

GUIDANCE FOR SCHOOLS FOR CHILDREN WHO REQUIRE AEROSOL GENERATING PROCEDURES

Name of document:	Guidance for schools for children who require aerosol generating procedures
Version:	1.0
Date of this version:	28 th October 2020
Produced by:	<p>Produced by Mid and South Essex, and North East Essex Clinical Commissioning Groups and Public Health. This document has been reviewed and adapted to consider our local systems by:</p> <p>Mark Gower, Designated Clinical Officer (SEND), NHS Norfolk and Waveney Clinical Commissioning Group</p> <p>Bronwen Roper, Integrated Clinical Lead for Independent Provider Safety, NHS Norfolk and Waveney Clinical Commissioning Group</p> <p>Judy Ames, Infection Prevention and Control Nurse, NHS Norfolk and Waveney Clinical Commissioning Group</p> <p>Derryth Wright, Head of Health, Safety and Wellbeing Norfolk County Council</p> <p>Steph Askew, Head of VS SEND, Norfolk County Council</p> <p>Tabitha Filer, Senior Clinical Lead for Complex Provision Children and Young People, NHS Norfolk and Waveney Clinical Commissioning Group</p> <p>Andy O’Connell RN (Child), Senior Children and Young People’s Complex Case Nurse, NHS Norfolk and Waveney Clinical Commissioning Group</p> <p>Angie Oughton, Senior Children and Young People’s Complex Case Nurse, NHS Norfolk and Waveney Clinical Commissioning Group</p>
What is it for?	The following guidance has been developed by NHS Norfolk and Waveney Clinical Commissioning Group using the most up to date Department of Education guidance and Public Health Information and supports the safe return to schools (during and following Coronavirus) for children and young people with aerosol generating procedures.
Who is it aimed at?	For schools with children who require aerosol generating procedures

Reviewed by:	
Approved by:	
Date approved:	
Signed:	

Appendix:	Flowchart for risk assessment of aerosol generating procedures and the need for FFP3 masks
------------------	--

Guidance for schools for children who require aerosol generating procedures

Revision Highlights

- Oral Suctioning has been reclassified by Public Health England and is **not** an aerosol generating procedure. NHS Norfolk and Waveney Clinical Commissioning Group (NWCCG) have endorsed this change.
- Oral suctioning has been defined as suctioning that does not go beyond the oral cavity.
- The oral cavity includes the lips, the lining inside the cheeks and lips, the front two thirds of the tongue, the upper and lower gums, the floor of the mouth under the tongue, the bony roof of the mouth, and the small area behind the wisdom teeth.
- Personal Protective Equipment (PPE) required for undertaking oral suctioning - fluid repellent mask (type IIR), nitrile gloves and an apron
- Supporting children who regularly spit or require physical contact should continue to receive care in the same way, including any existing routine use of PPE.

The following guidance has been developed by NWCCG using the most up to date Department of Education (DoE) guidance and Public Health Information and supports the safe return to schools for children and young people with aerosol generating procedures (AGPs).

The guidance is for use in schools within Norfolk and Suffolk. It outlines what specific steps should be taken to care for children with complex medical needs, such as:

- Respiratory tract suctioning NOT including oral suctioning
- Tracheostomy care including suctioning
- Non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- Induction of sputum using nebulised saline (excluding medication)
- High flow nasal oxygen (HFNO)
- Manual ventilation

Oral Suctioning

Oral Suctioning is not classified as an AGP. Oral suctioning is defined as suctioning that does not go beyond the oral cavity. The oral cavity includes the lips, the lining inside the cheeks and lips, the front two thirds of the tongue, the upper and lower gums, the floor of the mouth under the tongue, the bony roof of the mouth, and the small area behind the wisdom teeth.

Each child's risk assessment within school will need to be reviewed to confirm the nature of the suctioning required. Please contact the child's health care professional identified in the health care plan

Please note: Staff will still be required to wear fluid repellent masks (type IIR), nitrile gloves and an apron when undertaking oral suctioning.

Safe working in education including PPE (updated 21st July 2020)

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

And

<https://www.schools.norfolk.gov.uk/coronavirus/health-safety-and-wellbeing>

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#fn:1>

Aerosol Generating Procedures (AGP's)

These medical procedures increase the risk of transmission through aerosols (tiny droplets) being transferred from the child to the care giver. These are known as AGPs. Staff performing AGPs in these settings should follow Public Health Guidance and wear the correct PPE, which is:

- A FFP3 respirator (mask)
- Nitrile gloves
- A long-sleeved fluid repellent gown
- Eye protection (goggles/visor)

