Bradford Teaching Hospitals
NHS Foundation Trust

Adult

Tracheostomy Care Policy

Many current BTHFT policy documents contain references to the “Divisions” (Medicine, Surgery, Womens & Newborn) which were in place until 31st March 2019, when they were replaced by Clinical Business Units and Care Groups. Whilst the policies still remain valid, from 1st April 2019 all BTHFT policy should be applied in the context of the new organisational structure and its associated governance. Any queries about the application of the new governance to this policy document should be directed to the Director of Governance and Corporate Affairs.

Document control

Policy reference	*CP94*
Category	Clinical
Strategic objective	Provide outstanding care for patients

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Target audience	This policy is directed to those responsible for organising care across the hospital, to those involved in training and education, and to those involved in the day to day care and management of Neck Breathers.
Summary	Its aim is to establish organisational standards for the safe care of Neck Breathers by addressing the environment of care, the organisation of care, the equipment necessary for care, training of staff, education to patients and carers, mechanisms for audit and governance, and the continuing supervision and support of Neck Breathers following discharge from hospital.
Changes since last revision	New policy
Monitoring arrangements	The Tracheostomy Support Team will provide three monthly and annual figures for tracheostomies carried out, complications and significant untoward events.
Training requirements	There will be three levels of training and all levels are supported by the NTSP e-learning modules (www.tracheostomy.org.uk).
Equality Impact Assessment level	The policy was assessed in September 2017. There is a potential impact on age and maternity/pregnancy this will be managed locally.

Contents

1.0 Introduction

A patent airway is necessary for life. Some people today breathe not through their mouth but through a hole (a tracheostomy) in the neck. Such "neck breathers" are not the norm and therefore in emergency situations may not be recognised as having different airway needs to the general population. Breathing through the neck is moreover not physiological and therefore Neck Breathers require skilled and attentive care, particularly in the early phases following fashioning of a tracheostomy. Such people are becoming increasingly common on general wards, partly due to the increased use of tracheostomies within critical care and for long term respiratory support. Patients with permanent tracheostomies are also being increasingly admitted from community care settings. Various organisations have highlighted poor care and also fatalities resulting from unskilled management of tracheostomies in hospitals. This document presents the Trust-wide policy for caring for Neck Breathers, namely people with tracheostomies in, and coming to, the Bradford Hospitals. It presents a structure of care at organisation and ward level and addresses training and governance needs. It is informed by the National Tracheostomy Safety Policy, 2012. It addresses only the needs of adults. Children with tracheostomies require even more specialised care and will usually be cared for at the regional paediatric centre (Leeds), or will have an individualised care plan in place.

2.0 Purpose

2.1. This policy is directed to those responsible for organising care across the hospital, to those involved in training and education, and to those involved in the day to day care and management of Neck Breathers.

2.2. Its aim is to establish organisational standards for the safe care of Neck Breathers by addressing the environment of care, the organisation of care, the equipment necessary for care, training of staff, education to patients and carers, mechanisms for audit and governance, and the continuing supervision and support of Neck Breathers following discharge from hospital.

2.3. A neck breather is anyone who, for whatever reason, has had a stoma (opening) performed into the trachea through the neck. This stoma may be temporary or permanent. The stoma is called a tracheostomy (opening from skin into trachea) (Figure 1). Patients who have undergone laryngectomy (removal of larynx, usually for cancer – Figure 2) are special cases of tracheostomy, since these patients have no connection at all between the upper airway and the trachea.

2.4. In this document, the term neck breathers and tracheostomy patients are used synonymously. Tracheostomy patients include those who have undergone laryngectomy (figures 1 and 2).

