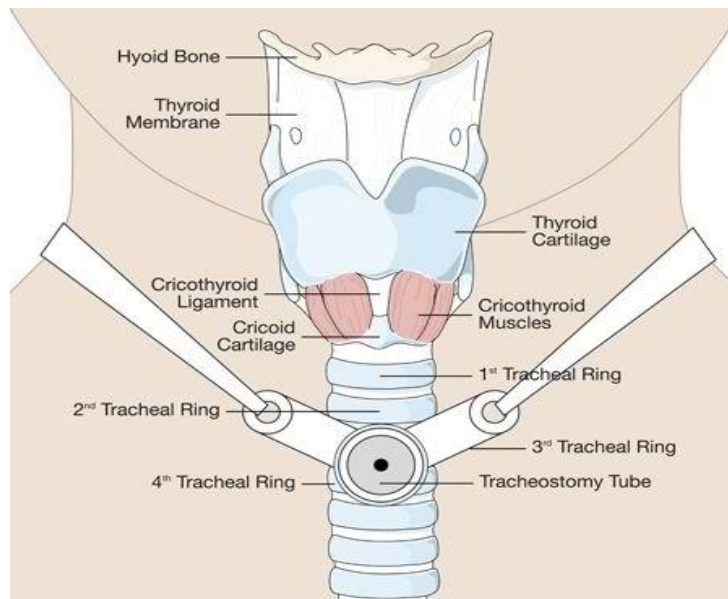


## Competency Document For Staff Working With Children Who Have Tracheostomies.



These competencies have been developed to describe the knowledge and skills required by Staff to manage the care of a child with a tracheostomy. It includes a resource pack which covers in detail the information about the procedures and tasks relating to the care of a child with a tracheostomy.

All the competencies sections will need to be signed by a qualified professional who deems the staff member competent. The staff member will need to sign to say they feel confident and competent.

### Sign Off Records

Name of staff member:

Ward base:

## Introduction

This booklet has been devised to support staff members who are undertaking the training on allowing them to become efficient and safe in all aspects of tracheostomy care.

The levels are set out as below to identify what level require completion.

This pack offers a training programme for staff to learn new skills and feel more confident in caring for a child's tracheostomy, when the time is right for them. It is very important that you do not feel pressurised into learning new skills. The nurse providing the training will support you through the process and will answer any questions that you may have.

Skills can be learnt in any order and at a time that is best for you. You may wish to arrange a review date for topics you want to learn later. On completion of the training pack you will be able to complete all aspects of tracheostomy care unsupervised.

Regular attendance on a face to face/virtual theory session to keep background knowledge updated is mandatory to maintain a knowledge base amongst ward staff in all areas.

### **Discussed/Observed (Level 1)**

The procedure is explained to you by a tracheostomy competent nurse and /or you have watched the nurse perform the procedure. During this stage the learner will mainly observe the procedures and may carry out procedures under direct supervision.

### **Performed under supervision (Level 2)**

You have performed the procedure while being closely watched and guided by the tracheostomy competent nurse. At this stage the learner will be able to demonstrate acceptable skills in tracheostomy care. These will be supported under direct or indirect supervision.

It is important that you learn new skills at your own rate and that you don't feel pressured or rushed into learning at a faster rate. You may also find that you need further support and training if you have not practiced a new skill for some time. This is not a problem.

It is important that you alert the trainer regarding any concerns and they will help you. For safety reasons you should never practice without a nurse watching you closely.

### **Achieved no supervision (Level 3)**

The learner can now demonstrate the skills and knowledge necessary to practice all aspects of tracheostomy care without supervision either in clinical practice or via simulation. At this stage the staff member is competent to care for a child with a tracheostomy without supervision and understands the emergency process. Although at this stage they may not be able to provide an evidence base to support their practice and may have difficulty demonstrating to others.

