**NDIS delivered continuous invasive ventilation support and emergency plan**

**Introduction**

The NDIS delivered continuous invasive ventilation support and emergency plan (CIV support plan) is developed in collaboration with the regional State Schools Registered Nurse (SSRN) and Clinical Nurse Consultant (CNC), the student and parents, specialist medical team, Queensland Children’s Hospital and Health Service (as relevant and required) NDIS provider, school staff and departmental therapists, if required.

The CIV support plan is developed before the Access Agreement (Continuous Invasive Ventilation) has been signed, and is reviewed at least every six months, or when the student’s health or access needs change, or the student is transitioning to a new school or year level. The *National Disability Insurance Scheme (NDIS) - Continuous Invasive Ventilation support at school* procedure provides information on the process and responsibilities of the team involved in the delivery of Continuous Invasive Ventilation at school by NDIS provider personnel and provides detail on the development and use of this plan by the school.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | **Student’s name:** | **student** | | **Date of birth:** |  | | **EQID:** |  | | **Known allergies:** |  | | **Date plan developed:** |  | | **Review date:** |  | |
|  | |

The CIV support plan provides schools with tools to plan and record adjustments and health supports provided to ensure students who use Continuous Invasive Ventilation can attend and participate safely and fully at school. The plan must be adjusted to reflect all the health supports being provided at school.

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| |  |  |  |  | | --- | --- | --- | --- | | **Emergency Contact 1** | | | | | Name: |  | | | | Relationship: | |  | | | Mobile (Personal) | | |  | | Phone (Home): | | |  | | Phone (Work): | | |  | | |  |  |  |  | | --- | --- | --- | --- | | **Emergency Contact 2** | | | | | Name: |  | | | | Relationship: | |  | | | Agency | | |  | | Phone (Work): | | |  | | Phone (Mobile): | | |  | | |  |  |  |  | | --- | --- | --- | --- | | **Specialist Medical Team** | | | | | Name: |  | | | | Title: | |  | | | Unit Phone: | | |  | | Phone (Mob): | | |  | |

|  |
| --- |
| **Privacy Statement** - The Department of Education (DoE) is collecting this personal information for the purpose of determining and establishing support for the student’s health needs at school and developing an NDIS delivered continuous invasive ventilation support and emergency plan for the student. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student’s personal information) and the *Information Privacy Act 2009* (regarding parent’s personal information) this information will not be disclosed to any other person or body unless you have given DoE permission to do so, or DoE is required or authorised by law to disclose the information. |

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# **Roles and responsibilities**

## **Planning for student**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsibility** | **Names** |
| Gain parent and/or student consent for information sharing between agencies using [Consent form to share student personal information with third parties](https://intranet.qed.qld.gov.au/Students/LearningandDisabilitySupport/Documents/consent-form-share-student-personal-information-third-parties.docx) | Principal or delegate |  |
| Complete NDIS delivered continuous invasive ventilation support and emergency plan | State School Registered Nurse (SSRN) or Clinical Nurse Consultant (CNC), with Principal or delegate, parents, student and specialist medical team |  |
| Provide consent for medication to be administered at school as per the requirements of the [Administration of medications in schools](https://ppr.mpe.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure) procedure | Parent/carer |  |
| Complete risk assessment, monitor regularly, and review at least every 6 months | Principal or delegate with SSRN/CNC  and others as required, such as specialist medical team, parent, student and NDIS provider |  |
| Plan for upcoming excursions, regular school celebrations e.g. swimming carnivals and school camps | Principal or delegate with  Parents  Student  Specialist medical team  SSRN/CNC  NDIS provider |  |
| Plan for transitions between school years and schools | Principal or delegate with  Parents  Student  Specialist team  SSRN/CNC  NDIS provider |  |
| Review plans at least every 6 months | Principal or delegate  SSRN or CNC with parents, student and specialist medical team and the NDIS Provider |  |
| Ensure CIV support plan is shared with relevant school staff, relevant regional support staff including the State Schools Registered Nurse and/or Clinical Nurse Consultant NDIS provider personnel, Parent/s, Student (as appropriate) and specialist medical team | Principal or delegate |  |
| Ensure CIV support plan is saved under Health Plan in the student Plan. |  |  |