Figure 1. Tracheostomy with cuffed tube in situ (NTSP Manual 2013)

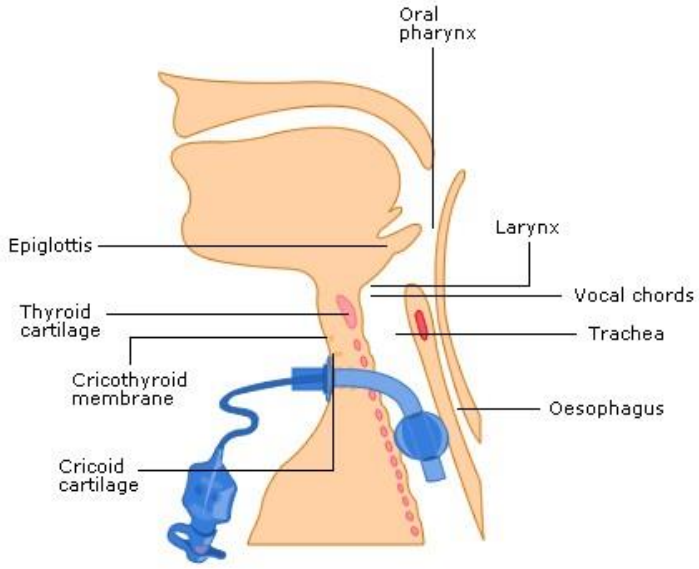
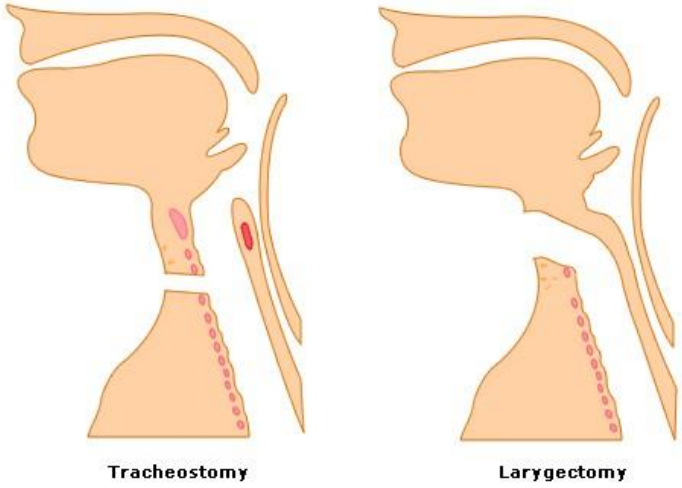


Figure 2. Tracheostomy without tube in situ (left) and a Laryngectomy (right) (NTSP manual 2013)



The figure above shows a laryngectomy on the right and a tracheostomy on the left. The left-hand figure still has a potentially patent upper airway.

3.0 Key Roles and Responsibilities

3.1. All hospital staff involved in direct clinical care need to be able to recognise Neck Breathers, understand the potential problems of Neck Breathers, know when to call for help, and how to initiate immediate emergency measures.

3.2. All staff coming into regular contact with Neck Breathers need to understand the principles of care of tracheostomies, to recognise the warning signs and symptoms of complications with a tracheostomy, and how to proceed in emergency situations relating to blockage or bleeding from a tracheostomy.

3.3. All staff directly caring for Neck Breathers need to be able keep Neck Breathers free from harm by understanding and implementing the necessary care of patients with tracheostomies, working within a multidisciplinary team, knowing whom they can turn to for help and advice, and helping patients adapt to life with a tracheostomy.

3.4. Staff with responsibilities for running clinical units or wards carrying out tracheostomies or involved in the care of Neck Breathers will ensure and support release of staff for training, ensure that equipment needs are met, and assist in audit and governance of the care of Neck Breathers.

3.5. Staff who carry out tracheostomies will supervise post-operative care, ensure that Neck Breathers are cared for in hospital environments with properly trained staff and necessary facilities, and be responsible for the availability of emergency care should Neck Breathers run into trouble. Tracheostomy insertion should be recorded and coded as an operative procedure.

3.6. Staff with responsibility for Trust-wide organisation will, in cooperation with clinicians and nursing care, designate specific wards i.e. places of safety, for the care of Neck Breathers. They will also provide facilities and equipment necessary for the care of Neck Breathers, facilitate training and education of those involved in caring for Neck Breathers, and work with Primary Care and the outside community to provide continuing safe care for Neck Breathers.

3.7. All staff will recognise their responsibilities to avoid cross-contamination and infection from tracheostomy equipment, to the ethical purchase of equipment necessary for the care of Neck Breathers, and to the sustainable and safe disposal of equipment used in the care of Neck Breathers.

3.8. Emergency advice on tracheostomy care will be available 24 hours a day from the **Tracheostomy Emergency Team.** This team will be made up from the second on call for ICU and the second on call for ENT (contact via Switchboard), with additional advice and support available as necessary from the supervising ICU and ENT Consultants on call.

