

## TRACHEOSTOMY SUPPORT COMPETENCY ASSESSMENT

<b>Worker's Name:</b>	<b>Assessor's Name:</b>	<b>Date of Assessment:</b>
<b>Worker's Position:</b>	<b>Assessor's Position:</b>	<b>Date Worker Commenced:</b>
<b>Worker's Signature:</b>	<b>Assessor's Signature:</b>	
<b>Clinical Procedure being Assessed:</b>		<b>Assessed as Competent: Yes / No / YWI</b>

**Code (YWI) - Yes, With Instructions** indicates that although all components of the assessment may not have been achieved, the worker can demonstrate an understanding of the deficits identified and justify those deficits. This can also apply if the worker did not compromise the participant's safety or breach WHS and or Infection control guidelines. Competencies for YWI should be reviewed and reassessed within 3 months to demonstrate and attain full competency.

**Note:** *If there are any areas that are assessed as Not Competent, the worker must not perform these procedures until additional training has been undertaken and competency re-assessed.*

**“Competency”** is a measurable pattern of knowledge, skills, abilities, behaviours, and other characteristics that an individual needs to perform work roles or occupational functions successfully. Many factors must be considered when determining whether the worker has the specific competencies and skill sets necessary to care for a participant, as identified through assessment, participant-specific assessments, and as described in their *Support Plan*. All workers must also meet the specific competency requirements as part of their registration, license or certification requirements defined under federal and state law or regulations.

**Demonstration of Competency** - Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A worker's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by a health professional already determined to be competent in these skill areas.

**Examples for evaluating competencies** may include, but are not limited to:

- Training followed by observation e.g., handwashing, donning a gown, etc.
- A pre and post-test for documentation issues
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for participants
- Reviewing adverse events that occurred as an indication of gaps in competency or
- Demonstrated ability to perform activities that is within the worker's scope of practice, or what the individual is registered, licensed, or certified to perform.