## **Health supports**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsibility** | **Names** |
| Complete student arrival checklist | NDIS provider personnel |  |
| Ensure student’s airway is patent | NDIS provider personnel |  |
| In line-of-sight (in range of hearing alarms and/or student alert signal) continuously monitor student | NDIS provider personnel |  |
| Provide student health support procedures:  *List below* | NDIS provider personnel |  |
| Complete observation form (attachment xx) | NDIS provider personnel |  |
| Complete hourly checklists (attachment xxx) | NDIS provider personnel |  |
| Administer medication as listed: *List below* | NDIS provider personnel |  |
| Record the administration of medication as per the requirements of the [Administration of medications in schools](https://ppr.mpe.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure) procedure | NDIS provider personnel |  |

## **Emergency supports**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsibility** | **Names** |
| Ensures student has a personal emergency evacuation plan (PEEP) *attach to this CIV Support Plan* | Principal (with regional therapy support) |  |
| Practices PEEP to ensure staff have relevant skills and knowledge. This may include staff from different locations in a school | Principal or delegate |  |
| Enacts PEEP in an evacuation | NDIS provider personnel  Staff in classroom with student |  |
| Ensure relevant staff (and students) are aware of student’s personal emergency alert e.g. clicking with tongue | Parents  Principal or delegate  NDIS provider personnel |  |
| Ensure trained school staff are available to provide support to NDIS provider personnel in an emergency | Principal or delegate |  |
| Provide support to NDIS provider personnel in an emergency as required | Staff trained by SSRN and nominated by principal or delegate |  |
| Provide training to (insert nominated school staff) in emergency health procedures | SSRN/CNC |  |
| Provide Ambulance plan (attach to this CIV Support Plan) | Specialist medical team and parent/carer |  |
| Complete school notification form if emergency services have been called | Principal or delegate |  |

## **Equipment and consumables**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsibility** | **Names** |
| Provide ventilation equipment and health support equipment in good working order, fully charged batteries and well-maintained.  (*List below)* | Parents/carers  NDIS provider personnel to check on arrival at school each day |  |
| Provide labelled emergency and ventilation kits daily | Parents |  |
| Provide adequate required personal protective equipment (PPE) for health support procedures | Parents/ NDIS provider personnel |  |
| Provide facilities for hygiene management e.g. sinks for washing hands, bins for disposal of PPE | Principal or delegate with support of school staff |  |
| Ensures that there are the following items at school for use with the student: (list required consumables e.g suction catheters) | Parent/s |  |
| Provides the following equipment: (list required equipment) | Parent/s |  |
| Provides facility for storage of equipment and consumables including medication *List below equipment to be stored and medication to be stored and proximity to student* | Principal or delegate |  |
| Provide medication. Medication is in original container, in-date and clearly labelled with student’s name and dosage, and instructions provided  (*list below)* | Parents/carers |  |
| Provide wheelchair, communication device and other community access (*list as appropriate*) | Parents/carers |  |
| Provide hoist for transfers and ensure it is maintained in good working order | Principal or delegate (with regional support) |  |
| Provide training for staff to use hoist safely at school | Principal or delegate (with regional therapy and NDIS therapy support) |  |
| Provide adapted furniture to access educational environment including change tables, adjusted furniture and adjustments for accessing curriculum e.g. switch accessible devices (*list below)* | Principal or delegate (with regional therapy support) |  |

## **Education adjustments**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsibility** | **Names** |
| Identify adjustments required for student to access curriculum | Parent/carer  Student  Principal or delegate  Regional Therapy Team  Advisory Visiting Teacher  SSRN |  |
| Implement adjustments | All staff as relevant *List for specific responsibilities* |  |
| Review adjustments as required | Principal or delegate  Student  Parent/carer  Advice from specialist support staff as required |  |

# Risk assessment

The risk assessment will be completed by the principal or delegate and approved by the principal, in collaboration with SSRN/CNC

and others as required, such as specialist team, parent/carer, student and NDIS provider. Once completed the risk assessment will be monitored regularly and reviewed at least every 6 months if not required prior to this period to reflect any changes in student needs.