3.9. A **Tracheostomy Support Team** will supervise the provision of care for Neck Breathers, organise audit, governance and training, be responsible for maintaining standards of care to Neck Breathers, and liaise with Organisation-wide Management Structures to ensure proper Organisation-wide care. Members of the team will be available for support and advice of routine care issues during normal working hours. The Tracheostomy Support Team will include those with expertise in the Clinical, Nursing, Critical Care Outreach (contact on #6775 08.00 – 17.00), Speech and Language (contact Monday to Friday extension 6517) and Physiotherapy (bleep 144, or contact via Switch out of hours) fields of care for Neck Breathers. The Tracheostomy Support Team will be suitably resourced and supported by the Trust.

4.0 Environment of Care

4.1. Neck Breathers will be nursed on designated wards with staff who are properly trained and competent, with adequate equipment, with appropriate systems for audit and governance and in regular contact with the Tracheostomy Support Team.

4.2. Neck Breathers will either have had their tracheostomy placed during their admission or be admitted to hospital with a previous tracheostomy or laryngectomy.

4.3. To guide ward placement of Neck Breathers, such patients will be classified into one of four clinical categories, each needing its own level of appropriate care. These four categories will be (i) early post-insertion tracheostomy patients, (ii) intermediate post-insertion tracheostomy patients, (iii) established tracheostomy patients, (iv) any patient with a tracheostomy who has had a recent life-threatening episode relating to their tracheostomy.

4.3.1. Early post-insertion tracheostomy patients will have had a tracheostomy carried out within the preceding one to two weeks. Such patients are at high risk of blockage or displacement of the tracheostomy and will be nursed on **Specialised Tracheostomy Care Ward** (4.4).

4.3.2. Patients who are intermediate stage post-tracheostomy have an established routine for care or are learning to care for their tracheostomy themselves and can be nursed on **Tracheostomy Safe Wards** (4.4.1).

4.3.3. Patients with established tracheostomies are usually those admitted from outside of hospital or, potentially, those who have been in hospital for a prolonged period. These patients are self-caring for their own tracheostomy and have not had any recent problems relating to their tracheostomy. Such patients will normally nursed on Tracheostomy Safe Wards, but may in special circumstances be nursed on wards other than Tracheostomy Safe Wards after consultation with the hospital Tracheostomy Support Team.

4.3.4. Any patient with a tracheostomy who has presented to the Trust with an emergency relating to their tracheostomy or with an acute respiratory problem, will be admitted (if coming from outside the hospital) or transferred (if already in hospital) to a Specialised Tracheostomy Care Ward, or to the Respiratory HDU area on Ward 23, depending on Consultant decision.

4.4. A **Specialist Tracheostomy Care Ward** is a ward which is able to care for patients who have recently undergone tracheostomy or laryngectomy or recently suffered a serious problem with their tracheostomy. The Critical Care Unit (ICU/HDU) and Ward 18 (Head and Neck Specialist Ward) will be designated Specialist Tracheostomy Care wards. If the patient has presented with a respiratory problem, but not specifically tracheostomy complication, then they can be considered for care in the Respiratory HDU on Ward 23 with MDT agreement.

4.4.1. A **Tracheostomy Safe Ward** is a ward able to care for intermediate post-insertion or established tracheostomy patients. Ward 23 (Respiratory Medicine), Ward 6 (Neurology), Ward 21 (General Surgery) will be designated Tracheostomy Safe wards for their particular specialities.

4.4.2. Specialist Tracheostomy Care Wards will have staff trained to Level 3 (see below) and also have regular ward rounds and direct supervision by either a surgeon or intensivist with higher specialist training in carrying out aftercare of tracheostomies.

4.4.3. Tracheostomy Safe Wards will have staff who have been trained to Level 3 (see below) and liaise with the Tracheostomy Support Team.

4.4.4. It is recognised that sometimes neck breathers will need specialised medical treatment on non-designated wards – e.g. for specialised chemotherapy – in which case, special arrangements for support will be made between that ward, the Tracheostomy Support Team and the Specialist Tracheostomy Care ward.

