices, urgent care centers, school-based or school-linked clinics, and homes) in urban and rural settings.

SARS-CoV-2 spreads during close contact from person-to-person mainly through respiratory droplets produced by coughing, sneezing, or talking. Aerosols (smaller liquid droplets produced as a fine spray) can also be a source of transmission and may be produced by certain procedures or patients. Droplets can transmit infection when they land on mucous membranes, when inhaled, or less commonly through fomites or contaminated surfaces. Droplets can land and persist on surfaces, with potential secondary spread when touched. Because SARS-CoV-2 spreads easily and can be transmitted by those who may not have symptoms, standard precautions are warranted during the pandemic to protect health care personnel, patients, and families. (See the AAP policy, [Infection Prevention and Control in Pediatric Ambulatory Settings](#)).

- Although each practice's standardized approach must take into account individual practice protocols, staffing, and local and regional epidemiology, the guiding principles for ALL practices should include appropriate PPE, hand hygiene, disinfection of equipment and physical facilities, and efforts to promote optimal physical distancing given the types of clinical interactions and procedures.
- Because the availability of PPE and the types of specific procedures performed may vary across settings, health care professionals will need to use their judgment and may need to use creative solutions when determining the IPC and PPE use protocols that will work best to mitigate risk in a particular practice setting.
- Each patient care facility, regardless of size, should have written IPC protocols that are specific to the setting, patient population served, types of procedures, and availability of PPE. These protocols must, at a minimum, be consistent with federal, state, and/or local public health guidelines and, when applicable, health care system IPC policy.
- Staff at [increased risk for severe illness manifestations related to coronavirus disease 2019 \(COVID-19\)](#) (or those who have family members in their household who are at risk) should be offered the most protective level of PPE available and may require further mitigation.

- [Hand hygiene](#) for staff, patients, and families is a foundational component of IPC and sound medical practice.
- Staff should be trained on the expected use of PPE including face coverings, standard procedure masks, N95 masks, protective eye wear (goggles, face shields), gloves, and gowns for various care scenarios, taking local public health mandates into account. Fit testing of N95 masks is critical to ensure their provision of a higher level of protection. PPE [donning and doffing procedures](#) should be reviewed and practiced.

PPE and Risk Mitigation Strategies

- **PPE Supply:** The lack of reliable access to medical-grade PPE is a concern and may limit clinical services that can be safely provided. Guidance regarding the extended use, reuse, sanitizing, and disposal of PPE should be covered by the facility’s plan. Certain cloth face masks may provide protection similar to that of surgical masks. The public can use cloth face coverings and social distancing to improve infection protection. If PPE is in short supply, [surgical masks and N95 respirators should be reserved for health care personnel](#).
- **PPE Reuse:** Certain PPE may be reused if [cleaned/sanitized](#) between patients, such as face shields, goggles, and glasses. Masks, eye protection, and gowns may be used all day if not soiled or contaminated. These items might be able to be sanitized at the end of the day and reused. Gloves should be changed with each patient. Decontamination/sterilization of non-cellulose-based N95 respirator masks should be considered during times of limited supply or for future stockpiling purposes.
- **Risk Mitigation:** In addition to PPE, other IPC measures, including equipment and facility disinfection and engineering controls such as physical barriers (sneeze/cough guards), defined routes for patient flow, increased ventilation and rate of air circulation, and use of high-efficiency air filters, are also important in developing ambulatory practice IPC protocols. (See information from the [Occupational Safety and Health Administration](#)).

Aerosol-generating procedures (AGPs)

- Aerosolizing-generating procedures (AGPs) are those that produce smaller respiratory droplets at higher concentrations, thereby increasing the risk for transmission to people in proximity to the patient. Higher levels of PPE are necessary for the protection of those treating patients more likely to aerosolize respiratory secretions and/or when performing an AGP.
- **High-risk AGPs and Patients:** High-risk AGPs include procedures that instrument the larynx or trachea (bronchoscopy, laryngoscopy, endotracheal intubation, insertion of a laryngeal mask airway) and those that assist ventilation (noninvasive ventilation including bag-mask, bilevel positive airway pressure [BIPAP] and continuous positive airway pressure [CPAP], cardiopulmonary resuscitation [CPR]). Use of a nebulizer for medication administration and spirometry may also be AGPs. Patients with a tracheostomy are believed to be high risk for aerosolization of secretions. Sputum induction/cough assist procedures are also considered high-risk AGPs.
- **Other Considerations:** When performing procedures that could produce spit, tears, or a gag or cough (such as immunizations, injections, oral examinations, or fluoride varnish application), health care personnel may consider increasing their level of PPE. Presently, there are no data defining the transmission risk associated with these procedures.

PPE USE TO MITIGATE RISK TO HEALTH CARE PERSONNEL						
Routine Well-Child Care, Noninfectious Acute Care		COVID-19-Compatible Illness but Negative PCR Test or Unknown Status		COVID-19 Confirmed or AGP Procedure		
Eye	Face Mask*	Eye	Face Mask*	Eye	Fitted N-95	Gown and

Protection	Protection	Protection	Mask*	Gloves
	Contact with Bodily Fluids: Add Gown and Gloves			

*Use of face shields, if feasible, could be considered to maintain cleanliness of re-used face masks or fitted N95 masks. A surgical face mask can be worn over an N95 mask to reduce contamination and to promote reuse.

PPE Use to Mitigate Risk to Patients and Their Family Member

- Hand sanitizer should be available and used by all patients/families entering the office.
- All patients ≥ 2 years of age and family members who enter the facility should wear a clean mask or face covering, +/- face shield, and practice physical distancing when possible. For more information for parents, see [Cloth Face Coverings for Children During COVID-19](#) on HealthyChildren.org or [this article](#) from the CDC.

Additional Information

- [COVID-19 Testing Guidance](#)
- [Cloth Face Coverings](#)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) (CDC)
- [COVID-19 - Control and Prevention /Healthcare Workers and Employers](#) (OSHA)

Information for Families from HealthyChildren.org

- [Cloth Face Coverings for Children During COVID-19](#)
- [Mask Mythbusters: 5 Common Misconceptions about Kids & Cloth Face Coverings](#)

Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

Last Updated 08/12/2020

Source American Academy of Pediatrics
© Copyright 2020 American Academy of Pediatrics. All rights reserved.