



# Health Care Professional (HCP) Paediatric Tracheostomy Competency Sign-off Document

Version 1.0 December 2023. To be reviewed by December 2024

Name of HCP \_\_\_\_\_  
Department \_\_\_\_\_  
Trust \_\_\_\_\_



# Scope of this document

This competency document (2022) was amended from the Parent/ Carer competency document developed by Tracheostomy and LTV Specialists, the Paediatric Pan London Long Term Ventilation (PPLLTV) Group and Great Ormond Street Hospital (GOSH) ENT Advanced Nurse Practitioner (ANP) Jo Cooke. The PPLLTV Group is a group of Clinical Nurse Specialists and Allied Health Professionals. The authors are experts in the care of paediatric Tracheostomy, Tracheostomy LTV (TrLTV) and Non-invasive Ventilation (NIV) and work within the Operational Delivery Networks of East of England, North and South Thames, Thames Valley and Wessex, and Yorkshire and Humber. These competencies are aimed at Healthcare Professionals (HCPs) working outside of the main Tertiary settings and looking after patients in their local healthcare environment. These competencies are freely available for use by all, but practitioners should always refer to their local guidance if planning to use them in their own service.

This document is the HCP Paediatric Tracheostomy Competency Sign-off Document. It has been devised to enable the assessment of a Healthcare Professional's (HCP's) competence to care for a child and young person (CYP) requiring a Tracheostomy. It is to be used alongside the HCP Paediatric Tracheostomy Competency Guidance Document to assist with sign-off. **The LTV Guideline (2023) developed by the Paediatric LTV ODN Collaborative can also be used to support this document.**

The document has been divided into two sections: **Section 1** covering the Core Tracheostomy Competencies including the theory and care required universally for all patients requiring a Tracheostomy and **Section 2** covering the Specialist Tubes and Aids that may be required in some cases. Previous versions of these competencies included a note on "Tracheostomy Aware (TA)/ safe" to enable HCPs that had awareness but were not fully signed off as competent to care for a CYP with a Tracheostomy under supervision. Tracheostomy Aware (TA)/ safe has been removed so that a local risk assessment with a pragmatic approach can be undertaken.

The aim of the competency document is for the HCP to have the ability to **safely** care for children with a Tracheostomy in situ. **An HCP is deemed competent to safely care for a CYP with a Tracheostomy following completion of Section 1 including the Tracheostomy Competency Completion Record at the end of the section on this HCP Paediatric Tracheostomy Competency Sign-Off Document.** They should then undertake any relevant training for each Specialist Tracheostomy or Tracheostomy Aid that they may use (Section 2). This can be done at a later date, as they use each relevant device.

The professional should demonstrate that they can undertake each relevant section and can consistently replicate each aspect of care in a variety of contexts. The expectations of HCPs without a professional registration may vary between trusts, it is advised that all professionals work within their scope of practice. Where medication administration and clinical assessment skills are referred to, a non-registered HCP should discuss with a senior staff member what is appropriate according to their local policy.

**Once the HCP feels confident and competent, they should sign each relevant competency in this HCP Paediatric Tracheostomy Competency Sign-Off Document. Each competency will then be assessed and signed, by a qualified professional (Assessor) once competency has been deemed to have been achieved, using the HCP Paediatric Tracheostomy Competency Guidance Document to assist. The time in which confidence and competence is achieved will vary dependent on the HCP's level of experience and exposure.** An Assessor is described as a senior staff member. They should have clinical experience and competency in line with local policy as well as having experience in supervision and assessment. It is however, recognised that when introducing this competency document, there may be insufficient HCPs that have achieved these competencies to be supervisor and assessor of HCPs completing this process. Until such a time, a pragmatic approach should be applied.

**Educator Confirmation** on page 10 needs to be completed by a senior staff member, with an Education role within the team. They should have clinical experience and competency in line with local policy as well as having experience in supervision and assessment. They should have either been aware of all the training done previously, or as a minimum, check the training record and schedule (pages 4 & 5), and check each assessor signature for each competency (pages 6-10).

# CONTENTS

Pages	
<b>Section 1:</b> Pages 4-10	<ul style="list-style-type: none"><li>• Training Schedule and Record of Assessors</li><li>• Core Tracheostomy Competencies to be completed as a minimum</li><li>• Tracheostomy Competency Completion Record for Core Tracheostomy Competencies</li></ul>
<b>Section 2:</b> Pages 11-15	<ul style="list-style-type: none"><li>• Specialised Tracheostomy Tubes &amp; Tracheostomy Aids Competencies</li></ul>

# Training Schedule

This training schedule can be used to detail any training sessions completed or planned, and who delivered these e.g. *Tracheostomy/ device Company training, Practice Development Nurse (PDN) training*

Date & Time	Session	Trainer Name	Trainer Signature

# Signature record of Assessors and Supervisors

Any staff member who supervises or documents within this competency document must complete an entry below to validate competence.