4.4.5 Staff working on both Specialist Tracheostomy Care Wards and Tracheostomy Safe Wards will be allocated time for training in tracheostomy care skills (see Section 6, Training) and for keeping up to date with their knowledge and skills.

4.4.6 When a tracheostomy patient is on a Tracheostomy Safe ward, it will be necessary for ward staff to include at least one member of staff trained to Level 3 tracheostomy care on every shift (see below). The only exception to this will be after discussion with the Tracheostomy Support Team for patients who have established long-term tracheostomies, who are able to safe-care and who have not had a recent problem with the tracheostomy – e.g. admitted for coincidental condition.

4.5. The Accident and Emergency Department has special needs. Its' staff need to be able to recognise the potential problems of Neck Breathers and to be able to respond to emergencies in their care. Staff should attend training, and Tracheostomy key trainers should be nominated in A&E to promote ongoing learning and competency. Duty rotas should ensure that at least one competent trained staff member is always on duty. Neck breather emergency algorithms (NTSP should be kept in A&E alongside relevant emergency equipment.

5.0 Procedures of Care

5.1. Neck Breathers need to be identified as such. All neck breathers will be registered with the Tracheostomy Support Team to enable supervision and audit of care.

5.1.1. In order to alert staff to the special needs of neck breathers in emergencies, with consent, patients will have a bed head sign identifying whether they have had a laryngectomy, or a temporary tracheostomy tube (NTSP 2012). This sign, where the patient consents, must be visible, and include the relevant emergency algorithm (NTSP 2012) on the reverse of the sign and contact numbers for routine and emergency care **(see Appendix 1A, 1B, 1C and 1D: Bedhead signs and emergency care).**

5.1.2. Neck Breathers should be flagged on the Visit Summary of EPR as having tracheostomy or laryngectomy.

5.1.3. All patients with tracheostomies and laryngectomies will be registered with the Tracheostomy Support Team who will help supervise care, advice about equipment provision, maintain an audit of neck breathing patients and conduct clinical governance of these patients.

5.1.4. Patients undergoing tracheostomy or laryngectomy during their current admission will be nursed initially on a Specialist Tracheostomy Care Ward (see Section 4).

5.1.5. When a patient with an established tracheostomy requires admission for a problem related to their tracheostomy or ventilation, they will be admitted to a Specialist Tracheostomy Care Ward (See Section 4).

5.1.6. When a patient with an established tracheostomy requires admission for a problem unrelated to their tracheostomy, the Bed Manager and a member of the Tracheostomy Support Team (or Tracheostomy Emergency Team out of hours) will be contacted and an appropriate bed found This may be either on a Tracheostomy Safe Ward or where necessary primary specialist medical/surgical care is needed on another ward, then arrangements must be made for supervision of the care of the Neck Breather by the Tracheostomy Support Team.

5.1.7. When a neck breather/patient with tracheostomy comes to A&E with a problem relating to the tracheostomy, contact must be made with the Head and Neck Team or Critical Care Team as appropriate.

5.1.8. Tracheostomy patients who require long term ventilation in Primary Care should be assessed on admission to A&E by Critical Care and should thereafter be cared for either in a Critical Care area, or on Respiratory High Dependency Unit on Ward 23, as is deemed appropriate by lead Consultants for those areas.

5.2. All wards caring for patients with tracheostomies require appropriate bedside and emergency equipment and trained and competent staff able to carry out regular observations and provide timely and effective care.

5.2.1. Bedside equipment is that equipment necessary for the safe day to day care of the Neck Breather and needs to be by the side of every tracheostomy patient. (**Appendix 2: Tracheostomy Bedside, Emergency and Transfer Equipment**).

5.2.2. Emergency tracheostomy equipment also needs to be kept at the patient's bedside at all times in case of an airway emergency (**see Appendix 2, Tracheostomy Bedside, Emergency and Transfer Equipment**). In Critical Care, capnography should be available at each bedspace and used continuously when the patient is ventilator dependent.
The contents of this emergency equipment box need to be checked by ward staff each shift.

5.2.3. Piped oxygen (rather than oxygen cylinders) and wall suction must be available at the patient's bedspace, and any neck breather who requires supplemental oxygen should have their oxygen humidified, including in A&E. Neck breathers with thick secretions or on an FiO2 of $\geq$ 0.35, will be helped by heated humidification. All patients post Head and Neck surgery with a tracheostomy should have heated/humidified oxygen.