A long-sleeved disposable fluid repellent gown (covering the arms and body) or disposable fluid repellent coveralls, a filtering face piece class 3 (FFP3) respirator, a full-face shield or visor and gloves are recommended during AGPs on possible and confirmed cases, regardless of the clinical setting. Subject to local risk assessment, the same precautions apply for all pupils regardless of case status in contexts of sustained coronavirus (COVID-19) transmission. Where an AGP is a single procedure, PPE is subject to single use with disposal after each contact or procedure as appropriate. The respirator (FFP3 mask) required for AGPs must be fitted by someone trained to do so. This is known as 'fit testing'. Staff in education and children's social care settings who need support with fit testing should contact the appropriate health lead for the child or young person. This could be through either the Designated Clinical Officer (DCO) for Special Educational Needs and/or Disabilities (SEND) for support from the local Clinical Commissioning Group (CCG), or the lead nursing team at the health provider. Children and young people (CYP) should be taken from the classroom or shared area for any AGP to be carried out in a designated room with the doors closed and any windows opened. If this is not possible, for example in children and young people who require sporadic care, such as urgent tracheostomy tube changes or urgent suctioning, individual risk assessments should be carried out. In all instances, efforts should be made to:

- Ensure that only staff who are needed to undertake the procedure are present and that no other children or young people are in the room

- Minimise clutter to make the process of cleaning the room as straightforward as possible
- Clean all surfaces and ventilate the room following a procedure and before anyone not wearing appropriate PPE enters. Clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room. For a room without ventilation, this will take an hour.

Public Health England (PHE) –

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-infection-prevention-and-control-guidance-aerosol-generating-procedures>

For children requiring AGP procedures during the school day the following procedure applies:

1. CYP should have suctioning undertaken in a room separate from other staff and pupils with a closed door. This room must have some ventilation e.g. windows
2. The person undertaking the intervention should wear the correct PPE as follows and in accordance with PHE;
 - FFP3 respirator
 - Nitrile Gloves
 - Long-sleeved fluid repellent gown – if reusable follow laundry advice
 - Eye protection/Visor
 - Clothes that can be washed at 60 degrees and only worn for the time working with the child.
3. The room should remain vacant for a minimum of one hour after an AGP has taken place. The hour begins after the AGP takes place.
4. Staff undertaking the procedure must decontaminate hands and change disposable gloves and gown between each suction procedure.
5. After the child leaves the room it must be deep cleaned if an AGP has taken place.
6. The staff member should be supported to take off disposable PPE on leaving the room (please see link below on donning and doffing), which should be disposed of in an orange bag if suction has taken place during the time with the child. Clinical waste bags should be stored separately for 72 hours prior to disposal.
7. Staff should ensure a notice is clearly visible on the outside of the room where AGPs have taken place, indicating time of AGP and safe time of entry for others wishing to enter the room without enhanced PPE.

8. Staff undertaking AGPs should where possible have access to a shower and be able to wash their hair, before changing into clean clothes at the end of their session with the CYP if deep respiratory or tracheal suctioning has taken place. This is seen as best practice but recognised as not practical in many settings.
9. Staff undertaking AGPs should change into their own clothing before leaving the premises and place their working clothes/uniform into either a plastic bag or clean pillowcase, ready to launder at home.
10. Laundry - Clothes must be washed in biological washing powder at 60 degrees or above and tumbled dried.

How to put on (donning) and take off (doffing) PPE

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

CYP should only be offered school provision if the above requirements can be met.

PPE – In accordance with the Government guidance on 21st July 2020, it is the school's responsibility to purchase and supply their own PPE. Norfolk schools can continue to order using this [link](#).

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

If schools or parents have any questions regarding PPE for home to school transport they should be directed to the relevant local authority transport team.

Supporting children who regularly spit or require physical contact

If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as biting, licking, kissing or spitting) or require care that cannot be provided without close hands-on contact, they should continue to receive care in the same way, including any existing routine use of PPE. The issues will be specific to each child or young person and individual risk assessments should be reviewed this should consider the need for additional space and frequent cleaning of surfaces, objects and toys.

In these circumstances, to reduce the risk of COVID-19 transmission, no additional PPE is necessary because these are non-symptomatic children in a non-healthcare setting and so the risk of viral transmission is very low. However, additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on surfaces which are touched a lot.

Flowchart for Risk Assessment of AGPs and the Need for FFP3 Masks

GREEN BOXES = NO FFP3

According to the above list, do any of the children in your care require AGPs?

YES



Do these procedures take place when your staff are present?

YES



Do your staff perform or assist in the AGP?
OR
Is it impossible to avoid delivering care when the AGP is in progress?

YES



FIT TESTING IS REQUIRED

What is the minimum number of staff required to carry out the AGP?

This should be the same, regular staff and not bank or agency staff

As small a number of staff as possible should be allocated to this work, whilst recognising the need for cover for annual leave and staff sickness

Consider whether 24/7 cover is required or only daily or sessional visits

NO



Monitor for any future changes to this situation

NO



Wait an hour after the procedure before staff with standard PPE rather than enhanced PPE enter any room where AGPs have been carried out

NO



Ensure staff stay in a different room and the door to the room where the AGP is carried out is kept closed during the AGP and then for an hour before entering

ACTIONS

Source appropriate PPE for undertaking an AGP

Select the staff to be fit tested – exclude any staff who cannot wear FFP3 masks

Contact nwccg.fittesting@nhs.net or Bronnie Roper, Integrated Clinical lead for Independent provider safety on 07557 849690 to book a fit test

Once fit testing is completed - compile a register of the staff who have been fit tested using fit test certificates. A new fit test will be required if the make / model of the FFP3 mask changes. If staff

