



2023-24SY BCSS Emergency Tracheostomy Replacement Protocol During School For

_____ at _____
(Student's Name) (School)

General Information

- A. The purpose of a tracheostomy tube is to provide an airway that is patent and functional. It is possible that we may have to assist in the loosening and draining airway secretions to keep an airway patent.
- B. Signs & Symptoms of Respiratory Distress:
 1. Rate of respirations may increase.
 2. Skin color changes may be noted around the mouth, lips, or nail beds. The skin may become pale, gray or bluish.
 3. Grunting may be heard when the child is exhaling. This is the body's defense to try to keep oxygen in the lungs.
 4. Retractions may be present in the child's ribcage area. This is noted when the skin seems to sink in between the bones while the child is trying to breathe.
 5. Noisy breathing or wheezing may indicates the airway is not patent.
 6. Absence of breathing.
- C. Tracheostomy tubes will immediately be replaced by any of the following personnel when a child is in respiratory distress.
- D. The school will notify 911 and the parent/guardian immediately if a tracheostomy tube comes out. If the tube is replaced without difficulty, the principal or principal's designee can sign the medical release so that the child will not be transported to the hospital upon the parent/guardian's verbal approval.
- E. If the tracheostomy tube is displaced and there is no respiratory distress, the school nurse will replace the trach to assure an open airway. If the school nurse is not present, the paramedics/parents will be called to come to the school to replace the trach tube.
- F. The child must be continuously monitored for any signs of respiratory distress. If the child begins to show S & S of respiratory distress and the nurse/parent/paramedics have not arrived on the scene, trained staff will make the decision to try to replace the trach tube.

IN AN EMERGENCY ONLY! CPR MAY ALSO BE NECESSARY!
- G. Call for other staff to assist in the procedure.
- H. The child's emergency kit must contain an extra tracheostomy tube (the appropriate size) and an obturator. This kit must accompany the student everywhere he/she goes inside and outside of the building.
- I. The procedure will be fully discussed with the parent/guardian, documented on the IEP and approved by the physician before the child attends school.
- J. The parent/guardian will provide the necessary equipment for tracheotomy care at school daily.

Personnel

Replacing the tracheostomy tube should be performed by the school nurse who has current training in replacing a tube. If the school nurse is not available, paramedics will be contacted immediately. If the school nurse and paramedics are not readily available, the *Trained Staff* will replace the tube if the student is in respiratory distress.

- A. School Nurse (The school nurse is the direct and indirect procedural supervisor responsible for training and monitoring involved staff.)
- B. Paramedics
- C. Parent/Guardian
- D. Trained Staff* (Training means preparation in the appropriate delivery and skillful performance of specialized physical health care services. Medically related training of employed designated school personnel requires annual training in an approved program, that includes procedures provided by the credentialed school nurse, qualified public health nurse, qualified licensed physician and surgeon, or other approved programs to enable the person to provide the specialized physical health care services necessary to enable the child to attend school.)

Please complete the attached sign off sheet for this protocol to be used while your child is in school. This protocol will need to be reviewed and completed before your child attends school each year to ensure that your child is receiving the appropriate care for his/her tracheostomy while at school.

I have read and agree with the above written protocol for the Bartow County School System for replacement of the tracheostomy tube for _____,
(Student Name)

Physician's Name

Address

Office Phone #

Office Fax #

Physician's Signature

Date

I give permission for the release of my child's medical information concerning his/her tracheostomy care at school to the school nurse.

Parent/Guardian Signature

Date

Printed Parent/Guardian Name

Please sign below, stating you understand the tracheostomy replacement training provided today including:

- the purpose of the tracheostomy tube
- the signs and symptoms of respiratory distress and how to perform CPR, if needed
- the importance of immediately replacing the tube
- HOW, WHEN, and WHO replaces the tube
- the importance of calling 911
- notifying the parent/guardian

Parent/Guardian Signature

Date

School Nurse Signature

Date

Principal Signature

Date

Teacher Signature

Date

Paraprofessional Signature

Date

This training has been provided and/or overseen by _____ (Lead Nurse for Bartow County Schools), who has been certified by CHOA to provide training for staff in emergency tracheostomy replacements.

Lead Nurse