5.2.4. The potential for swallowing and communication difficulties should be recognised in all tracheostomy patients, and early referral to SALT is important. The patient should have access to a nurse call bell and appropriate communication aids. Consideration for one-to-one nursing care may at times be needed. For help and advice, refer to the Tracheostomy Support Team.

5.2.5. Tracheostomy patients require specialised regular observations with the frequency of observations dictated by clinical assessment under the supervision of Consultant/Specialist team members, and must be recorded in the designated Tracheostomy section of EPR. Once a neck breathing patient is admitted, the Tracheostomy care plan should be instigated on EPR (a paper copy of a Tracheostomy Care Plan still is available and may be useful - **Appendix 3**). Cares should be documented accordingly (such as suction; inner cannula care etc). A paper copy checklist is also still available to ward staff for daily care if deemed useful (**Appendix 4: Daily Tracheostomy Observations Chart**).

5.2.6. A range of tracheostomy tube types is necessary on account of the different circumstances and anatomies for insertion and should be available. All patients must have a tube with an inner cannula, and a spare inner cannula should be kept as part of their bedside equipment. It must be noted that Adjustable Flange tubes are available with inner cannula. Guidance for cleaning the inner cannula can be found in **Appendix 5**.

5.2.7. Tracheostomy changes should be performed according to manufacturer's recommendations and clinical assessment by competent senior staff. Changes should be performed by clinicians with appropriate higher specialist training and expertise under the direction of the Consultant Surgeon or Critical Care Specialist caring for that patient. Unplanned tube changes should be recorded as critical incidents.

5.2.8. Management need to ensure that wards caring for tracheostomy patients have appropriately trained staff (see above) and time to carry out their duties.

5.2.9. Management and procurement need to ensure that designated wards and theatre have an adequate stock of tracheostomies and supporting equipment.

5.3. Transfer of patients between wards and from Specialist Tracheostomy Wards to a Tracheostomy Safe Ward or home requires due care and attention with appropriate equipment and trained staff (**Appendix 6: Tracheostomy Patient Transfer: Equipment, Personnel and Checklist**).

5.3.1 .At least 24 hours' notice must be given to the receiving designated ward when a patient is being discharged from a Specialist Tracheostomy Care Ward. This will ensure the receiving ward can make all necessary preparations to safely accept responsibility for the patient with a tracheostomy in terms of equipment and competency of staff.

5.3.2. Risk factors must be addressed when stepping down patients from a Specialist Care Ward to a Tracheostomy Safe Ward, and appropriate management plans made prior to transfer by senior members of the patient's MDT.

5.3.3. The following risk factors should be taken into account when determining an appropriate clinical environment for a patient with a tracheostomy. Any of the following factors place the patient at a greater risk of airway obstruction, and therefore they will require more frequent observation by trained and competent staff.

- Patient discharged from Critical Care within the last 48 hours
- Tracheostomy less than 7 days old
- Patients requiring a single lumen tracheostomy tube for clinical reasons
- Patient known to have a complex airway and/or difficult endotracheal intubation or tube insertion (to be noted on bed head sign)
- Patients unable to summon for help (including unable to use call system)
- Patients at risk of self-decannulation (e.g. delirium, agitation)
- Patients dependent on ventilator support, or with an obstructed upper airway (i.e.dependent on their tracheostomy for breathing)
- Patients being transferred from a specialist area, or admitted from A&E or Medical/Surgical/Elderly Assessment Units to a designated ward area 'out of hours'.

5.3.4. A Tracheostomy Care Plan will be handed over from the nurse transferring the patient from the Specialist Tracheostomy Care Ward to the Tracheostomy Safe Ward. This care plan will be agreed with the nurse receiving the patient, before the patient is discharged to that designated ward. This will ensure a full handover of care is given and the receiving ward can provide a safe environment for the patient.

5.3.5. The Tracheostomy Support Team should be informed of patient transfers in order to be able to supervise care and provide support.

5.4. Neck Breathers are at special risk of emergency airway problems. The ability to recognise the warning signs of airway obstruction or tube displacement is essential for all staff looking after tracheostomy patients.