Domain	Principles	Requirements / Procedures	Competent
<b>1. Roles and Responsibilities</b>  <b>(NDIS Code of Conduct)</b>	Can describe role, responsibilities and expectations when delivering Tracheostomy Supports.	1. Able to describe and understand how to undertake the required support in a safe and competent manner with care, skill, and compassion (checks and confirms <i>Support Plan</i> is correct and current).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Demonstrates respect and participant-centred care as per requirements of the <i>Support Plan</i> (involves participant in the delivery of supports to the extent they choose).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Demonstrates effective communication (speaks clearly, explains the supports in words the participant can understand, re-assuring, allows time for a response, provides positive feedback, includes use of assistive technologies and alternative communication devices as required).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Aware of scope of responsibilities including supervision and any delegation arrangements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Prepares for procedure and assembles required equipment and any consumables.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Provides support that fits into participant's daily routines and preferences, as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Ensures support provided meets with required timing, frequency, and types of support, as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Knows when and how to seek advice from health practitioner and when to escalate to emergency services to maintain participant safety and well-being.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Aware of reporting responsibilities, including handover, recording observations, and incident reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		10. Ensures the participant's privacy and dignity, as well as a safe environment, prior to commencing support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>2. Hygiene and Infection Control Measures</b>	Can describe hygiene and infection prevention and control strategies.	1. Able to describe principles and requirements of infection control (handwashing, disinfecting, use of appropriate PPE – gloves, gown, masks, when to use and disposal).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Handwashing (to be observed).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Disinfecting (to be observed or worker to describe).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Able to describe personal hygiene requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>3. Potential Risks/Complications and Risk Management</b>	Can describe potential risks or complications.	1. Able to describe signs and symptoms of common problems e.g., infection at tracheostomy stoma site and respiratory system infection, and required reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can describe how to prevent and manage risks.	2. Understands how to manage equipment malfunction, including common indicators, associated risks, and action required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can identify a blocked tracheostomy tube. Understands warning signs, e.g., blood or phlegm in the tube, breathing difficulties, inability to pass a catheter through the tracheostomy tube. Also understands techniques to respond, such as suctioning, and when to escalate to emergency services or a health professional.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		4. Understands stoma care – awareness of common risks, signs of infection, or deteriorating stoma health (e.g., sore skin, leakage, ballooning, pancaking, bleeding, hernia, prolapse) and involving or getting advice from an appropriate health practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Understands routine tube tie and dressing change requirements (to be undertaken by a qualified health practitioner with a second person to assist, to prevent accidental decannulation).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>4. Equipment Required</b>	Can describe what equipment is required (including PPE) to perform procedures.  Can describe how to: - set-up - maintain and - troubleshoot.	1. Able to describe common types of tracheostomy and stoma care equipment, including speaking valves, tracheostomy cuffs, heat moisture exchange machines, humidifiers, nebulizers, and suction equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Able to describe how to set up and maintain equipment, and troubleshoot equipment used.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can provide participant-specific ventilator support with ventilation as per <i>Support Plan</i> where required, considering the use of: a. Suction machines b. Oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>5. Precautions / Considerations</b>	Can describe any precautions or considerations when performing the procedure.	1. Checks <i>Tracheostomy Support Plan</i> is current, prior to proceeding with procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Understands the need to clean and maintain the integrity of stoma site and skin condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		3. Understands the need for monitoring the participant to identify when suctioning is required to maintain clear airways.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Knows how to immediately inform a health practitioner, or escalate to emergency services, in response to abnormal secretions and breathing problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Can carry out the necessary first aid techniques to check and clear airways, administer CPR, and place a person in the recovery position.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Understands the risks involved in routine tube tie and dressing changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>6. Demonstrate Procedures</b>	Can describe how to perform each step of the procedure correctly.	1. Checks the <i>Support Plan</i> is correct and current and understands any specific requirements for tracheostomy and stoma care before commencing support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can demonstrate each step of the procedure.	2. Reads and understands any Advanced Care Directive the participant has in place, for emergency management.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Checks any specific factors or adjustments required at time of support provided with participant, as well as their preferences, expectations, and involvement in support delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Undertakes the required hygiene and infection control procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Checks and prepares the required equipment and components as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Maintains integrity of stoma site, monitors and records skin conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		7. Monitors and identifies when suctioning is required to clear airways.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Able to describe when to immediately inform health practitioners in response to risk indicators, e.g., abnormal secretions and breathing problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Able to describe basic life support and CPR if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		10. Cleans and maintains suction equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		11. Records information as per <i>Support Plan</i> requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		12. Demonstrate teamwork to ensure continuity and effective delivery of support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		13. Communicates and reassures the participant and involves the participant to the extent they choose.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		14. Supports participant to communicate and report concerns to the responsible health practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		15. Supports health practitioner where required with routine tube tie and dressing changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>7. Emergency Escalation / Seeking Help</b>	Can explain when to seek further help and from who (including general observations).	1. Able to describe risk indicators and actions to take e.g., first aid techniques and / or CPR.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Can place a person in the recovery position.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
	Can explain when the situation is an emergency and what to do.	3. Aware of when to escalate to emergency services where interventions tried are not successful, e.g., breathing difficulties.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>8. Documentation</b>	Can describe documentation that must be completed, including case notes	1. Able to describe daily reporting requirements as per <i>Support Plan</i> e.g., recording observations in the case notes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Can describe recording and reporting requirements relating to incident reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Able to describe documentation and reporting pathways where the <i>Support Plan</i> is not meeting participant's needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. [Enter specific requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>9. Participant-focussed needs</b>	Can describe any specific requirements unique to the person receiving supports.	1. Describes specific factors, adjustments, or positioning needed at the time of support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Support is provided in line with participant's preferences and routine.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Undertakes individual suctioning requirements to maintain tracheostomy tube patency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Understands the participant's wishes for emergency supports where they have been documented in an Advanced Care Directive.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

**Assessor's Recommendations / Comments**

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**Additional Training Action Plan**

Domain Area	Requirement / Procedure	Person Responsible	Due Date	Status/Comments	Additional Training Completed Date



## Document Control

Version No.	Issue Date	Document Owner
1	09/01/2025	Elizabeth Bradshaw
Version History		
Version No.	Review Date	Revision Description