

This tool is largely adapted from the American Academy of Pediatrics COVID-19 Planning Considerations: Guidance for School Re-entry and National Association of School Nurses Considerations for Students with Disabilities and Special Health Care Needs. It does not replace local health guidance or state agency requirements during the COVID-19 pandemic and should complement sound clinical judgment.

What if my pediatric patient uses a nebulizer?

Because nebulizer treatments are aerosol-generating procedures (AGPs), physicians should work to reduce or eliminate the use of nebulizers. Try to convert all eligible children to metered dose inhalers (MDIs) or dry powder inhalers.

- Ensure patients have an inhaler, spacer, and asthma action plan at school and home.
- The [Centers for Disease Control and Prevention](#) recommends nebulizer treatments at school be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask) for a respiratory emergency.
- Use of peak flow meters includes forceful exhalation, and there is not consensus about the risk of their use as an AGP; for some people, using a peak flow meter can trigger cough. It is advisable to avoid use of peak flow meters in school settings if possible.
- To avoid AGPs during pediatric office visits, encourage patients/caregivers to bring MDIs and spacers to appointments, or consider accommodations for patients who do not have the ability to bring their own.
- Educate caregivers and patients that MDIs are as or more effective than nebulizers,¹ and patient age is not a contraindication to the use of an inhaler or spacer.

What if my pediatric patient has a tracheostomy?

Tracheostomy and tracheal suctioning are considered AGPs in most cases. It is not recommended that these procedures be performed at school. Try to convert patients to inline or closed-loop suction if available. Oral or nasal suctioning is not considered an AGP if completed with a bulb syringe or mushroom adapter.

1 [Smith C, Goldman RD. Nebulizers versus pressurized metered-dose inhalers in preschool children with wheezing. *Can Fam Physician*. 2012;58\(5\):528-530.](#)

What policies should be in place for a school to perform an AGP?

It is not recommended that any AGPs be performed in school settings. However, if the school performs a nebulizer treatment or provides tracheal care, the following protocols should be followed to reduce risk of disease exposure and transmission:

- The nurse or school staff member must use personal protective equipment (PPE), i.e., fit-tested N95 mask, eye protection, gloves, and a waterproof gown.
- The space should be separate with good ventilation and ability to close the door. If appropriate, the treatment can be done outside. Schools should highly consider the use of HEPA portable filters if the procedure is done indoors.
- Limit the people in the room to the student and staff performing the procedure.
- When the procedure is completed, the room should be closed for at least 60 minutes to allow aerosolized particles to settle.
- The room should undergo complete cleaning and wiping down of hard surfaces after the procedures are done. When cleaning, staff members should wear PPE.

What if the patient's school cannot follow these recommendations?

If the school is unable to comply with these infection control practices, the physician should discuss with the family the risks and benefits of in-person education.

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