5.4.1 '**Red Flags'** should be acted upon as they may herald actual or imminent tracheostomy tube displacement. Prompt assessment by a senior clinician is required, and a fibre-optic inspection of the position of the tracheostomy tube tip to confirm correct placement within the trachea may be indicated.
'**Red Flags**' include:

- Increasing ventilator support or increasing oxygen requirements
- Respiratory distress
- The patient suddenly being able to make vocal noise past an inflated cuff (implying an air leak)
- Frequent requirement for (excessive) inflation of the cuff to prevent air leak.
- Pain at the tracheostomy site
- Surgical (subcutaneous) emphysema
- The patient complaining that they cannot breathe or are having difficulty breathing
- Inability to pass a suction catheter easily down the tracheostomy tube
- If capnography available, a changing, inadequate or absent capnograph trace
- Suspicion of feed aspirated on tracheal toilet.

5.4.3. Staff caring for tracheostomy patients will have been trained in emergency care of the Neck Breather (see below) and will also be able to refer to the **Emergency Algorithm**, available on the reverse side of the Bed Head sign (**see Appendix 1A-D: Bed Head Signs**). Contact details of who to call in an emergency will also be found on the Bed Head sign.

5.5. Many patients with tracheostomies will have their tracheostomy removed prior to home discharge. MDT agreement should be sought prior to decannulation. Some patients will be discharged home with their tracheostomy. Discharge home of patients with a tracheostomy requires careful planning.

5.5.1. Patients discharged home with a tracheostomy will have a home care plan worked out in cooperation with the patient, their carer(s), community care and hospital staff.

5.5.2. Arrangements for equipment provision and replacement will be in place.

5.5.3. Arrangements for continuing supervision of patients will be organised.

5.5.4. Patients discharged home with tracheostomies will be provided with written tracheostomy discharge information.

5.5.5. A register of patients in the community with tracheostomies will be kept by the Tracheostomy Care Team.

6.0. Training

6.1. There will be three levels of training and all levels are supported by the NTSP e-learning modules (www.tracheostomy.org.uk).

6.2. **Level 1: Emergency First Aid for Neck Breathers in Trouble** will be made available to all staff as part of mandatory training and be incorporated into training in

basic life support. Level 1 is designed to enable the primary responder to understand how to provide emergency resuscitation, and in particular the delivery of oxygen, to Neck Breathers in emergencies. It addresses the recognition of the neck breather, the special problem of blockage of the tracheostomy tube and the need to give oxygen to both mouth and the tracheostomy site in an emergency where the background history of the patient is not known. This level 1 training will be provided in Basic Life Support, Immediate Life Support and Advanced Life Support courses. Level 1 Learning Outcomes will be:

- Recognition of the neck breather and whether tracheostomy/laryngectomy
- Recognition of the neck breather in difficulty
- Who to inform/call for urgent assistance
- Location of emergency equipment
- Immediate care, oxygen delivery

6.3. **Level 2: Emergency Care for Neck Breathers** will be mandatory for all staff coming into regular contact with Neck Breathers or likely to come into contact with Neck Breathers in emergency situations. These staff will include those nursing and medical staff working on designated wards caring for Neck Breathers (see above) and those in clinical areas where Neck Breathers may present as an emergency (e.g. Accident and Emergency, Emergency Ambulance Service). This Level 2 Class will form part of the "sweeper day training" for nursing staff and part of induction training for junior doctors and will provide the knowledge and skills to deal with all tracheostomy emergencies. It will be supported by the NTSP guidelines and e-learning teaching resources.

Level 2 Leaning Outcomes will be:

- Refresh level 1 emergency response
- To recognise and understand the different types of emergencies related to tracheostomy and laryngectomy and to know how to respond.
- How to carry out routine essential tracheostomy/laryngectomy observations
- Know about different types of tracheostomy tubes
- Know about capnography
- Identify/Deal with blocked tubes
- Identify/Deal with displaced tubes
- Identify/Deal with bleeding
- When to call for further help and take patient to theatre

6.4. **Level 3: Day-to-Day Care of the Neck Breather** will be mandatory for all staff who provide direct personal care for Neck Breathers, either on a regular or intermittent basis (Tracheostomy Specialist and Tracheostomy Safe wards). These staff include nursing, medical and allied health professionals, and will be delivered as part of the Respiratory Skills Day. Medical staff working on Specialised Tracheostomy Care Wards should also be trained. Upon completion of the course, staff should seek out opportunity for competency assessment (**Appendix 7: Competency Assessment Form)**.

