

SN (NI) 2002/25

DATE: 28 June 2002

**For Attention and Action by:
Chief Executive of each HSS Trust
General Manager/Chief Executive of each HSS Board
Chief Executive of each Agency**



HEALTH ESTATES
ESTATE POLICY

**NORTHERN
IRELAND
ADVERSE
INCIDENT
CENTRE**

TITLE:

**ARTIFICIAL AIRWAYS (ENDOTRACHEAL AND
TRACHEOSTOMY TUBES) AND PRESSURISED
BREATHING SYSTEMS**

MANUFACTURER/SUPPLIER

Generic

PROBLEM

SN(NI)98/46 alerted users that the use of some patient breathing system devices in combination with a cuffed endotracheal or tracheostomy tube may put patients at risk.

Reports of incidents involving the inappropriate connection of breathing system devices continue to be received by NIAIC and the Medical Devices Agency (MDA) that highlight training issues in the safe use of these devices.

This notice replaces SN(NI)98/46 which has been withdrawn.

DISTRIBUTION

This notice should be brought to the attention of all who need to know or be aware of it, including those listed below, in accordance with local procedures. This will include:

- Liaison Officers
- Risk Managers
- Health & Safety Officers/Advisors
- Device Managers
- Medical Directors
- Clinical Directors
- Nurse Directors
- Medical, Nursing and Care Staff
- Directors of Anaesthetics
- Consultant Anaesthetists
- Operating Theatre Staff
- Resuscitation Officers
- Trust Pharmacy Managers
- Ambulance Staff and Paramedics
- General Medical Practitioners
- District Nurses
- Health Visitors
- Private Clinics
- Residential and Nursing Homes
- Hospices
- Accident & Emergency Departments
- Theatre Managers
- Adult & Paediatric Intensive Care Units
- Special Care Baby Units

Boards/Trusts should ensure that if appropriate, this information is passed to all persons having the responsibility for the premises registered under "THE REGISTERED HOMES (NI) ORDER 1992.

ACTION

- Staff with responsibility for prescribing, assembling and maintaining breathing systems to be used in association with endotracheal or tracheostomy tubes should ensure that appropriate procedures are followed to minimise the risk of the patient's airway being occluded or obstructed. Risk is heightened when cuffed tubes are used but airway occlusion may also occur with uncuffed tubes and with tight-fitting face masks.

SAFETY

NOTICE

- Staff should be adequately trained and retain sufficient regular exposure to maintain their skills in utilising such devices. The skills required include correct assembly of breathing systems and recognition and prompt correction of system/tube/mask problems which may arise during therapy. It is desirable that, in the event of an emergency, such staff should have ready access to medical and nursing personnel who specialise in breathing systems but the presence of appropriately skilled staff should reduce the incidence of such emergency calls.
- Trusts should review their patient care management arrangements to consider whether patients who require respiratory support with positive pressure breathing systems should be managed in an area where they can be closely observed by adequately trained staff.



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SAFETY

NOTICE

BACKGROUND

Following consultation with local Consultants in Intensive Care Medicine and Consultant Anaesthetists, Safety Notice SN(NI)98/46 has been withdrawn. This notice was intended to draw attention to safety issues surrounding breathing system components, however the action recommended in the notice was inappropriate.

However, recent incidents involving the inappropriate connection of breathing system devices have highlighted the need for staff and carers using them to be provided with training in the safe use of these devices with skills learnt during training supported by regular exposure to using the devices.

All staff should be provided with training in the safe use of equipment as outlined in Device Bulletin DB9904 (NI), "Medical Device and Equipment Management for Hospital and Community Based Organisations"

Training and use issues highlighted in this notice are also applicable to carers for tracheostomised patients in the community. Further guidance is provided for health care professionals responsible for these carers and patients in 'Devices in Practice - a guide for health and social care professionals'. This publication is available on the NIAIC website at www.dhsspsni.gov.uk/niaic

ENQUIRIES

Enquires to the NIAIC should quote the reference number SN(NI) 2002/ and be addressed to:

Northern Ireland Adverse Incident Centre (NIAIC)
Health Estates
Estate Policy Directorate
Stoney Road
Dundonald
Belfast BT16 1US
Marked for the attention of Mr Brian Godfrey
Tel: 02890 523714
Fax: 02890 523900
Email: brian.godfrey@dhsspsni.gov.uk

Brian Godfrey
NIAIC Manager

HOW TO REPORT ADVERSE INCIDENTS

Adverse Incidents relating to medical devices, non-medical equipment, plant and buildings should be reported to NIAIC as soon as possible. Advice on how to report is given in Safety Notice SN (NI) 2002/01. If you are in doubt about how to report incidents, please speak to your liaison officer or contact NIAIC using the telephone number provided. Adverse Incident reporting forms and an on-line reporting facility are available on the NIAIC website at www.dhsspsni.gov.uk/niaic

*Heath Estates is an Executive Agency of the Department of Health, Social Services and Public Safety
Áisíneacht Feidhmeannach don Roinn Sláinte, Serbhísi Sóisialta agus Sábháilteacht Phoiblí*