Advice on SNAs carrying out complex care for students

This is a difficult area and acknowledged as such by all stakeholders in the sector. Fórsa is currently negotiating the structure of the new Schools Inclusion Model which includes provision for a Schools Nursing Service. If this element of the new model can be implemented it would provide a nursing resource to schools where students have complex medical needs. This would clarify the range of responsibilities expected from SNAs and also teachers. If the new model is agreed it may be rolled out between 2021 and 2023.

Until we have clarity on the future direction of SNA supports in schools, Fórsa will continue to adopt an approach of supporting members who refuse to undertake catheterisation and other complex procedures, whilst offering clear guidance to members who are already carrying out this type of work.

Where this work is carried out we must ensure that the following is in place:

- Training is provided by a Registered Healthcare Professional.
- There is a written record of the training.
- The training should be certified and should reflect that the training provider is satisfied for the SNA to carry out the procedure.
- The training is appropriate to the assessed needs of the student.
- There is a risk assessment retained by the school that sets out the procedure to be followed and the risks (including emergency procedures).
- The school confirms, in writing, that the SNA carrying out the procedure is authorised to do so by the employer (ie, the Board of Management or the ETB).
- The school confirms that the SNA is covered/insured under a liability insurance policy and is therefore indemnified.

Fórsa advice on caring for a student with a tracheostomy tube

In respect of a student with a tracheostomy tube, an SNA or a teacher would be expected to assist with the management of a situation where a tube becomes blocked, dislodged or obstructed. This is akin to maintaining an student's airway during a grand mal epileptic seizure. We do not believe that SNAs should be required to provide ongoing nursing care to a student with a tracheostomy, they are neither trained nor equipped to do so and it is a point of disagreement as to if the contract of employment would oblige them to carryout tasks such as suctioning a tracheostomy or dealing with a potential respiratory arrest.

However if a tracheostomy tube needs urgent replacement, with adequate training and other safeguards, an SNA could be expected to replace a tracheostomy tube in the same way as they would, with training be expected to assist a student experiencing seizure. Such responsibilities are set out in the aforementioned Circular.

The training required must be delivered by a Registered Health Care Professional. The training must conform to HSE clinical guidelines and a sufficient number of SNAs and Teachers should be trained to ensure that there is always an SNA or a teacher in the school who has been trained in how to replace a tracheostomy tube. A written

record of the training provided should be retained and the training should be refreshed at an interval recommended by a Health Care Professional. This training may also need to encompass CPR. A care plan should be drafted providing instruction on how to replace a tracheostomy tube, setting out the risks and other necessary steps that may need to be taken. A full risk assessment for the student should be carried out and shared with relevant staff.

If SNAs and teachers are not able or willing to assist in an emergency situation to replace a dislodged tracheostomy tube, it is highly likely that the student would have to be withdrawn from the school resulting in a potential reduction in SNA allocations.

The school is responsible for indemnifying SNAs who assist with this procedure. Each school is required to hold valid liability insurance to offset the risk that a student or staff member is injured on the premises. The school must provide written confirmation that an SNA who assists with changing a tracheostomy tube is acting on the instructions of the Principal and that the SNA is therefore fully indemnified against risk. If this confirmation is not, or cannot be provided, the SNA must assume that they are undertaking the procedure at their own risk. In such circumstances our strong advice would be for the SNA to refuse to assist until such time as their employer confirms that they are acting within the scope of the liability insurance policy. This matter should not be left to chance and should be clarified before the student enrols in the school.

Fórsa advice on caring for a student requiring catheterisation

The aforementioned Circular obliges SNAs to **assist** with catheterisation. Fórsa takes the view that this does not oblige SNAs to insert catheters. An SNA is obliged to empty catheter bags as a part of general toileting, to ensure the bag is kept safe (off the floor) and to ensure that the risk of infection is minimalised. We take the view that inserting catheters is not necessarily an SNA duty as it is a procedure that in many other settings is carried out by care staff or nursing staff.

The Department of Education and Skills takes a different view. They believe that an SNA if trained by a Health Care Professional is obliged to undertake catheterisation as well as assist with the care of a catheter. I am aware that many of our members undertake catheterisation in schools whilst others refuse to do so.

Our advice has to be that we do not believe that inserting a catheter is a part of the normal duties of an SNA.

Where this is taking place, the SNA must receive training from a Health Care Professional as the procedure is invasive and does carry a degree of clinical risk. The school must keep a record of the training provided which should be refreshed on clinical advice. A full risk assessment for the student should be carried out focussing on the known risks associated with inserting Foley catheters and also the risk of infection.

The school must provide written confirmation that an SNA who assists with changing a catheter is acting on the instructions of the Principal and that the SNA is therefore fully indemnified against risk. If this confirmation is not, or cannot be provided, the SNA must assume that they are undertaking the procedure at their own risk. In such circumstances our strong advice would be for the SNA to refuse to assist until such time as their employer confirms that they are acting within the scope of the liability insurance policy. This matter should not be left to chance and should be clarified before the student enrolls in the school.

We will continue a dialogue with the Department of Education and Skills on this matter. This advice is intended to assist your members who are willing to undertake these duties in the interests of their students, the national position is evolving and may well be clarified through the development of the new School Inclusion Model which will establish a new national nursing service for schools which would greatly assist."

Fórsa advice on peg feeding

In relation to the general peg feeding system:

The SNA is not responsible for maintenance of the system.

If a feed is taking place in a class, the SNA would have a role in ensuring the student is well and would be obliged to act in the case of an emergency (i.e. if the feeding tube became dislodged). This responsibility also lies with the teaching staff, who retain overall responsibility for matters taking place in the classroom.

The school have an obligation to provide SNAs with appropriate, certified training (i.e. not from a parent but from a professional).

The school must provide the SNA with evidence (in writing) to show that the SNA is covered by the school insurance policy to act in an emergency.

The school should also have an emergency plan in place for each student requiring peg feeding.

As the class teacher is ultimately responsible for what happens in a classroom, no SNA should carry out peg feeding unsupervised and without a teacher present.