### **Proficient performer (Level 4)**

The staff member is now able to demonstrate their knowledge, skills and understanding to others through multi professional discussion. They are a proficient performer with experience in carrying out tracheostomy care in clinical practice, manage and lead an emergency and can provide full evidence-based rationale for care given.

**Teaching (Level 5)** The learner has an expert level of experience within tracheostomies. They can assess the type and depth of knowledge required to perform practice at determined levels, giving support and feedback to enhance the development of others. Learners will also be able to reflect on and analyse own practice and others.

## Demonstrating awareness of health and safety

### CHECKING EMERGENCY EQUIPMENT:

**INFORMATION** It is important that the following equipment is within easy reach at all times as it may be needed in an emergency, such as if a child's tracheostomy tube becomes blocked or falls out. It needs checking at every shift change.

What to do	How to do it	Why it is necessary
Check emergency equipment	Make sure the following stored together in a box and is within easy reach at all times: Ambu bag if required (yes/no) Tracheostomy tubes: • 1 x same size, • 1 x size smaller, both taped. • Scissors • Lubricating Jelly • One way valve Suction unit and suction catheters. Emergency equipment must be in good working order and within reach in case it is needed quickly. It is needed to help you child breathe in an emergency.	Emergency equipment must be in good working order and within reach in case it is needed quickly.
Check suction equipment	Suction unit and suction catheters	Clearing tracheostomy tube to keep patent.

## Assessment

What to do	How to do it	Why it is necessary
Assessment of a child's breathing	Look at the child's colour, chest movement, and rate of breathing. Oxygen saturation levels will be monitored in all areas. This can be useful at detecting the amount of oxygen in a child's blood although it can be misleading if the probe is not attached correctly. Listen to the child's breathing. Does it sound noisy? Can you hear secretions? Feel the child's chest with your hand. Can you feel secretions?	It is important to recognise signs of change in the child's condition. Increases in the child's work of breathing may indicate a chest infection or blocked tube.

## Positioning the child for tracheostomy cares

What to do	How to do it	Why it is necessary
Change the child's position regularly if they are not able to move around	Turn the child from side to side when in bed or lying down. Help them to sit up as often as possible when awake. Encourage the child to cough if he or she is able to. The physiotherapist will show you how to do any specific chest physiotherapy if the child needs it.	Change in position helps the child to clear secretions and helps all areas of the lungs to be inflated with air. Coughing will help to clear secretions so more air can enter the lungs. Physiotherapy helps to clear secretions from the lung, helps more air to enter, and may help to treat a chest infection

## Secretion Management

What to do	How to do it	Why it is necessary
Suction	Turn the suction unit on and check that it is working and set to the correct suction pressures (start with low pressure, increase as required): • Neonate (0 - 4 weeks): 60 - 80mmHg • Infant (5weeks to 1 year): - 80-100mmHg • Child (1 - 11 years): 100 - 150mmHg • Teenager: 100-200mmHg Wash your hands with soap and hot water. Tell the child what you are going to do. If in first 7 days put non-sterile gloves on each hand. Attach the correct sized suction catheter to the tubing (catheter size double the size of tracheostomy tube size), keeping it in the wrapper.	This ensures that the nurse is able to assist you if you have difficulties or if a child's condition changes. Too high a pressure can remove too much air from the child's lungs. Reduces the risk of infection. Helps to reduce a child's anxiety. Protects you from the child's secretions. Keeps the catheter sterile. Keeps the catheter sterile. Ensures that the catheter is kept sterile and

	<p>If in first 7 days put a sterile glove on your dominant hand. Remove the catheter from the wrapper being careful not to touch tip of catheter. Disconnect the ventilator tubing or Swedish nose from the tracheostomy tube with your other hand. Hold at premeasured length as per documentation Insert the catheter into the tracheostomy tube to required length.</p> <p>Apply suction whilst removing suction catheter over 10-15 second period. Reattach the ventilator tubing or Swedish nose (HME). Observe the amount, colour and consistency of the secretions.</p>	<p>reduces the risk of infection. Premeasured length is no more than 1cm below tip of tracheostomy tube. Passing the tube too far can cause trauma.</p>
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### Stoma Care

