**Cambridgeshire and Peterborough**

**Children’s Community Specialist Nursing Service**

TRAINING PROSPECTUS FOR SPECIAL SCHOOLS in Cambridgeshire and Peterborough

Children’s Community Specialist Nursing (CCSN) Service offer a competency-based healthcare training programme to identified area special schools in order for the school’s employees to support children and young people to access their education. These services are reviewed and monitored by the Cambridgeshire and Peterborough Clinical Commissioning Group.

CCSN staff deliver a yearly competency-based training programme to external organisations for identified health care tasks followed by an assessment of competency to ensure staff are equipped with the skillset to safely support children and young people with complex health needs. ‘Delegation’ of a health care task is not available to external organisations as registered professionals can only delegate to CCSN employees (Clinical Task Delegation Policy).

CCSN staff will assess school staff as competent on the day they were assessed; this is not a guarantee of their future performance. CCSN is not responsible for how staff are deployed and it is the expectation that staff identified by schools for training will have the expected levels of reading, writing and a good understanding of the English language in order to competently undertake the task. We recommend staff should be practising this skill, with the appropriate children/young people, on a regular basis to remain confident in the procedure.

It is the schools responsibility to ensure their staff are released in time to attend any theoretical training and competency based assessments recommended by the team that is requested during school hours, and are able to attend any training days and after school training booked by the school.

CCSN professionals, in conjunction with partner agencies, will risk assess and plan the type of training and competency/assessment required according to the identified level of healthcare risk for the individual child or young person:

1. Generic Training

CCSN healthcare professionals will train an agreed number of school staff for children or young people identified as having a healthcare need that can be met with generic training (usually 3.0 Whole Time Equivalent (WTE) unless otherwise indicated and agreed, see table 1). Training for staff who have no previous/recent experience of healthcare task will be held face to face. Staff with recent experience of the healthcare task will be offered video training updates. Following the completion of this training, the school staff member will be competency assessed for these skills on a generic basis i.e. the school staff member can use the generic clinical skill to support any child identified by CCSN professional as having the same healthcare need.

Generic gastrostomy and oral suctioning training should only be offered following a risk assessment (see appendix 1) of the individual child/young person, a review of the care plan and a joint decision between registered practitioner and external organisation. A record of these decisions will be kept by the CCSN Service and signed off by all parties. This should take place annually before training and competency sign offs are completed but should also take place if a child or young person moves into the local area or who’s needs change.

2. Child/Young Person Specific Training

Children and young people who have more complex healthcare needs, where child specific training is required, the training (face to face only) and competency sign offs will only be delivered and completed for the identified members of staff (usually up to 3 WTE) see table 2.

**Training Records**

CCSN will maintain an electronic record of care workers who have received training and been awarded competencies. The healthcare professional providing child/young person specific training will document details of this in the appropriate NHS patient record, including names of the care workers who have undertaken training to meet the child/young person’s individual needs. Schools are responsible for recording details of training received both face to face and via video, including staff names and dates for their own record keeping purpose and to help identify and manage their training needs. Schools are also responsible for informing the Special Needs School Nursing Team when training videos have been accessed for training update purposes.

A certificate of attendance for any face to face theoretical training attended will be issued to each staff member.

A competency document will be awarded to the staff member following attainment of competence, as assessed by a registered nurse. This competency will be valid for 1 year from the completion of the training; theory training must be updated annually to validate competency.

Requests for attendance at planned school training days must be received **16 weeks** in advance.

Training can be booked for:

1. After school sessions

2. During school hours, when the nurse is in school on a visiting day

3. As part of any school training days, throughout the year.

For child specific training the School is responsible for requesting training and updates **8 weeks** (unless exceptional circumstances apply) prior to expiry of competence for staff members, to allow adequate time for this to be arranged and completed.