**Identified risk factors**

Identify the risk factors that reduce student safety when attending school (classroom, playground, school assemblies, specialist learning areas)

|  |
| --- |
| **General risk factors** |
| **Availability of equipment/materials** e.g. location, storage, and in good working order |
| **Availability of trained staff** e.g. location in school, training, supervision requirements, communication tools |
| **Students** e.g. specific needs, wellbeing |
| **School factors** e.g. distance from emergency services, phone and data connectivity, electricity |
| **School factors:** infection control |
| **Team communication**: communication with student, family, NDIS personnel, school |
| **Camps and excursions**: risk assessment of camp/excursion site, access to emergency services, access to power, personal care facilities including sports carnivals |
| **Other risk factors e.g emergency evacuation (see PEEP) and lockdown** |

# Plan for medical emergency

Information about managing an emergency for the student must be included in the risk assessment.

**Control measures**

Identify any control measures that are in place, or can be put in place, to manage the risks related to the student’s health support needs or safety. Additional and alternative control measures may be required.

| **Areas for risk management** | **Recommended control measures** | **Yes** | **Implementation strategies (How? When? Where? Who?)** |
| --- | --- | --- | --- |
| **Equipment / materials** | Specialist Medical Team provide ventilation order. |  |  |
| NDIS Provider Personnel check and record Ventilator settings hourly |  |  |
| NDIS Provider personnel trained to understand airway management, ventilator alarms/alerts and how to act or troubleshoot leakage, disconnection or ventilator failure |  |  |
| NDIS personnel are continuously monitoring student when responsible for airway monitoring |  |  |
| Principal or delegate ensure access to power point across the school (mapped if required) |  |  |
| NDIS provider personnel check battery charge on arrival and departure from school |  |  |
| Parents and NDIS provider personnel ensure adequate portable power supply in case of power failure or emergency evacuation to a non-powered location |  |  |
| NDIS provider personnel ensure devices are plugged in and charging at all times when in the classroom and other indoor locations for periods of time e.g parade |  |  |
| Parents and NDIS provider personnel ensure that hand powered/operated equipment is available that can be used if power fails or battery power is used up |  |  |
| **Staff** | NDIS provider to arrange additional consistent trained NDIS provider personnel for health procedures and to ensure continuity of care when NDIS provider personnel take breaks such as meal and toilet breaks |  |  |
| CNC or SSRN train school staff to assist in emergencies |  |  |
| Principal ensures that staff training is updated every 12 months or more frequently if changes to student’s emergency management or staff requested with training to be delivered or facilitated by the SSRN or CNC |  |  |
| **Student** | NDIS personnel to recognise signs and symptoms of a blocked or dislodged tracheostomy tube, and to suction or replace tracheostomy tube |  |  |
| NDIS personnel to administer nebulised saline solution |  |  |
| If the student becomes unwell, teacher or principal contacts parent and student is collected by the parent unless emergency response is required |  |  |
| **Emergency Situations** | Ambulance will be called in an emergency |  | *By whom?* |
| Principal ensures a procedure for raising the alarm has been implemented by the school and communicated to staff and volunteers and documented on student’s emergency health plan. |  | *Process to follow.* |
| Principal ensures Ambulance plan is attached to NDIS delivered continuous invasive ventilation support and emergency plan, and available for use by ambulance staff if required |  |  |
| Principal ensures processes are in place to meet and direct the ambulance to the student |  | *By whom?* |
| SSRN or CNC train school staff to assist with emergency ventilation needs |  | *List who will support students and how this will occur.* |
| Parents ensure emergency kits and equipment are available at all times including:   * suction catheters and suction machine (charged battery) * emergency tracheostomy replacement kit * emergency secondary ventilator * bag for artificially breathing if ventilator failure * emergency medication (autonomic dysreflexia) * ability to call for assistance/ambulance (includes Ambulance plan) * emergency health plans with step by step direction in the kits |  |  |
| NDIS personnel are trained to recognise and respond to symptoms of autonomic dysreflexia |  |  |
| NDIS provider personnel and school staff able to remove sources of anxiety or discomfort, or noxious stimuli, which may lead to autonomic dysreflexia |  |  |
| Principal ensures student has a Personal Emergency Evacuation plan with staff trained to implement plan safely |  |  |
| **Infection control** | Standard infection control procedures are followed by all staff |  |  |
| Principal ensures NDIS provider personnel have close access to handwashing sinks, waste disposal and hand sanitiser where personal care procedures are carried out. |  |  |
| PPE as required by *the* [*Personal Protective Equipment for health support*](https://ppr.mpe.qed.qld.gov.au/attachment/personal-protective-equipment-for-health-support-procedures-factsheet.pdf) *procedures* is worn by school and NDIS staff |  |  |
| SSRN and/or CNC provide training to school and NDIS provider personnel (if required) in correct use and disposal of PPE |  |  |
| Principal ensures that health procedures are carried out in an environment appropriate for student dignity, and safety of other staff and students. |  |  |
| All staff who are unwell do not attend school |  |  |
| If there is an outbreak of an infectious disease at the school the principal ensures that the student’s parent is notified immediately ([see infection control procedure](https://ppr.mpe.qed.qld.gov.au/attachment/infection-control-procedure.pdf) and [Management of contagious conditions procedure](https://ppr.mpe.qed.qld.gov.au/attachment/management-of-contagious-conditions-procedure.pdf)). |  |  |

