

Parent & Carer Competency Document for Invasive Ventilation CYP

Name of CYP.....
Name of Parent/Carer.....
Name of Ventilator.....



This document has been endorsed by:



This document was created by the PPLTV group with specialists from: Central LTV team, Evelina London Children's Hospital, Great Ormond Street Hospital, King's College Hospital, Royal Brompton and Harefield Hospitals, Royal London Hospital, St George's University Hospital and The Children's Trust, Tadworth.

With special thanks to Jemma Bridger, LTV CNS Central LTV Team and Emilie Maughan, Wellchild LTV CNS GOSH.

This competency document (2021) was developed by the Paediatric Pan London Long Term Ventilation Group (PPLTV). The PPLTV is a group of clinical nurse specialists and allied health professionals. The team are experts in the care of paediatric tracheostomy, tracheostomy long term ventilation and non-invasive ventilation and work within all the main London Specialist Paediatric Centers. The ethos of this approach is to enable the caregiver to deliver safe, high-quality care against one common standard. The 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 services .

This document has been devised to enable the assessment of a caregiver’s competence to care for a child and young person (CYP) requiring a tracheostomy and long-term ventilation. It is to be used in combination with the relevant guidance notes for the ventilator the CYP is utilising. The caregiver must demonstrate that they can undertake each relevant section and can consistently replicate each aspect of care, over a period of time, in a variety of contexts. When the caregiver feels confident and competent, they will sign each relevant section. Each section will be assessed and signed, by a qualified professional (assessor), once competency has been achieved.

The competency rating scale, adapted from Benner’s Stages of Clinical Competence, enables the assessor to grade the caregiver’s level of competence. The caregiver must demonstrate a minimum level of ‘Achieved’ in order to be deemed competent to care for the CYP without supervision.

The “achieved” box can only be signed by a healthcare worker governed by a regulatory body e.g., NMC, HCPC or GMC. Healthcare Assistants (HCA’s) can deliver training and sign the observed/discussed with support boxes but must be countersigned by a healthcare worker governed by a regulatory body.

Final sign off needs to be completed by a senior staff member with clinical experience and competency in line with local policy. They should have either been aware of all the training done previously or as a minimum verbally go through the competency book and then complete final sign off.

Observed /Discussed: Insight would be gained during the theoretical training

Performed/Discussed with support: Caregiver able to demonstrate/discuss the outlined skill with assistance

Achieved: Caregiver is able to demonstrate/discuss the outlined skill independently

Caregiver sign: Caregiver to sign competency when they feel confident with the outlined skill

Comments: To discuss specific competencies

TRAINING SCHEDULE

This training schedule can be utilised to outline when the competencies within this booklet are going to be completed and by who. This can be completed by the caregiver and the trainer so that the caregiver is aware of when training is occurring. It can also be utilised by the trainer to identify when another session is required for the caregiver and particularly useful if many trainers are involved.

| Date and Time | Session | Caregiver name and Trainer name | Initials of trainer |
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SIGNATURE BLOCK

Any staff member who supervises or documents within this workbook must complete an entry below with their name, title, signature, and initials. This allows for follow-up if required

| Name | Designation | signature | Initials |
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| Competencies to be completed Initial and date | Observed / Discussed | Performed / Discussed with Support | Achieved | Not Applicable to CYP | Caregiver Sign and date when confident with skill | Comments |
|---|-------------------------|--|----------|-----------------------------|--|----------|
| Understanding the CYP's need for ventilation | | | | | | |
| Aware of the need for ventilatory support. | | | | | | |
| Able to describe, in basic terms how the mode(s) of ventilation work. Mode: Pressures: | | | | | | |
| Identify the differences between CPAP and BIPAP (if applicable). | | | | | | |
| Description of ventilator dependence. | | | | | | |
| Able to check prescribed ventilator settings against the home ventilation plan and know when these should be checked. | | | | | | |
| Can discuss what should be done if the settings are different to the home ventilation plan. | | | | | | |
| Ventilator operation | | | | | | |
| Able to connect ventilator to the main power supply. | | | | | | |
| Able to turn the ventilator power on and off and determine if using mains or battery power. | | | | | | |
| Aware of length of battery life and what affects battery life. Aware if there is an internal and external battery. | | | | | | |
| Able to identify when the batteries need charging. | | | | | | |
| Able to identify the filters and explain their maintenance. | | | | | | |