**Generic face to face theory and practical training:**

|  |  |  |  |
| --- | --- | --- | --- |
| Training | Duration | Usual max numbers | Competency assessment required |
| Gastrostomy theory  | 1 hour 30 minutes | 3 WTE staff per child | Yes |
| Gastrostomy feeding practical | 1 hour 30 minutes | 3 WTE staff per child | Yes |
| Suction training (if appropriate following assessment) | 1 hour | 3 staff per child | Yes |
| Medications Awareness Including:Epi-pen practicalBuccal Midazolam practicalInhaler practical | 1 hour 30 minutes | 80  | No |

**Table 1**

**Complex healthcare needs child specific** **face to face theory and practical training:**

|  |  |  |  |
| --- | --- | --- | --- |
| Training | Duration | Usual max numbers | Competency assessment required |
| Jejunostomy theory | 1 hour 30 minutes | 3 WTE staff per child | Yes |
| Jejunostomy feeding practical | 1 hour 30 minutes | 3 WTE staff per child | Yes |
| Rectal medication | 45 minutes | 3 staff per child  | No |
| Nebuliser training | 45 minutes | 3 staff per child | Yes |
| Oxygen training | 1 hour | 3 staff per child | Yes |
| Suction training | 1 hour | 3 staff per child | Yes |
| Catheter training | 1 hour | 3 staff per child | Yes |
| Nasogastric (NG) feeding | 1 hour 30 minutes | 3 staff per child | Yes |

**Table 2**

This list is not exhaustive and training requirements not identified above, but that are required on a child specific basis should be discussed on a case by case basis by school making a referral to the service.

**Additional Sessions**

The Children’s Community Nursing Team also run generic gastrostomy theory and practical sessions, on set dates throughout the year, in Huntingdon and Cambridge. Please contact the team by e mailing ccs.gen-cambs-cnt-cwtraining@nhs.net for further information, availability and booking.

**Recommended Online Training**:

Links will be checked and updated annually.

Epilepsy:

<https://learn.epilepsy.org.uk/courses/epilepsy-for-school-staff/>

Certificate is available, free to print.

Please also watch the following video on how to administer emergency medication – Training Video for Administration of Buccolam:

<https://youtu.be/B08WEXzXVo4>

Asthma:

<https://sch.educationforhealth.org/wp/>

A paper quiz is available as evidence of learning of the module, this can be completed during the online session. The quiz does not replace the need to access the recommended training. This quiz is not a requirement; however it can be requested from the SNSN team if deemed necessary by the school as evidence of staff learning.

Certificate is available, free to print.

Anaphylaxis:

<https://www.allergywise.org.uk/course-login/>

Certificate available at a cost, however this is not compulsory. It is suggested that staff take a screen shot/photo of the final page with progress/completion to use as evidence for school to retain, if school wish to retain evidence of training.

**CCSN recommend that any theory training is updated annually, as a refresher.**

**Process for booking training**

School are responsible for identifying any training required:

School awareness / Generic/ Complex child specific training

School to complete training request form and send via e mail: ccs-tr.SNSN@nhs.net

(This is a secure e mail account)

Contact Specialist Nursing Service for education with any questions relating to training:

Telephone: 01223 218061

E mail: ccs-tr.snsn@nhs.net

Face to face with school nurse during visits

Information required:

Child’s name

Date of birth

Training required

The School is responsible for identifying the staff for each child.

Number of staff to be trained (for child specific training only, maximum of 3 staff).

For child specific training is staff member new to skill or do they have existing knowledge

\*\*See request form for further details\*\*

All training requests will be discussed on a weekly basis:

 Agreed Not Agreed

Nursing Team will signpost School to other health professionals and agencies, for any training needs that cannot be met this service.

Nursing team will liaise with school to arrange training.

**Process of training and competency assessment**

Theory training for: Gastrostomy, Jejunostomy, Nasogastric Tubes, Oral suction, Oxygen, Nebulisers, Rectal medication, Catheter care, +/- any other bespoke training agreed on a child specific basis.

Theory session (face to face or video based session)

Staff members new to the skill will require a practical session (without the child).

Staff with previous experience:

Practical session offered but not compulsory.

Further practical sessions will be arranged with school, to take place in school with child for support and teaching.

Competency assessment to be arranged with school liaison for identified staff member(s) in school and with child.

Staff may have a competency re-assessment for the same child, anytime within the year of their theory update, with the expectation that they attend a theory update annually.

Any staff member that has an existing competency in the skill, and has received theory training within the previous 12 months, may be competency assessed for additional pupils, without the need for further theory training.

Competency assessment to be arranged with school for staff member(s) in school and with child. To be completed within 3 months of theory training

Competency paperwork will be given to school staff member.

Training information will be recorded by the nursing team.