What to do	How to do it	Why it is necessary
<p>Clean stoma at least twice a day to ensure skin is clean and dry.</p>	<p>Prepare Equipment Wash your hands using soap and hot water. Clean around the stoma site using gauzes and water.</p> <ul style="list-style-type: none"> <li>• Ordinary water/Cool Boiled water if skin is intact</li> <li>• Normasol if skin brown down Dry the skin thoroughly.</li> </ul> <p>Apply barrier cream/film</p> <ul style="list-style-type: none"> <li>• If skin intact apply cream</li> <li>• If skin red/broken down apply barrier film</li> </ul> <p>Apply appropriate dressing as advised by specialist practitioner.</p> <p>Observe the area for signs of redness, broken skin, and granulation (a build-up of skin tissue). Tell the nursing team if you are concerned about the child's skin</p>	<ul style="list-style-type: none"> <li>• Prevents infection.</li> <li>• Keeps skin in good condition.</li> <li>• To protect skin from infection and breakdown</li> <li>• To relieve pressure and absorb exudate/secretions.</li> <li>• Any problems can be detected and treated as soon as they occur.</li> </ul>

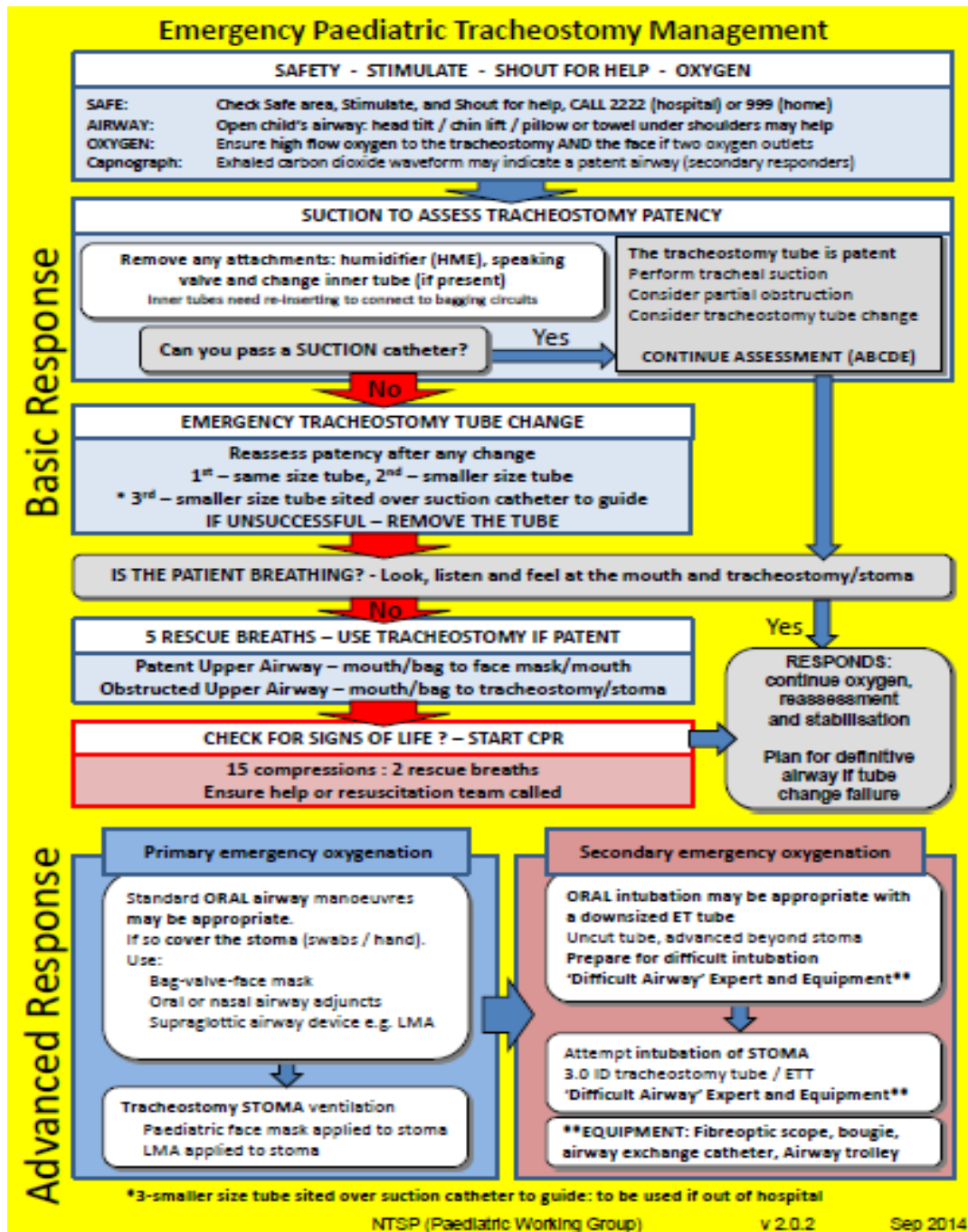
### Tracheostomy Tape changes

What to do	How to do it	Why it is necessary
<p>Change the tracheostomy tapes</p>	<p>Must be done by two people, one of whom must be safe to practice unsupervised.</p> <ul style="list-style-type: none"> <li>• Inform the nurse that you are changing the child's tapes.</li> <li>• Prepare equipment: Emergency equipment - Ambu bag if required, suction, spare tubes. Two lengths of tracheostomy tape/Velcro fasteners. Scissors. Water and gauze or similar to clean and dry skin with.</li> <li>• Wash your hands.</li> <li>• Explain to the child what you are about to do. Position the child on his or her back.