



- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- Two staff members are required to undertake the procedure for changing the ties.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP must always be obtained and followed.
- This procedure should be read in conjunction with the [NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure](#), [NDIS LWB 5501 Health and Wellbeing – Procedure](#), [Medication Administration Procedures](#) and in consultation with the person we support or their Tracheostomy Support Plan/Protocol

The AQHP is to provide training in any tracheostomy support required that is in the scope of practice of an LWB Disability Support Worker (DSW).

*** Only an AQHP can undertake to suction through a tracheostomy tube.**

Two staff are required when the ties are changed – one staff member is to hold the tracheostomy tube in place whilst the other staff member is to change the ties.

Tracheostomy Ties



Tracheostomy Ties Procedure

Check

- Check and follow the person’s Tracheostomy Support – Plan/Protocol
- Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to their chosen level.
- Explain the procedure to the person and seek their consent to proceed.
- The tracheostomy is secured using either cotton or Velcro ties. The ties should be changed daily or whenever they become wet.



Support

Call 000 IMMEDIATELY - Tell the operator that the person has a tracheostomy so specialised paramedics can be sent to assist if available.

If the person has:

- Blocked tracheostomy,
- Tracheostomy tube becomes displaced
- Unusual

Airway Obstruction

Secretions could block the tracheostomy tube. Signs of airway obstruction include:

- Increased respiratory rate
- Altered breathing pattern
- Cyanosis (purple or blue colour around the mouth and nose)
- Wheezing
- Agitation or distress

The tracheostomy tube becomes displaced (partially or wholly falls out)

- Remain calm. **Call 000 immediately.**
- Locate the person's emergency tracheostomy bag.
- Use the manual resuscitation bag to ventilate the person using the mouth mask until emergency assistance arrives.
- DSWs can not reinsert a tracheostomy tube.

Frothy/unusually thick/bloodstained or yellow secretions

- This can indicate an infection or trauma to the trachea.

Emergency Bag

- An emergency bag must always be with the person. This bag should contain the following:

Gloves

Blunt nose scissors

Hand Sanitiser

Gauze swabs

Two tracheostomy tubes – one the same size that is being used and the other size smaller

Humidifier (HME), if used

Spare ties

Suction catheters and tubing

Manual Resuscitation bag

- A fully charged portable suction machine should always accompany the person.

- Follow [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) to ensure the correct personal protective equipment (PPE) for this procedure and follow hygiene and infection control procedures.

Two staff are required when the ties are changed – one staff member is to hold the tracheostomy tube in place whilst the other staff member is to change the ties.

- Gather the equipment:
 - Correct PPE
 - Clean, dry ties – check the length is appropriate
 - Blunt nose scissors
 - Clean, dry tracheostomy dressing, if used
- Select a quiet location to perform the procedure per the person's choice and preferences.
- Maintain the person's dignity and privacy during the procedure.
- Assist the person in an appropriate position. For example, lying flat or sitting upright where the tracheostomy can be easily seen is recommended.
- Wash your hands and put on the PPE.
- Assist the person in loosening any clothing as necessary.
- Prepare the equipment.

Changing Twill Ties

Person 1: maintains tracheostomy tube in place

- Stand at the person's head and hold the tracheostomy tube throughout the procedure.
- If a tracheostomy tube becomes displaced or partially falls out, refer to the Troubleshooting guidelines in the person's Tracheostomy Support Plan. Then, locate the emergency tracheostomy bag and replace the tracheostomy tube.

Person 2: changes the twill ties

- Measure the tie to fit twice around the person's neck.
- Cut the ends at an angle – this will help to insert the ties through the neck plate.
- Without removing the old ties, thread the end of the new ties through the hole on each side of the neck plate. Work from back to front and ensure the ties are flat. Next, adjust the end of the tie so that one end is 8-10cm longer than the other.
- Pull the tie around the back of the person's neck and insert the longer end of the tie through the hole on the other neck plate hole.
- Pull the tie, taking care not to tighten it too much – one finger should be placed between the tie and the person's neck.
- Tie the two ends together using a flat knot, not a bow.
- Cut the ends of the tie to 4-5cm.
- Carefully cut the old ties and remove them.

- If the person has a cuffed tracheostomy tube, protect the inflation line when cutting the tracheostomy ties.
- Check that the tracheostomy tube is secure.
- Dispose of the old ties.

Changing Velcro Ties

Person 1: maintains the tracheostomy tube in place:

- Stand at the person's head and hold the tracheostomy tube throughout the procedure.
- If a tracheostomy tube becomes displaced or partially falls out, refer to the Troubleshooting guidelines in the person's Tracheostomy Support Plan. Then, locate the emergency tracheostomy bag and replace the tracheostomy tube.

Person 2: changes the Velcro ties:

- Without removing the old tie, pull the Velcro end of the tie through the opening on one side of the neck plate and secure it loosely.
- Pull the tie around the person's neck and insert the other end of the tie through the opening on that side of the neck plate.
- Pull the tie, adjusting each side until the tie is tight enough to secure the tracheostomy tube – one finger should be placed between the tie and the person's neck.
- Remove the old tie.
- Check that the tracheostomy tube is secure.
- Velcro tracheostomy ties can be reused. Wash in warm soapy water and hang to dry.

Clean Tracheostomy Stoma

- The tracheostomy does not need to be removed when cleaning the stoma.



- Care must be taken not to dislodge the tube during the procedure. If a tracheostomy tube becomes displaced or partially falls out, refer to the Troubleshooting guidelines in the person's Tracheostomy Support Plan, locate the emergency tracheostomy bag, and replace the tracheostomy tube.
- Actively involve the person in their support, as outlined in their plan, and to their chosen level.
- Dip the cotton swab into the Saline/sterile water solution.

- Gently run the cotton swab between the tracheostomy neck plate and the skin using a circular motion, moving the swab away from the stoma.
- Use each swab once, then dispose of it.
- Clean the tracheostomy neck plate using the swabs, especially the side next to the skin.
- Pat the skin dry with a dry cotton swab or gauze.
- Check the person's skin for redness, pressure injury or breakdown.
- Place the tracheostomy dressing under the neck plate if used.
- Check that the tracheostomy is secure.



Report

- Document Tracheostomy Support in the [NDIS LWB 5651a HIDPA Tracheostomy Management - Recording Chart](#)
- Report any concerns or issues related to the person's tracheostomy Support immediately to the Disability Support Leader¹ or On Call.

For Further Guidance and Advice

Contact the AQHP who developed the person's support plan.

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.