|  |
| --- |
| **Additional controls** |
|  |

Completed by

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Principal |  |
| Email |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | CNC/SSRN |  |
| Email |  | Date |  |

**Monitoring and review**

Review control measures to ensure adequate reduction of risks. Modify or add control measures to ensure safety and document these. Control measures are reviewed at least every six months by the State School Registered Nurse/Clinical Nurse Consultant, NDIS Provider personnel, parents and/or student and Principal and others as required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| **Are the control measures still effective?**  (*consider if there have been any issues arise that the control measures did not address)* | | | |  |  |
| **Have there been any changes?** | | | |  |  |
| **Are further actions required?** | | | |  |  |
| **Details:** | | | | | |
| **Planned review date** | Click here to enter a date. | **Date** | Click here to enter a date. | | |

# Adjustments to support access and participation

This section lists the reasonable adjustments made by the school to ensure that the student can access and participate in learning on the same basis as their peers. These adjustments are developed by the student’s educational team including the student’s teacher(s), the student and/or their parents with input from the student’s multidisciplinary team e.g. occupational therapist, physiotherapist, speech-language pathologist.

### Environmental adjustments

|  |  |  |
| --- | --- | --- |
| **Adjustment** | **Who will implement?** | **Review date** |
| ***Consider:***  *Temperature regulation*  *Access to toilets*  *Hoists*  *Storage for equipment and consumables*  *Equipment e.g. adjustable table for changing*  *Ramps/lifts*  *Classroom access and positioning*  *Access to power*  *Space for NDIS personnel*  *Access to assistive technology* |  |  |

### Assistive technology

|  |  |  |
| --- | --- | --- |
| **Adjustment** | **Who will implement?** | **Review date** |
| ***Consider:***  *Communication*  *Access to reading and writing*  *Adaptive technologies e.g. switch access/IOT access*  *Training for school staff and student in use as required* |  |  |

### Curriculum

|  |  |  |
| --- | --- | --- |
| **Adjustment** | **Who will implement?** | **Review date** |
| ***Consider:***  *Access to curriculum*  *Adjustments for practical subjects such as HPE and design and technology* |  |  |

### Student wellbeing

|  |  |  |
| --- | --- | --- |
| **Adjustment** | **Who will implement?** | **Review date** |
| ***Consider:***  *Social connections with peers*  *Dignity*  *Mental health and wellbeing* |  |  |

# Medication plan – administration, supply, storage and disposal

**Administration**

* The NDIS provider personnel is authorised by the principal to administer medications to the student while the student is at school or school-related activities. This person is responsible for selecting, preparing, administering and recording the administration of medication to that student.
* The following is a list of the medications to be administered to the student.