Name	Designation	Signature	Initials

Section 1: Core Tracheostomy Competencies Performance criteria and knowledge required	Self-Assessment Sign & Date	Assessor Sign & Date
<b>Health and safety awareness and environment checks</b>		
Explains the underlying reasons for a CYP requiring a Tracheostomy and associated medical conditions		
Demonstrates awareness of the types of Tracheostomy tubes and understands how to identify what tube is in use		
Explains the need for continuous supervision/ monitoring by a Tracheostomy trained and competent HCP and/ or parent/ carer		
Can identify and is familiar with relevant care plans and emergency escalation plans		
Explains the importance of the Tracheostomy emergency box and can identify the core items required to be in the box for a non-cuffed Tracheostomy tube, explaining what each of the items are used for		
Explains the need to ensure emergency equipment is available, intact and checked every time the care of the CYP is taken over		
Describes and demonstrates Tracheostomy safety checks		
<b>Suctioning via a Tracheostomy</b>		
Recognises the signs that a CYP needs to be suctioned and can discuss the implications and complications of suctioning		
Demonstrates how to use different suctioning devices and the effect of pressure when suctioning		

Section 1: Core Tracheostomy Competencies Performance criteria and knowledge required	Self-Assessment Sign & Date	Assessor Sign & Date
<b>Suctioning via a Tracheostomy continued</b>		
Explains the importance of choosing the correct size suction catheter for the Tracheostomy in use and length to suction		
Explains the suction procedure for a Tracheostomy, demonstrates appropriate suction technique and assesses effectiveness of suction		
Explains how to assess secretions, identify any changes and discusses who to contact when concerned		
<b>Tracheostomy tape changes and stoma care</b>		
Explains the <u>safe positioning</u> of the CYP whilst changing the Tracheostomy tapes or Tracheostomy tube		
Explains how to correctly assess the Tracheostomy site, surrounding skin and recognise a granuloma		
Demonstrates the <u>safe holding</u> of the Tracheostomy tube during a tape change		
Demonstrates the correct technique for carrying out a Tracheostomy <u>tape change</u> including positioning, cleaning, securing and ensuring adequate stock of anything in use regularly		
Discusses the safety aspects of bathing/ showering a CYP with a Tracheostomy		
<b>Tracheostomy tube change</b>		
Discusses when/ why a tracheostomy tube would need to be changed		
Can prepare and discuss all the necessary equipment required for a Tracheostomy <u>tube change</u>		

Section 1: Core Tracheostomy Competencies Performance criteria and knowledge required	Self-Assessment Sign & Date	Assessor Sign & Date
<b>Tracheostomy Tube Change continued</b>		
Demonstrates the correct technique for carrying out a Tracheostomy tube change		
Describes how to clean and store Tracheostomy tubes		
<b>Humidification via a Tracheostomy</b>		
Explains the reasons for using artificial humidification and its importance		
Discusses the different humidification devices		
Discusses when a nebuliser may be required and demonstrates how to assemble a nebuliser set up for a CYP with a Tracheostomy		
Discusses when nebulised antibiotics may be required. Discusses and demonstrates safe delivery of nebulised antibiotics to a CYP with a Tracheostomy		
Explains the need to observe CYP during a nebulizer, can identify any changes in the CYP's condition and assess the effectiveness of the nebuliser		
Can demonstrate how to clean and store nebuliser equipment after use		
<b>Action plan for clinical deterioration</b>		
Discusses an A to E assessment for a patient with a Tracheostomy in situ		
Explains signs of distress or changes in clinical status and discusses what appropriate course of action should be taken		



Section 1: Core Tracheostomy Competencies Performance criteria and knowledge required	Self-Assessment Sign & Date	Assessor Sign & Date
<b>Action plan for clinical deterioration continued</b>		
Discusses different ways of delivering oxygen to a Tracheostomy when required		
<b>Tracheostomy care - emergency procedures</b>		
Discusses potential emergency situations		
An emergency event management video has been watched		
Demonstrates a single person tracheostomy tube change <i>(if applicable or required by local policy- required if HCP is likely to be off the ward alone with the CYP)</i>		
<b>Tracheostomy emergency procedures - this section should be signed off by someone who has tracheostomy competency and has undertaken training to be able to teach Basic Life Support (BLS). Where this is not currently possible, a senior staff member with EPLS or equivalent who has undertaken tracheostomy training would suffice.</b>		
HCP is up to date with BLS mandatory training and can demonstrate and discuss the NTSP emergency algorithm in the event of a respiratory arrest		
<b>Travel and Transport</b>		
Discusses additional risks that need to be considered to ensure safety of CYP with a Tracheostomy when out of the hospital environment		

Section 1: Core Tracheostomy Competencies Performance criteria and knowledge required	Self-Assessment Sign & Date	Assessor Sign & Date
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**Travel and Transport continued**

Explains/ demonstrates how to calculate the amount of oxygen required for the duration of an outing/ transport off the ward		
Discusses potential adverse events that may occur whilst the CYP with a Tracheostomy is away from the bedspace		
Discusses/ demonstrates safe securing of equipment to transfer CYP with a Tracheostomy onto bed/ wheelchair/ buggy and into vehicle		
Discusses how tracheostomy care can be delivered in wheelchair/ buggy/ vehicle		

**Tracheostomy Competency Completion Record: Core Tracheostomy Competencies**

Educator Confirmation:

I certify that I ..... (*name of assessor*) have reviewed all relevant sections of **Section 1: Core Tracheostomy Competencies** in this document. The competencies have been completed and an experienced member of staff has signed in each assessor section.