</li> <li>• Extend the child's neck by placing a rolled-up pillowcase or towel for example, under the shoulders.</li> <li>• One person must hold the tracheostomy tube in position at all times until the new tapes are finally tied with three knots on each side/Velcro fasteners are secure.</li> <li>• The other person cuts the tapes and removes them from the tracheostomy tube.</li> <li>• Inspect, wash and dry the child's skin where the tapes were and under the 'arms' of the tracheostomy tube.</li> <li>• Apply barrier cream/film</li> <li>• If skin intact apply cream</li> <li>• If skin red/broken down apply barrier film</li> <li>• Attach tapes as per guidance</li> <li>• Apply appropriate dressing as advised by specialist practitioner.</li> </ul>	<ul style="list-style-type: none"> <li>• To maintain the child's safety.</li> <li>• Reduces the risk of infection.</li> <li>• To reduce the child's anxiety.</li> <li>• Moves the child's chin out of the way and makes the procedure easier as you will be able to see what you are doing.</li> <li>• To ensure the tube does not fall out.</li> <li>• To protect skin from infection and breakdown Changes in condition of the skin can be detected and treated promptly</li> <li>• To relieve pressure and absorb exudate/secretions.</li> <li>• If the tapes are too loose the tube could fall out. If they are too tight, they may cause pain, discomfort, swelling and skin breakdown.</li> </ul>

- With the tracheostomy tube still held in place, remove the neck roll and check the tightness of the tapes.
- You should be able to get only one finger between the child's neck and the tapes.
- With the tracheostomy tube still held in place, re-adjust the tightness of the tapes as required.
- Check again that the tapes are not too tight or too loose/ undo fastener readjust and secure.
- The person holding the tube can now let go.