|  |
| --- |
| Name of medication |
|  |
|  |
|  |
|  |
|  |
|  |

* For each medication, complete the required consent and recording form as per the requirements of the [Administration of medications in schools](https://ppr.mpe.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure) procedure.
* In an emergency, school-based staff may assist with administration of medication. People who are trained in the administration of the emergency medications are:

|  |  |
| --- | --- |
| **Name** | **Date training received** |
|  |  |
|  |  |
|  |  |

* Ensure a copy of the Emergency Health Plan/Action Plan/medication order is included in emergency kits and available to all support staff .
* Attach any additional written advice from the prescribing health practitioner to the emergency health plan.
* Staff/NDIS support worker refers to all information when administering medication.
* If an emergency response (e.g. autonomic dysreflexia, mucous thinning medication), administer medication as per Emergency Health Plan / Action Plan/medication order.

**Supply of medication**

* All medication is medically authorised.
* All medication supplied is in-date, clearly labelled with student’s name and dosage, and provided with instructions.

**Storage of medication**

* The student’s medication will be stored according to their specific requirements, and with consideration to the safety of the student and the school community.
* Emergency medication will need to move with the student, where possible included in the student’s emergency kit.
* Copies of the emergency plan and medication orders will also be included with the student’s emergency medication and kits.
* Storage will be in accordance with manufactures requirements to mitigate exposure to temperature and light (protective insulated pouch within the emergency kit).

|  |  |  |
| --- | --- | --- |
| **Name of medication** | **Storage requirements** | **Will be stored** |
|  |  |  |
|  |  |  |
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|  |  |  |
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**Disposal of medication**

* Medication that is no longer required will be collected from the school by the parent/carer.
* Uncollected medication will be disposed of at a local pharmacy (with the authorisation of the principal/delegate)

This medication plan meets the student’s needs and I understand my roles and responsibilities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Signature** | **Date** |
|  | Principal or delegate |  |  |
|  | SSRN/CNC |  |  |
|  | Student (as appropriate) |  |  |
|  | Parent/carer |  |  |
|  | NDIS Provider (on behalf of its personnel) |  |  |

# Ambulance plan

Students requiring ventilation are flagged with Queensland Ambulance Service as requiring a prescribed urgent response. The nurse navigator from the student’s specialist medical team will secure the appropriate documentation required to assist the parent and school in contacting Queensland Ambulance Service to implement the Ambulance plan. The student’s parents are responsible for ensuring that the school has a copy of the Ambulance plan.

The Ambulance plan provides the school with a scripted statement when contacting 000 to alert Queensland Ambulance Service to the planned response.

<insert copy of ambulance plan here>

# Emergency health support procedures

These emergency health support procedures are included in the plan for use by trained departmental staff in the event that the NDIS provider personnel are unable to deliver care while waiting either for the student’s parents to collect them from school or an ambulance to arrive.

The school is to contact the student’s parents and ask that they collect their child from school.

**In the event that the student’s parents are uncontactable, the school will first contact an ambulance and then contact the student’s emergency contacts. The school will continue to try and contact the student’s parents.**

The number of staff trained and able to deliver this service in the event that NDIS provider personnel are not able to, will be determined by the principal in the risk assessment plan above.

Each emergency procedure will need to be personalised to the student’s specific needs.

## **Suctioning tracheostomy procedure**

* Wash hands - put on recommended PPE as per the [*Managing Student’s Health Support Needs at School*](https://ppr.mpe.qed.qld.gov.au/attachment/personal-protective-equipment-for-health-support-procedures-factsheet.pdf) procedure
* Connect suction catheter to suction tubing and turn on suction machine – check for correct pressure
* Measure the suction catheter as indicated on suction length guide
* Remove Passy Muir/HME/Ventilator circuit
* Insert the catheter into the Tracheostomy with the ‘Y’ connection hole uncovered
* Place finger over the “Y” connection hole to create suction and gently pull out while twirling suction catheter between fingers. This should take no longer than 5 seconds. Encourage the student to cough (if able to)
* Allow the student to rest for 10 – 20 seconds between suction passes. They may only need 1 suction pass.
* Reconnect the ventilator between each insertion of the suction catheter so the student takes a breath
* Continue to suction (usually no more than 3 passes are required) until airway is clear and breathing sounds return to normal and the student is breathing comfortably
* Suction some clean water through the tubing to clear secretions from the catheter (if reusable)
* Turn off the machine and return the suction catheter to the cover
* Replace Passy Muir/HME/Ventilator circuit connection
* Remove and dispose of PPE appropriately
* Wash hands
* Document suctioning completed in the Suctioning Record

*Note: If the suction catheter is blocked or drops on the ground please replace with a new one*

If suctioning is not successful in clearing the airway and/or the student is distressed, change the tracheostomy tube immediately!

