

# Parent & Carer Competency Document for Non Invasive Ventilation (NIV) CYP

Name of CYP.....

Name of Parent/Carer.....

Name of Ventilator.....



This competency document (2021) was developed by the Paediatric Pan London Long Term Ventilation Group (PPLLTV). The PPLLTV 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 care giver to deliver safe, high-quality care against one common standard. This document has been devised to enable the assessment of the caregiver's competence to care for a child or young person (CYP) requiring non-invasive ventilation and should be utilised in combination with the PPLLTV group non-invasive competencies document. 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

Its intended use is to guide those assessing the caregiver as well as act as a resource for the caregiver. 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

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 Billie Coverly, NIV CNS Kings College Hospital.







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
<b>Ventilator operation:</b>						
Able to connect ventilator to the main power supply.						
Able to explain what to do in a power outage.						
Able to turn the ventilator power on and off and determine if using mains or battery power.						
Able to identify when the batteries need charging.						
Aware of length of battery life and what affects battery life. Aware if there is an internal and external battery.						
Able to turn on the ventilator to deliver the pressure.						
Able to check the ventilator is delivering pressure when connected to the user.						
Able to demonstrate an understanding of the display screen and describe the function of the keys.						



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
<b>Ventilator settings</b>						
Aware of the need for ventilatory support.						
Able to describe in basic terms how the mode(s) of ventilation work. Mode: Pressures:						
Able to demonstrate how to check the prescribed settings against the home care ventilation plan, how often to check these and that the machine is delivering the prescribed setting when connected to the CYP.						
Able to discuss what to do if the settings were different on the home care plan to the ventilator.						
<b>Alarms</b>						
Aware of what alarms are set and what they mean.						
Able to demonstrate how to check the alarms are working and how often to do this.						
Aware of how to respond appropriately to alarms.						
Aware of what to do if you cannot find the cause of the alarm and who to contact.						
Able to silence the alarm, mute/un mute the alarm and aware of the risks if the alarm was left muted.						

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
<b>Oxygen supply via NIV:</b>						
Able to demonstrate how to correctly place a saturation probe if applicable.						
Aware of expected oxygen saturation levels and how and when to monitor them if applicable.						
Aware of current oxygen requirement if applicable.						
Able to demonstrate how to attach oxygen via the ventilator.						
Has completed appropriate oxygen competencies.						
<b>Mask fit:</b>						
Able to fit the mask correctly and check the tightness of the straps.						
Able to check for mask leak.						
Able to check that the exhalation port is working and recognises the risks associated if blocked.						
Aware of risk of airway occlusion and action to take if this occurs.						
Aware of how to obtain a new mask if required.						
Able to identify early signs of a pressure sore and aware of what to do if one develops.						

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
<b>Circuit setup:</b>						
Aware of the purpose of the various parts of the circuits.						
Able to assemble a ventilator circuit (circuit+mask+connectors required).						
Able to set up a dry/HME circuit if appropriate (Including antibacterial filter if applicable, following local policy).						
Able to learn circuit test (calibrate) and know when to do this if applicable.						
Aware of how often to fully clean the mask and circuit.						
Aware of how to clean and dry the mask and tubing.						
Aware of consumables (mask/circuit/filters) and when they need changing.						
Aware of who supplies ventilation equipment once discharged.						
Aware of the effect of a fan on a circuit.						

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
<b>Humidification:</b>						
Can explain why and when humidification is required.						
Able to attach humidifier correctly to ventilator and can add water correctly.						
Aware water must be distilled (in hospital) or cooled boiled (home) and to change water daily.						
Aware not to transport, move or tilt ventilator when humidifier is attached.						
Aware of what to do if ventilation causing severe oral dryness and nasal congestion.						
If using external humidifier, knows humidifier should be placed below the ventilator.						
<b>Nebulisers:</b>						
Aware of the reasons for delivering medications via 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).....						
Aware of how to remove nebuliser and clean equipment.						
Aware of the effect of nebulisers in circuits and how this can trigger alarms.						

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
<b>Air inlet filters:</b>						
Able to explain the purpose of the air inlet and aware of the importance of keeping this clear.						
Able to change the air inlet filter.						
Aware of when to change/clean filter. - Please follow manufacturers' guidance and be aware of differences between devices.						
Aware that the filter may need to be changed more frequently if you are in an environment with more dust/air pollution.						
<b>Unwell CYP:</b>						
Able to describe signs of respiratory distress.						
Able to describe action to be taken if CYP shows sign of respiratory distress.						
Able to describe the risks to the CYP if they show signs of vomiting/ dehydration and action to be taken.						
Aware of escalation process on the home care ventilation plan if applicable.						
Caregiver has Received BLS if required.						
In the case of respiratory arrest, aware to remove mask and commence BLS.						



## Non-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 Non-invasive ventilation.

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

I certify that I (name of care giver)..... 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.....