Procedure No: I.C.6.PR.001
Subject: Care for Individuals with an Artificial Airway in a Residential Setting
Section: Services and Supports Living Arrangements

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Policy Statement

The Department of Developmental Services (DDS) is committed to ensuring individuals receiving services in publicly and privately operated community living arrangement (CLA), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), and continuous residential supports (CRS) settings receive the highest quality services. This policy and procedure is to ensure that individuals who require routine artificial airway care and suctioning through an artificial airway receive the highest level of care in the least restrictive environment.

Procedure

A. Purpose

The purpose of this procedure is to ensure the health and safety of individuals receiving DDS funded support and services who require care for an artificial airway in the CLA, ICF/IID or CRS settings. This standard provides guidance to direct support employees and licensed nurses who may be delegating or delegated the responsibility to care for individuals in these settings.

B. Applicability

This procedure is applicable to all Qualified Provider and Public Provider staff and contractors who are caring for individuals or a group of individuals with intellectual disability receiving residential services in a CLA, ICF/IID or CRS setting who require trained staff to perform suctioning through an artificial airway. This policy is also applicable to DDS employees who are responsible for monitoring services and supports offered by the DDS Qualified Provider or Public Provider.

C. Definitions

"Individual" means a person who has been determined to be eligible to receive or is currently receiving funding and services from the Department of Developmental Services.

"Individual Plan" means the document to guide all supports and services provided to the individual.

"Nurse" means a person licensed as a registered nurse or a licensed practical nurse in accordance with Chapter 378 of the Connecticut General Statutes.

"Planning And Support Team" or "PST" means the group of persons who participate in the development of an Individual Plan, including the individual; the individual's parent or legal representative; family members or chosen advocates, as applicable; the individual's case manager; support services personnel; and any other person requested by the individual.

"Respiratory Therapist" means a person licensed as respiratory care practitioner in accordance with chapter 381a.

"Qualified Provider" means a person, firm or corporation that has been qualified to provide services funded through DDS and has met the standards established in the DDS Home and Community Based Services Waiver (HCBS).

"Qualified trainer" means a registered nurse who has been trained by a respiratory therapist to provide annual or refresher training to a nurse.

"Trained direct support employee" means an employee providing support and services to an individual with intellectual disability in a CLA, ICF/IID or CRS Setting who has been trained to perform certain tasks for individuals with an artificial airway as delegated by the licensed registered nurse and outlined in the Individual Plan.

"Trained Nurse" means a person licensed as a licensed registered nurse or licensed practical nurse that has been trained to provide care for individuals with an artificial airway.

D. Implementation

1. Standard of Care for individuals with artificial airways.

   a. Each individual shall have an order from a licensed healthcare provider that allows a medical and nursing care plan to be put in place to care for the individual's artificial airway in the residential setting.

   b. The individual's Planning and Support Team shall review the Qualified Provider or Public Provider's residential setting to ensure the individual's needs are met and incorporate relevant documentation in their Individual Plan.

   c. Each individual shall have a plan of care in place as part of their Individual Plan that includes, but is not limited to the following:

      i. Specific instructions as to procedures for appointments and transport.
      ii. Routine care of the artificial airway.
      iii. Information regarding the hours of on-site nursing needed to care for the individual.
      iv. A list of tasks for artificial airway care that can be delegated to a trained direct support employee.

   d. The Qualified Provider shall contract with or hire a respiratory therapist and ensure any equipment identified by the Respiratory Therapist to care for the individual with an artificial airway is in place before any trained staff or direct support employees can provide support and services for the individual.

   e. No nurse may perform tasks on individuals with artificial airways unless they are trained by a Respiratory Therapist and have shown competency with the protocols and procedures required in the individual's care plan and the ability to respond to emergent issues.

   f. The Case Manager shall notify the regional health services director of plans to admit an individual with an artificial airway and the respiratory plan of care shall be submitted for review.

2. Requirements for performing tasks that involve artificial airway suctioning.

   a. The Respiratory Therapist, in conjunction with a registered nurse shall develop a protocol that includes parameters and guidelines for each individual that provide guidance before and after a nurse performs suctioning procedures. Such parameters and guidelines include, but are not limited to checking vital signs, oxygen saturation, lung sounds, and color of sputum or secretions. The nurse performing the suctioning procedure shall contact the registered nurse if the individual falls outside the baseline parameters.

   b. The Respiratory Therapist shall ensure the protocols in place are specific to each individual's needs.

   c. The Respiratory Therapist shall:
      i. Develop and implement protocols that are based on the individual's specific needs that allow for trained nurses to perform tasks that involve care for the individual's artificial airway.
      ii. Evaluate individuals in-person prior to admission or transition to a different home.
      iii. Ensure there is a procedure for emergencies that includes decannulation, mucus plugs, when to end the suctioning session, when to call the RN, and when to call 911 if needed.
      iv. Provide oversight of the respiratory care plan and trained nurses.
      v. In conjunction with the Registered Nurse, review each individual's medical and nursing record and documentation of data on an ongoing basis and physically assess the individual on a quarterly basis or more often as may be necessary based on the individual's needs.

   d. The Qualified Provider shall ensure all nurses providing artificial airway care to the individual are trained in Basic Life Support and the use of a bag valve trach mask.

3. Training.

a. The Respiratory Therapist shall be responsible for completing the initial training of all nurses who will be providing care to the individual and document that the nurse has successfully demonstrated competency to care for the individual's artificial airway.

b. Training shall include educating the trained nurse on signs and symptoms of respiratory distress, when to suction, when to end the suctioning session, when to call the Registered Nurse on call, and when to call 911 if needed.

c. The Respiratory Therapist may train a registered nurse to be a qualified trainer for artificial airway care. The qualified trainer may then provide ongoing, or refresher training as needed. The qualified trainer may not perform the initial training.

d. Each nurse who has been trained in the procedures for caring for an individual with an artificial airway shall receive a yearly refresher course, which may be completed by the respiratory therapist or qualified trainer, within 60 days of anniversary of their initial training date.

e. The delegating nurse may train direct support employees on any routine care outlined in the individual's plan of care as being able to be performed by a trained direct support employee.

4. Recordkeeping and Documentation.

a. The Qualified Provider shall ensure plans are in place for emergencies and that the Respiratory Therapist has developed protocols that meet the needs of the individual receiving care for their artificial airway and the respiratory therapist and registered nurse review and physically assess the individual on a quarterly basis or more often based on the individual's needs.

b. The Qualified Provider shall ensure documentation of the individual's protocols, respiratory care plan, parameters, and emergency procedures

is readily available for nursing staff to reference, if needed, before, during and after artificial airway care.

c. The Qualified Providers shall maintain documentation of the training provided to each nurse who is providing care to the individual with an artificial airway and trained direct support employees and make such documentation available to DDS staff upon request.

E. References

None

F. Attachments

None