Equipment:

* Suction unit (fully charged)
* Suction catheters (size as per order)
* Container of water
* Appropriate PPE

## **Changing a blocked or dislodged tracheostomy tube**

NOTE: A second trained staff member must be available to assist in a tracheostomy change

Person 1 – to change the tube

Person 2 – to assist

**Steps**

Person 1 puts on gloves

* Person 2 opens the emergency tracheostomy kit; turns on the suction unit; selects the replacement tracheostomy tube and lubricates the tip
* Person 1 holds the tracheostomy tube in place while person 2 cuts or unties to securing tapes/chains
* Person 1 then removes the blocked tracheostomy tube using a curving motion, then inserts the new tracheostomy tube using a reverse curving motion
* The new tracheostomy tube will have an introducer inside to support insertion
* Person 1 removes the introducer and suctions the new tube to ensure the airway is clear
* Person 2 secures the tapes/chain to ensure the new tracheostomy tube remains in place.
* Wash hands
* Record the change of tracheostomy tube and notify the parents
* Support staff continue to monitor the tracheostomy as usual

**Equipment**

Emergency tracheostomy change kit containing:

* Spare tracheostomy tubes (1 same size, 1 smaller) with introducer
* 1 cut down catheter (if tracheostomy tube cannot be inserted provides temporary airway)
* Securing tapes/chains
* Scissors (to cut existing securing tapes)
* Lubricant
* HME
* Gloves

## **Autonomic dysreflexia**

Students with a spinal injury at or above the level of the 6th thoracic vertebrae may experience a sudden high blood pressure that can result in a brain haemorrhage if left untreated.

Triggers for this include:

* Bladder irritation (distended full bladder, bladder or urinary tract infection)
* Bowel irritation (distended/full bowel)
* Skin irritation (pressure area, burn, infection, tight clothing)
* Fractured bone, other injury or disease.

**Signs and symptoms**

* Pounding headache
* Tightness in chest
* Blurred vision
* Flushing or blotching of the skin
* Profuse swelling
* Goosebumps
* Chills
* Slowed pulse
* High blood pressure (if electronic blood pressure machine used)

**Management**

Follow the emergency management plan which includes:

* Sit student upright and loosen any tight clothing
* Check the catheter line for kinks or blockages
* Check catheter - empty bag and observe for ongoing drainage
* If catheter not draining gently irrigate with 30ml of water as trained to do
* If the catheter begins to drain ensure controlled drainage (sudden emptying can cause bladder spasm)
* If no drainage and you suspect blockage – contact the parent and or ambulance as per the agreed emergency plan
* Support the toileting as required
* Emergency medication may be ordered as a **patch or spray** under the tongue to reduce the blood pressure – administer this as per the emergency health plan

# Personal Emergency Evacuation Plan

This Personal Emergency Evacuation Plan (PEEP) is devised for:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with *Australian Standard 3745-2010* a request has been made by or on behalf of the above person to assist them during any emergency or exercise requiring their evacuation from the nominated facility to a place of safety.

The following advice is based on the identified needs of the individual and provides sufficient information for designated assistants, School Response Team (SRT) personnel, which includes chief warden and other nominated personnel, such as a security coordinator and the evacuation coorindator, and external emergency responders to effectively coordinate the removal of the above person to a place of safety within the provisions of the building fire and evacuation plan and site emergency management plan.

**DESIGNATED ASSISTANCE**:

(The following people have been designated to give me/my child assistance to get out of the building in an emergency).