School is responsible for maintaining own records of training received.

**Competency certification is valid for 1 year from date of completion – annual theory training must also be undertaken during this time, to validate competency**

 **Training Request Form**

|  |
| --- |
| Name of person completing request form:Designation: |
| School: |
| Date of request: |
| Training requested:(Please circle)In school hours Y/N After school session Y/N School training day Y/N |
| Child’s name (for child specific training):Child’s date of birth:Staff names (for child specific training)123Please indicate if staff are new to the skill, have existing competence or have previous experience |

**Please email this form to** **ccs-tr.snsn@nhs.net**

|  |  |  |  |
| --- | --- | --- | --- |
| FOR SPECIALSIT NURSING TEAM USE ONLY | Yes | No | Dateof decision |
| Agreed |  |  |  |

**RAG rated clinical tasks that require training +/- competence in special schools**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Clinical training and skill | Healthcare task | High Risk | Moderate Risk | Low Risk |
| Elimination | Clean Intermittent Catheterisation |  |  |  |
| Medication | Administration of rectal medication |  |  |  |
|  | Administration of oral medication |  |  |  |
|  | Administration of inhalers |  |  |  |
|  | Administration of nebulisers |  |  |  |
|  | Administration of cream and ointments and lotions  |  |  |  |
|  | Administration of eye drops/ear drops an nasal drops |  |  |  |
|  | Buccal administration of medication |  |  |  |
|  | Medication via gastrostomy tube |  |  |  |
|  | Medication via jejunostomy tube |  |  |  |
|  | Medication via nasogastric tube |  |  |  |
|  | Emergency administration of adrenaline via auto injector |  |  |  |
| Nutrition | Gastrostomy feeding, via pump or bolus  |  |  |  |
|  | Jejunostomy feeding via pump |  |  |  |
|  | Nasogastric feeding via pump, gravity or bolus |  |  |  |
| Respiration | Administration of oxygen |  |  |  |
|  | Oral suction |  |  |  |
|  | Tracheostomy suction |  |  |  |
|  | Tracheostomy emergency care |  |  |  |

Risk Assessment Framework

High Risk Red

Child specific training or face to face theory training required. Theory session and practical competency required. Care plan /clinical protocol to be in place.

Medium risk Amber

Face to face/video/online theory training required. Clear written guidance e.g. care plan, guideline to be in place. Competency assessment may be required.

Low Risk

Awareness training required, child specific training not required, no competency assessment required. Consent forms to be in place from parent.

References:

Anaphylaxis Campaign. <https://www.anaphylaxis.org.uk/>

Asthma UK. <https://www.asthma.org.uk/>

Cambridgeshire Community Services Delegation Policy 2.3. (2019).

Department for Education. (2014). Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Epilepsy Action. <https://www.epilepsy.org.uk/>

Health Conditions in School Alliance. https://www.medicalconditionsatschool.org.uk.

NASEN. (2018). Children with medical needs: What schools need to know. <http://www.nasen.org.uk/resources/resources.children-with-medical-needs-what-schools-and-settings-need-to-know.html>

Nursing and Midwifery Council. (2018). Delegation and Accountability. <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf>

Nursing and Midwifery. (2018). The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. https://www.nmc.org.uk/standards/code/

Royal College of Nursing. (2018). Meeting Health Needs in Educational and other Community Settings. A guide for nurses caring for Children and Young People. <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/january/pdf-006634.pdf>

SEND Code of Practice 2015 <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

The Children and Families Act. (2014). Section 100.

Appendix 1:

**Risk assessment factors for training**

1. **Is the child/young person’s care considered to be within the normal parameters of competency training?**
2. **Does the care plan indicate the care as complex?**
3. **Do professionals consider the care/needs to be complex at the time of competing risk assessment?**
4. **Is it considered in the best interests of the child/young person to receive care following bespoke training and competency sign off?**

|  |  |
| --- | --- |
| **External organisation** |  |
| **Date of risk assessment** |  |
| **Completed by – Name** | **Role** | **Organisation** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Risk assessment factors**  | **Decision – please tick**  |
| **Children/Young people - Name** | **Please enter yes or no**  |  **Generic training**Gastro GastroPush Pump | **Suction**Generic | **Bespoke****training** **required** | **Notes** |
| **1** | **2** | **3** | **4** |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |