

Guidance on COVID-19 Respiratory Care in School for Children with Tracheostomy who require suctioning while in school

V1.2 28.01.2022

Version	Date	Changes from previous version	Drafted by
1.2	28.01.2022	Updated to reflect recommendations for use of respirator masks for healthcare activity Specifics on requirement to stay away from school replaced by requirement to adhere to public health guidance	AMRIC
1.1	30.08.21	Updated in particular to reflect changes in the vaccination programme	AMRIC
1.0	02.09.20	Initial Document	AMRIC

Note: If you have any queries on this guidance please contact the AMRIC team at hcai.amrteam@hse.ie

Background

Throughout Ireland there are currently between 30 and 40 children aged from 3yrs to 16 years who are living with tracheostomies who are likely to attend childcare, primary school and secondary schools. Guidance has been requested as to how to support suctioning for these children in educational settings in the context of COVID-19. This guidance is intended to support these children in accessing childcare and education and to support staff working to support and care for these children.

Guidance

Suctioning of the respiratory tract is an Aerosol Generating Procedure (AGP) associated with an increased risk of infections. If the person on whom the procedure is performed is infectious at the time, it is likely that the risk of spread of the virus that causes COVID-19 is higher when such procedures are performed.

As infection spreads from people who are currently infected and shedding virus, the highest priority must be given to doing all that is practical to ensure that people with infection do not enter the school. Vaccination and booster vaccination, where relevant, of staff, parents and of children aged 5 years and older play a major part in reducing the risk of introduction and of spread of the virus. Those with symptomatic infection can generally identify themselves or be identified as infectious and should stay away. Parents and guardians should be aware that in addition to common symptoms of COVID-19 which are available on <https://www2.hse.ie/conditions/covid19/symptoms/overview/> increased secretions and increased need for suctioning may be important signs of infection in children with tracheostomy. The threshold for testing these children for COVID-19 based on new symptoms or change in baseline condition should be low, as they may not have typical symptoms.

Excluding people with symptomatic infection as completely as is practical protects vulnerable children from risk of infection. Likewise, if children who may require suctioning do not attend school if they have any symptoms of infection this greatly reduces the risk to other children and adults arising from suctioning that may be required in the school. Even with the above precautions, there is a residual risk from people with infection who do not have symptoms at the time.

In addition to the above, all children and adults who are required to self-isolate or restrict movement based on current public health advice should stay away from school. The current public health guidance on management of contacts is available on the HPSC website.

Families and older children with tracheostomies are likely to be aware of the need for them to exercise an appropriate level of caution outside school to minimise the risk of exposure to COVID-19 in social settings. This should also limit the risk that they acquire infection and could introduce infection into the school.

Given the small number of children involved it is appropriate that the individual care plan for each child is reviewed in the context of their school to ensure the lowest achievable risk to them and to others, consistent with meeting their needs for childcare and access to education. In developing the care plan consideration should be given to other children with particular vulnerability in the

class/school. The care plan should seek to minimise any requirement for unscheduled/urgent suctioning.

Where practical to do so there should be a designated room or demarcated area where the child can be brought to for suctioning, and where all the required material including PPE are available.

If a designated room is not available, the designated area should be 2m away from other children and screened from the rest of the classroom with a light floor to ceiling partition.

The area where suctioning is performed should where possible have good natural ventilation (if practical to do so a window may be opened).

The person performing suctioning should be fully vaccinated and have received booster vaccination against COVID-19. They should also be trained in and adhere to Standard Precautions, in particular hand hygiene, and should wear a well-fitting respirator mask. Personal Protective Equipment required (generally apron, mask, eye protection and gloves) are outlined in detail in HPSC guidance on PPE. Training videos on donning and doffing of PPE are available on the HPSC website.

Note on respirator masks

1. Respirator masks must fit flush against the face to function properly as respiratory protection against inhalation of aerosols.
2. The Health and Safety Authority indicate that where a risk assessment indicates that HCW need to use a close-fitting respirator mask for their protection that every effort should be made to comply with the requirement for fit testing of the worker, as far as is reasonably practicable. When fit testing of all staff is not immediately possible, then fit testing should be prioritised for those at greatest risk.
3. Fit checking of the respirator mask must be performed each time a mask is to ensure that the mask has been properly applied.
4. A respirator mask may be used for a period of activity while caring for more than one child provided it remains clean, dry and correctly positioned. When the mask is removed (for example to take a break) it should be discarded and a fresh mask used when subsequently performing suctioning or the same or a different child. See video for guidance: <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/videoresources/>

A respirator mask should be worn by the person performing suctioning.

When suctioning is performed in a designated room or designated area, no one other than the child and the person (or persons) necessary to perform the suctioning safely should be present in the room/area.

The administration of nebulisers is required to be done in the designated room or designated area as children post nebulising will need to be suctioned.

If there is a requirement for a second adult to be present in the room or designated space, they should stand as far away as is practical and should wear appropriate PPE (generally a respirator mask) and perform hand hygiene.

Respirator masks should be safely disposed of after the suctioning and a surgical mask worn for other activities in the educational setting.

Suctioning equipment should be appropriately cleaned, maintained and stored in accordance with the manufacturer's instructions when not in use and disposable items should be disposed of promptly and safely after use.

Scheduled suctioning for the child should be planned to minimise the need for urgent or unscheduled suctioning.

If urgent suctioning is required and must be performed in the general area of the class room the risk to adults and children is likely to be very low when all the other precautions described above are applied. If urgent suctioning is performed in the general area of the class room it may be useful to open doors and windows for a brief period at the time of or after the procedure and all contact surfaces should be cleaned appropriately.

ENDS