Level 3 Learning Outcomes will be:

- To understand the indications for a tracheostomy or a laryngectomy
- To understand the differences between a tracheostomy and a laryngectomy
- To be familiar with different types of tracheostomy tubes, and stoma covers
- To be aware of potential problems when looking after a patient with a tracheostomy or laryngectomy, and emergency management procedures that may be required

- To be aware of different oxygen delivery devices appropriate for a patient with a tracheostomy or laryngectomy
- To be competent in the day to day management of a patient with a tracheostomy tube or post laryngectomy
- To be able to identify when suctioning is necessary, and be able to undertake suctioning in a patient with a tracheostomy
- To be able to care for the stoma of a patient post tracheostomy/laryngectomy

6.5. Staff working on Specialist Tracheostomy Care Wards and Tracheostomy Safe Wards will undergo regular supervision and mentoring with additional training as appropriate to their experience, knowledge and duties. Staff working regularly with Neck Breathers will be encouraged to voice observations and concerns to the Tracheostomy Support Team by email, personal contact or written observations. Critical and untoward incidents will be reported through established pathways and to the Tracheostomy Support Team.

6.6. There will be written material, web-based information, educational material for those people, medical and non-medical who help support Neck Breathers at home and in the community.

6.7. Staff who complete training in level 3 tracheostomy care can seek out opportunities to undertake competency assessment, be registered with the Tracheostomy Support Team and have the opportunity to assist with training.

6.8 Training for insertion of tracheostomies or changing of tubes is not covered by this policy since such procedures fall within the domain of specialist training through the appropriate training programmes in critical care and surgery.

6.9. The Hospital Trust will help with the training programme through support of the teaching activities and release of staff.

7.0 Patient support, including primary care and community support

7.1. The Tracheostomy Support Team recognise that the Hospital's responsibilities for the care and help to Neck Breathers does not end when patients leave hospital. It recognises that breathing through the neck is a major life changing event for a person. The Hospital Trust needs therefore to provide continuing support to the patients, their carers and to community support services in the care and management of patients who have tracheostomies. The Tracheostomy Care Team will develop patient and carer information material, promote links with primary and community care.

8.0 Clinical Audit and Governance

8.1. Clinical audit and governance is essential for good practice, for recognition of individual and systemic problems, and to facilitate adaptation to changing patterns of disease, changing availability of resources and changing expectations from patients themselves and from government.

8.1.1. The Tracheostomy Support Team will keep a database of patients undergoing tracheostomy with a record of outcome and complications.

8.1.2. The Hospital Trust, in consultation, if necessary, with Clinical Commissioning Groups, will provide resources for collection of the following information

- patient details
- date of tracheostomy
- indication for tracheostomy
- type of tracheostomy (including make used)
- complications & significant untoward events
- outcome (including patient reported measure)

8.1.3. The Tracheostomy Support Team will meet regularly to review practice, numbers of neck breathers in the Trust and any problems identified.

8.1.4. The Tracheostomy Support Team will provide three monthly and annual figures for tracheostomies carried out, complications and significant untoward events.

8.1.5. The Hospital Trust in consultation, if necessary, with Clinical Commissioning Groups, will provide appropriate resources and time for ongoing reflective review of tracheostomy practice and care.

8.1.6. With the support of the Hospital Trust, there will be an Annual Tracheostomy Governance Forum open to all hospital staff to present the work and lessons of tracheostomy care over the preceding year.

9.0. Tracheostomy Support Team

9.1. The Tracheostomy Support Team will supervise the management of tracheostomy care in the Hospital Trust and be the body responsible for monitoring care of tracheostomies, for training and for communication with Hospital Directorates and Senior Administration.

9.1.1. The Tracheostomy Support Team will include Core Members and Extended Members.

9.1.2. Core members of the Tracheostomy Support Team will include at least one Head and Neck Surgeon, one Specialist ward one Safe ward nurse, one Critical Care Consultant, one Critical Care Outreach Nurse, one Physiotherapist, a Speech and Language therapist and a person with primary responsibility for data collection and a person(s) primarily responsible for training.