Print full name..... Role..... Signature..... Date.....  
(*name of assessor*)

# Section 2: Specialised Tracheostomy Tubes & Tracheostomy Aids Competencies

The next section covers the usage of **specialised tubes**:

- Cuffed Tracheostomy tubes
- Double Lumen Tracheostomy tubes
- Tracheostomy tubes with a Subglottic port

## Tracheostomy Aids:

- Speaking Valves (One-way Valves)

These Tracheostomy tubes/ Tracheostomy aids will not be applicable to all, so please only complete those which are appropriate for the HCP and their working environment. There is an additional sign off record page at the end of each section.

**Section 2: Specialised Tracheostomy Tubes & Tracheostomy Aids Competencies**  
**Performance criteria and knowledge required**

**Self-Assessment Sign & Date**

**Assessor Sign & Date**

**Cuffed Tracheostomy Tube**

Discusses the differences between a cuffed and uncuffed Tracheostomy tube and the management of these

**Care of a Cuffed Tracheostomy Tube: There are 3 common cuffed tubes used in Paediatrics: TTS, Air cuff, Fome cuff (Please also see LTV Clinical Guideline (Appendix N))**

Discusses and demonstrates care of a Tight To Shaft (TTS Cuff)

Discusses and demonstrates care of an AIRE Cuff

Discusses and demonstrates care of a Fome Cuff

Discusses identification of faulty cuff/ cuff leak and actions to take

**Tracheostomy Competency Completion Record: Cuffed Tracheostomy Tube**

Educator Confirmation:

I certify that I ..... (*name of assessor*) have reviewed all relevant sections of **Cuffed Tracheostomy Tube Care** in this document. The competencies have been completed and an experienced member of staff has signed in each assessor section for the following Tracheostomy Tube types (*please delete as appropriate and print additional pages as required*):

**Tight To Shaft (TTS) / Aire Cuff / Fome Cuff / Other (please state):**.....

Print full name..... Role..... Signature..... Date.....  
 (*name of assessor*)

**Section 2: Specialised Tracheostomy Tubes & Tracheostomy Aids Competencies**  
Performance criteria and knowledge required

Self-Assessment  
Sign & Date

Assessor  
Sign & Date

**Care of a Double Lumen Tracheostomy Tube**

Discusses the rationale of the use of a Double Lumen Tracheostomy  
*(These tubes can be cuffed and uncuffed if cuffed, please ensure Aire cuff competency is referred to)*

Discusses the need to clean the inner cannula, frequency this is required and demonstrates how to clean the inner cannula

Discusses the differences in emergency management of a Double Lumen Tracheostomy tube

**Tracheostomy Competency Completion Record: Double Lumen Tracheostomy Tube**

Educator Confirmation:

I certify that I ..... *(name of assessor)* have reviewed all relevant sections of **Double Lumen Tracheostomy Tube care** in this document. The competencies have been completed and an experienced member of staff has signed in each assessor section.

Print full name..... Role..... Signature..... Date.....  
*(name of assessor)*

**Section 2: Specialised Tracheostomy Tubes & Tracheostomy Aids Competencies**  
 Performance criteria and knowledge required

**Self-Assessment**  
 Sign & Date

**Assessor**  
 Sign & Date

**Care of a Tracheostomy tube with a Subglottic Port**

Discusses the rationale for the use of a Tracheostomy tube with a subglottic suction port

Demonstrates safely/ effectively aspirating the subglottic suction port and discusses troubleshooting if this port was to block

**Tracheostomy Competency Completion Record: Tracheostomy tube with a Subglottic Port**

Educator Confirmation:

I certify that I ..... (*name of assessor*) have reviewed all relevant sections of **Tracheostomy tube Subglottic Port care** in this document. The competencies have been completed and an experienced member of staff has signed in each assessor section.

Print full name..... Role..... Signature..... Date.....  
 (*name of assessor*)

Section 2: Specialised Tracheostomy Tubes & Tracheostomy Aids Competencies Performance criteria and knowledge required	Self-Assessment Sign & Date	Assessor Sign & Date
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**Care of a One-way (Speaking) Valve. A One-way (Speaking) Valve assessment must be part of an MDT review i.e. SALT/ Specialist Nurses/ Respiratory/ ENT Teams**

Explains how One-way (Speaking) Valves for a Tracheostomy work and contraindications for their use		
Discusses the importance of following CYP specific guidelines		
Discusses the cleaning and maintenance required for a One-way (Speaking) Valve		

**Tracheostomy Competency Completion Record: One-way (Speaking) Valve**

Educator Confirmation:

I certify that I ..... (*name of assessor*) have reviewed all relevant sections of **One-way (Speaking) Valve care** in this document. The competencies have been completed and an experienced member of staff has signed in each assessor section.

Print full name..... Role..... Signature..... Date.....  
 (*name of assessor*)