### Changing the tracheostomy tube

What to do	How to do it	Why it is necessary
Change the tracheostomy tube. Prepare the equipment.	<p>In hospital, tubes must be changed by two people, one of whom has been trained and assessed as safe to practice unsupervised.</p> <ul style="list-style-type: none"> <li>• A clean technique must be used to change the tube.</li> </ul> <p>This means keeping everything as clean as possible and not touching the part of the tracheostomy tube that goes through the stoma.</p> <p><b>Prepare:</b> A clean area in which to work Taped Tracheostomy tubes - one the same size and type as the tube you are replacing and one a size smaller. Check introducer inserts and removes easily. Scissors Lubricate new tube Suction equipment Ambu bag attached to oxygen if required (yes/no) Water and gauze or similar</p>	<ul style="list-style-type: none"> <li>• To maintain the child's safety.</li> <li>• To prevent introducing infection.</li> <li>• The smaller tube is available in case it is difficult to insert the same size tube.</li> <li>• Helps the tube to slide in easily.</li> </ul>
Prepare the child	<p>Explain to the child what you are going to do if he or she is old enough to understand. If the child is a baby, you may find it easier to wrap him or her in a blanket to keep the arms still and out of the way Position the child on his or her back with a roll under the shoulders If the child needs suction, remove the secretions before you cut the tapes</p>	<ul style="list-style-type: none"> <li>• The child may find it less stressful if they know what is happening.</li> <li>• This will extend the child's neck and lift the chin.</li> <li>• This makes it easier for you to see the stoma and helps open up the hole.</li> <li>• Reduces coughing during the tube change.</li> </ul>
Procedure	<p>Hold the old tube with your fingers while the tapes are being cut by the nurse / competent helper. Clean neck and stoma (as required) Remove the old tube. Insert the new tube. Remove the introducer if used. This process should only take a few seconds. If you cannot insert the tube easily CALL FOR HELP IMMEDIATELY. Tie the tapes as you would when changing the tapes.</p>	<ul style="list-style-type: none"> <li>• To prevent the tube from being coughed out. To prevent infection and breakdown of skin. To minimise the risk of the stoma closing.</li> </ul>











Competency statement (Date and Sign by Trainer)	Level 1 Observed/ discussed (Date and Sign by Trainer)	STAFF Date and sign	Level 2 Performed under supervision (Date and Sign by Trainer)	STAFF Date and sign	Level 3 Achieved no supervision (Date and Sign by Trainer)	STAFF Date and sign	Level 4 Proficient performer (Date and Sign by Trainer)	STAFF Date and sign	Comments
<b>Emergency Algorithm (Basic Life Support)</b>									
34. Signs and steps to take for a blocked tube.									
35. Steps that should be taken in the event of a tracheostomy becoming accidentally decannulated.									
36. Warning signs of breathing difficulties and actions to take.									
37. Demonstrate basic life support on a doll using the ABC approach (Airway, Breathing, Circulation).									
38. Awareness of NTSP emergency algorithm.									

<b>Level 5 Competency - Competent to teach others</b>		
1. I certify that I have been assessed as competent at above to allow me to train other members of staff/parents and carers.	Signed and dated by trainer and trainee:	Name: Sign: <span style="float: right;">Date:</span>
		Name: Sign: <span style="float: right;">Date:</span>



STATEMENT OF COMPETENCE

I certify that I (name of assessor) \_\_\_\_\_  
have a current NMC registration or I am affiliated with a Professional governing body. I am experienced and have attained my own competency in Tracheostomy care and teaching, in order that I am able to assess and sign off the competency of the carer below.

I certify that (staff name) \_\_\_\_\_ has undergone a period of training and has been deemed competent to practice the procedures outlined in this booklet.

Print name \_\_\_\_\_ Designation \_\_\_\_\_ full  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I (name of staff) \_\_\_\_\_

have undergone a period of theory and practical training and am confident and competent in the procedures detailed in this booklet. I will not carry out any procedures which have not been covered by this training. If there are any concerns, I will seek appropriate advice and guidance in order for me to continue to operate within these competencies.

Print name \_\_\_\_\_ Designation \_\_\_\_\_ full  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes:

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