9.1.3. Extended members will include staff of the wards caring for Neck Breathers and staff involved in teaching and, where appropriate community carers, patients and patient carers.

9.2. All patients undergoing tracheostomies, or any neck breather admitted to the Hospital Trust admitted will be reported to the Tracheostomy Support Team.

9.3. The Tracheostomy Support Team will supervise training in the care of Neck Breathers through its Tracheostomy Education Group, who will include members of the Support Team and staff providing continuing professional training in the hospital.

9.4. The Tracheostomy Support Team will provide an annual report on the care of tracheostomy patients in the Trust

9.5. The Hospital Trust in consultation, if necessary, with Clinical Commissioning Groups, will provide appropriate resources and time for ongoing work of the Tracheostomy Support Team.

10.0. Review and updating of these guidelines

10.1. This policy will be formally reviewed in three years. The review will be initiated by the authors of this policy, or their replacements. This policy will be updated sooner if any new evidence is produced, if there is any substantial change in national policy or if review of practice in the Hospital Trust demands a substantive change in practice.

11.0. Definitions:

Neck Breather: A person who has an opening in the neck into the tracheal airway.

Tracheostomy: The opening in the neck into the tracheal airway.

Tracheostomy Support Team: The team in the hospital with responsibilities for coordinating and supervising care of Neck Breathers across the Hospital Trust

Specialised Tracheostomy Care Ward: A ward with staff able to care for patients who have recently had a tracheostomy carried out or recently suffered a critical incident related to their tracheostomy

Tracheostomy Safe Ward: A ward with staff able to care for patients with established tracheostomies in whom airway care of the tracheostomy has become routine.

Level 1 Tracheostomy Training (Emergency First Aid for Neck Breathers in Trouble): Training for the first attender(s) in the emergency aid of a neck breather in trouble

Level 2 Tracheostomy Training (Emergency Care for Neck Breathers): Training in the diagnosis and management of a neck breather in trouble.

Level 3 Tracheostomy Training (Practical Day-to-Day Care of the Neck Breather): Training in the safe delivery of day-to-day care of a neck breather

12.0. Impact Assessments for this policy

12.1. **Equality Impact Assessment**

This Policy was assessed in September 2017 to determine whether there is a possible impact on any of the nine protected characteristics as defined in the Equality Act 2010.

It has potential impact on:

- Age - This policy specifically relates to patients over the age of 18.
- Maternity/pregnancy - This policy could potentially impact on pregnant women who has problems pre and during delivery would have to be transferred to a critical care area.

It is has been found not to have impact on:

- Disability
- Gender
- Gender reassignment
- Marriage and civil partnership
- Race and ethnicity

- Religion and belief
- Sexual orientation

It has also been assessed to determine whether it impacts on human rights against the FREDA principles (Fairness, Respect, Equality, Dignity, Autonomy) and it is considered that it has a positive impact on human rights as it respects the knowledge of patients in managing their own airway. This assessment will be reviewed when the policy is next updated or sooner if evidence of further impact emerges.

12.2. **Privacy Impact Assessment**
The Policy will result in the collection of new data. A log/audit of patients who have undergone tracheostomy within the Trust or who have a tracheostomy and been admitted to the Trust will be developed. This log/audit is for governance as recommended by the National Tracheostomy Safety Project.

12.3. **Financial Impact Assessment**
There is no financial impact directly related to the operation of this policy.

13. Duty of Candour which includes the Being Open Framework
There are no implications associated with Duty of Candour and the Being Open framework in relation to this policy.

References

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Russell C, Matta B (Ed): Tracheostomy A Multi professional Handbook, 2010 ,Cambridge University Press

Appendices

Appendix 1 A,B,C,D (5.1.1): Bed Signs and Emergency Algorithms

Appendix 2 (5.2.1): Tracheostomy bedside, emergency and transfer equipment

Appendix 3 (5.2.5): Tracheostomy Care Plan

Appendix 4 (5.2.5): Daily Tracheostomy Observations Chart

Appendix 5 (5.2.6): Inner cannula cleaning protocol

Appendix 6 (5.3): Tracheostomy Patient Transfer: Equipment, Personnel and Checklist

Appendix 7 (6.4): Competency Assessment Form