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**METHODS OF ASSISTANCE:**

I/My child will be assisted to evacuate:

1. If on the ground floor of a building- by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If above the ground floor- by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If in the school grounds by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If in the car park by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAFE ROUTE(S):**

(I understand that in extreme instances, these routes may not be usable. At those times the designated assistant(s), wardens or emergency officers, as members of School Response Team, will assist me/my child to use the safest available route.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL CONSIDERATIONS:**

During an evacuation, the following information will need to be considered to ensure I/my child can be evacuated in a safe manner. I understand in an emergency all care will be taken with regard to my/my child’s health and wellbeing but that if circumstances occur that place my/my child’s life or the life of persons with me/my child at risk, life safety will take precedence over any other factor.

*All essential equipment must accompany the student. Ventilators and suction equipment will run on battery (if fully charged) for a set time and the battery indicator will identify remaining charge available. Hand powered devices are also included in emergency kits should all power supply be exhausted.*

**Approved by Parent (signature):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  / /

**Student (if appropriate):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  / /

Prepared by (name & signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Evacuation Coordinator (name and signature):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next formal review date**: / /

# Signatures

|  |  |  |
| --- | --- | --- |
| **I, the parent/carer, agree with and authorise school staff to follow this NDIS delivered Continuous Invasive Ventilation support and emergency plan at school.** | | |
| Parent/Carer name (print):   |  | | --- | |  | | | |
| Signature:   |  | | --- | |  | | Date | |
| Student name (if sufficient age and maturity to consent) | | |
| Witness to student consent (name) | | |
| Witness to student consent (signature) | | |
| **Clinical Nurse Consultant/State Schools Registered Nurse** | |
| Name (print):   |  | | --- | |  | | |
| Signature:   |  |  | | --- | --- | | |  | | --- | |  | | | Date |
| **Principal (or delegated officer)** | |
| Name (print):   |  | | --- | |  | | |
| Signature:   |  |  | | --- | --- | | |  | | --- | |  | | | Date |
| **NDIS Provider. I understand my/my employee’s roles at school as described in this plan and the NDIS Access Agreement (Continuous Invasive Ventilation)** | |
| Name (print):   |  | | --- | |  | | |
| Signature   |  |  | | --- | --- | | |  | | --- | |  | | | Date |
| **Specialist Medical Team. I have provided input to this plan and this reflects my advice** | |
| Name (print):   |  | | --- | |  | | |
| Signature:   |  |  | | --- | --- | | |  | | --- | |  | | | Date |
| Role | |

# Safety and monitoring checklists

Checklists required to be completed by NDIS provider personnel include:

1. Tracheostomy Ventilation Arrival check– checking airway patency, essential emergency equipment/kits are present
2. Tracheostomy monitoring sheet- complete throughout the day every x hours (team to complete)
3. Suction procedure recording sheet- complete each time suctioning is used
4. Personal Emergency Evacuation Plan- complete for student and review each time the NDIS delivered continuous invasive ventilation support and emergency plan is updated.

The table below lists the equipment that the student requires each day, storage requirements and possible malfunctions associated with the equipment (delete any that do not apply to the student).

Equipment is checked daily as listed below.

| **Equipment** | **Storage** | **Malfunction** |
| --- | --- | --- |
| Tracheostomy Box   * Tracheostomy tube x2 * Ties * Scissors * Lubricant * Saline * HME | Remains with the student in a kit.  Checked daily | Reach expiry date on pack  Silicone deterioration if dated |
| Suction Kit   * Suction Machine * Suction catheters * Bottle of water * Hand powered suction unit | Remains with the student | Charged battery mechanical malfunction  Reach expiry date on pack  Silicone deterioration if dated |
| Mouth to mask breather   * Manual if ventilator fails * Self-inflating bag | Remains with the student  Checked daily | Plastic deteriorates over time |
| Ventilator   * Spare backup ventilator | Remains with the student  Checked daily  Serviced by provider | Can fail and manual breathing equipment available. |
| Circuits   * Spare circuit | Remains with the student  Checked daily  Changed frequently | Prone to cracking and splitting |
| Nebuliser | Bag- Remains with the student  with student  Used and checked daily | Mechanical/battery failure |
| Exhalation ports | Remains with the student | Stable plastic may break if dropped |
| Blood glucometer | Usually remains with the student but could be stored in the classroom | Test strips with date/expire (must be suited to this particular device)  Glucometer will require battery replacement  Electronic malfunction |
| Medication/emergency medication | Stored in an appropriate, safe location according to the manufacturer’s requirements | Expires  Heat or cold extremes may reduce effectiveness of medication |
| Urinary catheter bags | Stored in a bathroom locker where it may be emptied or changed if required | Deteriorate past expiry date  Malfunction rare, but simply apply new bag |