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|---|-------------------------|--|----------|-----------------------------|--|----------|
| Ventilator operation | | | | | | |
| Able to demonstrate how to attach oxygen to the ventilator. | | | | | | |
| Knows how to administer and measure oxygen via the ventilator, when required. | | | | | | |
| Can check the functioning of the ventilator, prior to connecting to the CYP. | | | | | | |
| Able to check the ventilator is delivering pressure when connected. | | | | | | |
| Can identify if a breath is CYP triggered or given by the ventilator (back up/mandatory breath). | | | | | | |
| Able to change between programmes as per LTV plan (if applicable). | | | | | | |
| Can identify where data can be downloaded from the ventilator e.g. USB port or SD card. | | | | | | |
| Alarms | | | | | | |
| Can identify and discuss the alarms set. | | | | | | |
| Can describe the level of importance of alarms e.g. an information alarm or a warning alarm. | | | | | | |
| Can discuss likely causes of alarm and how to respond appropriately. | | | | | | |
| Demonstrates how to check the alarms are working and how often to do this. | | | | | | |
| Aware of the mute button, how long this silences the alarm for and the risks if the alarm was left muted. | | | | | | |
| Aware of what to do if you cannot find the cause of an alarm and who to contact. | | | | | | |

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|--|-------------------------|--|----------|-----------------------------|--|----------|
| Circuits | | | | | | |
| Able to describe which circuit is in use. | | | | | | |
| Understands the purpose of the various parts of the circuits. | | | | | | |
| Awareness of differences in circuits. | | | | | | |
| Able to assemble and attach a new circuit onto the ventilator- WET circuit. | | | | | | |
| Able to assemble and attach a new circuit onto the ventilator- DRY circuit. | | | | | | |
| Circuit calibration (learn circuits) and when these should be performed (if applicable). | | | | | | |
| Aware of frequency of ventilation circuit changes and any individual parts. | | | | | | |

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|--|-------------------------|--|----------|-----------------------------|--|----------|
| Humidification | | | | | | |
| Understands the need for humidification for a ventilated CYP. | | | | | | |
| Can identify different humidification devices. | | | | | | |
| Understands the importance of humidifier positioning. | | | | | | |
| Able to troubleshoot common problems regarding circuit. E.g., rain out, temperature variations, environmental influences. | | | | | | |
| Nebulisers | | | | | | |
| Demonstrate an understanding of the reasons for delivering medication via a nebuliser. | | | | | | |
| Able to safely set up and administer a nebuliser [N.B May require specific training on the equipment used in the home by community/agency] Demonstration completed on: (name of equipment)..... | | | | | | |
| Observes CYP during nebuliser and can identify any changes. | | | | | | |
| Observes CYP and monitors the effectiveness post nebuliser. | | | | | | |
| Aware of how to remove nebuliser, clean equipment and how frequently to change consumables. | | | | | | |
| Aware of the effect of nebulisers in circuits and how this can trigger alarms. | | | | | | |

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|---|-------------------------|--|----------|-----------------------------|--|----------|
| Oxygen and CYP monitoring | | | | | | |
| Demonstrate how to correctly place a saturation probe. | | | | | | |
| Demonstrate an awareness of expected oxygen saturation levels for CYP. | | | | | | |
| Knowledge of current oxygen requirement. | | | | | | |
| Discuss the steps to be taken if the oxygen saturations are low/poor trace. | | | | | | |

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|--|-------------------------|---|----------|-----------------------------|--|----------|
| Emergency management | | | | | | |
| Able to describe signs of distress or changes in clinical condition outside the CYP's normal parameters. | | | | | | |
| Describes the actions to be taken if CYP is in respiratory distress. | | | | | | |
| Awareness of escalation process on the CYP's specific care plan. | | | | | | |
| Knows who to contact in an emergency and where the contact information is recorded. | | | | | | |

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|--|-------------------------|---|----------|-----------------------------|--|----------|
| Travel and Transport | | | | | | |
| Identify all equipment needed. | | | | | | |
| Demonstrates taking the CYP out on a trip, using their buggy or wheelchair, safely securing all equipment. | | | | | | |
| Calculates required amount of oxygen for the duration of the outing. | | | | | | |
| Safely unpacking and recharging all equipment following return from outing. | | | | | | |

Invasive Ventilation Competency Completion Record

This competency pertains to:

Name of CYP:.....

Name of Ventilator:.....

I (name of assessor).....certify that I have reviewed the enclosed competency document and all of the competencies, at the time of assessment, have been achieved and assessed by an experienced member of staff. Each assessor is competent to conduct and assess training in Invasive ventilation.

Print full name..... Role..... Signature..... Date.....

I certify that I (name of caregiver)..... have undergone a period of theory and practical training and I am confident and competent in the skills detailed in this booklet. I will only use this training in respect to the named CYP and ventilator and I will work within the limitations of my training. I am aware that if required, I am responsible for seeking update training.

Print full name..... Role..... Signature..... Date.....