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| **Student:** | **This is a NDIS provider personnel check at the beginning of each day on arrival, at handover to other NDIS provider personnel, and on departure to ensure all critical equipment and consumable are available to the student at all times.** | | | | | | | | | | | | | | | | | | | | | |
| **Tracheostomy ventilation - CHECKLIST** |
| **Date: Week Starting** | **/ /** | | | | | **/ /** | | | | | **/ /** | | | | | | **/ /** | | | | | |
|  | **M** | **T** | **W** | **Th** | **F** | **M** | **T** | **W** | **Th** | **F** | **M** | **T** | **W** | **Th** | **F** | **M** | | **T** | **W** | **Th** | **F** |
| **Tracheostomy Box**   * Spare Tracheostomy tube same size * Spare Tracheostomy tube size smaller * Chain cutters and spare chain * Spare Velcro ties and scissors * Lubricant * Sodium Chloride 0.9% ampoule & 1ml syringe * Second suction catheter * HME green to green |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| **Suction Equipment**   * Suction machine works * Power cord for suction machine * Suction tubing attached * Suction catheters (at least 3) * Catheter rinsing container and water |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| **Ventilator**   * Circuit connected correctly * Circuit is in good condition with no splits or breaks * Settings match orders on ventilator prescription * Ventilator reaches the prescribed pressures (IPAP & EPAP) * Exhalation port has air flow through it * Internal and detachable batteries fully charged or charging * Second circuit with exhalation port and connector is present. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| **Emergency Equipment**   * Self-inflating bag for manual breaths * Res-q-vac (manual suction) * Mouth to mask device |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| **Initial after checking** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| **Check at handover times/ Subsequent checks if applicable** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| **Check at handover times/ Subsequent checks if applicable** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| **Check at handover times/ Subsequent checks if applicable** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |

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| **Tracheostomy ventilation monitoring recording sheet** | | | | | | | | | | | | | | | | | | | | | | | | | |
| This form is used by the NDIS provider personnel when providing health supports at school. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | |
| **Ventilator connected** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  | **Observe the ventilated student continuously and record checks every hour/if ventilation paused and restarted** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student is awake** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Student looks comfortable** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Chest is moving up and down with each breath** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Tracheostomy is secure and in the correct position** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Exhalation port has air flowing out of it** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Exhalation port is not covered or blocked** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Circuit is secure** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **HME is correctly positioned in the circuit “green to green”** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **RR reading from ventilator screen** *(write number)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pressure – high reading** *(write number)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pressure – low reading** *(write number)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Vte (mLs) average** *of 5 readings (write number)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Leak** *(write number)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Battery bars displayed green (1-10)** (*write number)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Any concern noted** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **Parents notified** *(Y/N)* |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **Other actions needed**  *(e.g. Tracheostomy change)*  *Blood Glucose Monitoring* |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **Initials** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| **Suction procedure recording sheet** | | | | | | | | |
| This form is used by the NDIS provider personnel when providing health supports at school. | | | | | | | | |
| Name of the NDIS provider personnel completing the recording sheet: | | | | | | | | |
| **STUDENT:** | | |  | | | | | |
| **Date** | **Time** | **Respiratory effort/**  Breath sounds before | **Colour** | **Consistency** | **Amount** | **Suction** | **Respiratory effort/ Breath sounds after** | **Name & sign** |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| **KEY:** |  |  | **Colour: W –** White.  **Y –** Yellow.  **G -** Green | **Consistency: TH –** Thick.  **T –** Thin. **B**. Blood stained | **Amount**: **SM -** Small **M.** Moderate.  **L -** Large | **Suction:**  **T**- Tracheostomy. **O –** Oral. **NP -** Nasopharyngeal |  |  |