



## PROCEDURE

### Suctioning: Oral and simple nasal suction

<b>Scope (Staff):</b>	Community Health Nurses working in Education Support Schools
<b>Scope (Area):</b>	CAHS Community Health

#### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

#### Aim

To provide guidance and instructions to nursing staff to clear secretions from a client's oral cavity and nasal passage to maintain airway patency, improve ventilation, oxygenation and reduce the work of breathing.

#### Risk

Staff must be aware of the contraindications listed below and seek further medical advice when indicated. Adverse events associated with suction may include:

- Physical or psychological trauma
- Gagging or vomiting
- Aspiration
- Pain
- Increased mucous production
- Infection.<sup>1,2</sup>

#### Background

Oral and simple nasal suction is a common practise for clients with a variety of conditions, particularly respiratory dysfunction or disease, and neurological disorders. Suctioning is undertaken to remove visible/audible, excessive or retained secretions from the oral cavity and/or nasal passage. It is an invasive procedure requiring care to limit physiological and psychological harm<sup>1</sup>.

Suctioning assists clients who cannot cough, expectorate, swallow or clear their airway effectively. Clients who are unable to clear their secretions may have indications such as visible secretions or vomit, noisy breathing, increased work of breathing or the client may request suction.

Many clients with neurological conditions may present with upper airway sounds or noisy breathing which may be normal for them.

This procedure does not support or cover deep suctioning in this setting.

## Definitions

**Nasal Suction:** suction of visible/audible secretions in the nasal cavity<sup>1</sup>

**Oral suction:** suction of visible/audible secretions in the oral cavity<sup>1</sup>

## Key points

- All nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence based.
- Nurses need to provide culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- Suction is considered to be an aerosol-generating procedure and [Standard and Transmission Based Precautions](#) must apply at all times. In an emergency situation, use clinical judgement.
- Indications for suction in neurologically impaired clients should take into consideration the client's baseline presentation when well.
- Suction should not occur at set intervals, but only when clinically indicated<sup>2</sup> and/or as per the client health care plan.
- Procedures to be performed only by nurses that have completed relevant CAHS-CH training.
- As per the Memorandum of Understanding for the Delivery of School Health Services (MOU)
  - nurses should assist in a medical emergency at school if they are present at the time of an incident
  - all schools are required to have clearly defined procedures for managing first aid and emergency situations, which are independent of community health nurse availability.

## Roles and responsibilities

### School Principals

As per the Department of Education's (DoE) *Student Health Care in Public Schools Policy v3.6 2021*, the School Principal:

- will use the resources available to the school to
  - ensure that parents/carers work in partnership with the school by
    - providing information regarding long-term airway management in the client's health care plan<sup>3</sup>
    - completing relevant documentation relating to client's suctioning requirements<sup>3</sup>
    - providing all the equipment and consumables that the client needs<sup>3</sup>
  - arrange the training necessary to enable staff to support student health care.

### School staff

As per DoE policy, teaching staff are expected to support the implementation of Student health care plans. However, they have the right to decline to conduct medical procedures and/or to undergo training to provide health care support<sup>3</sup>.

### Community Health Nurses working in Education Support Schools

- Nurses must work within their scope of practice and complete training as outlined by CAHS in the Practice Framework for Community Health Nurses. Additional training may be needed as indicated by the Student health care plan. Nurses must be guided by the Student health care plan.

## Suction pressure

The suction pressure setting must be age appropriate for the client. If suction pressure is too high there is an increased risk of trauma<sup>4</sup>. Negative pressures exceeding 150 mmHg have been shown to cause trauma, hypoxaemia and atelectasis<sup>4</sup>. Nurses must be guided by the Student Health Care Plan; this should include the pressures used by parents/carers in the home setting. The below is a guide for recommended suction pressures, however the care plan is the key document guiding the care for each child.

### Recommended suction pressures for oral & nasal suction<sup>4</sup>:

Age	Suction pressure
Children (1-12 years)	80-100 mmHg
Adolescents (13-18 years)	Up to 120 mmHg

## Equipment

Parents/caregivers provide all the mandatory equipment in a dedicated bag, which is to be kept with the client at all times.

Nurses are to check the equipment each day when the client arrives at school, including the expiry date.

There is a variety of suction equipment available for use. Equipment used may include:

Provided by parent/carer	Provided by school
Portable suction and charger Yankauer sucker Little sucker® oral suction device Y-suction catheter Extra tubing Extra filter	Gown Mask Gloves Goggles or visor

## Procedure

Steps	Additional Information
1. Assess client.	Client's baseline presentation when well should be documented/noted in the Student health care plan.  Before and after the procedure it is important to observe client for signs and symptoms of respiratory distress (see <a href="#">Recognising and responding to acute deterioration</a> policy) and act accordingly.  Follow the Student health care plan to guide clinical care.  Clients should always be encouraged to clear their own airways wherever possible <sup>2</sup> .
2. Gather equipment, perform hand hygiene and apply PPE.	Refer to <a href="#">CAHS Standard and Transmission Based Precautions</a> .  Refer to <a href="#">CAHS Hand Hygiene</a> .  Refer to <a href="#">CAHS Community Nurses in Education Support Schools Personal Protective Equipment Guide</a> .
3. Explain/talk through procedure with client.	Check identification as per Client identification procedure.  Clients with neurological impairment may use key words, signs or touch cues.

Steps	Additional Information
	A current, signed Student health care plan complies with consent requirements.
4. Position patient as appropriate for oral and/or nasal suction.	Clear/wipe the client's nostrils of mucous/debris as necessary.  Position the client upright at minimum 30 degrees to reduce risk of aspiration <sup>1</sup> or as indicated on Student health care plan.
5. Perform suction.  Attach the suction tubing to the appropriate suction device.  Turn on suction unit.  BEFORE applying suction to the client, occlude the end of the tubing or suction device and adjust the suction control until the pressure indicated in the health care plan is reached.  Release this occlusion BEFORE inserting the tubing or suction device.  Apply gentle suctioning technique to the oral cavity and/or nasal passages only, for no longer than 10 seconds.	Do not exceed the maximum recommended pressure.  Suction should only be applied on withdrawal of the catheter to minimise mucosal damage in the respiratory tract.
6. Assess the need to repeat the procedure.	Allow the client to rest between each pass.
7. Rinse suction tubing with water & store appropriately. Turn off suction.	Reusable suction devices should be cleaned as per manufacturer's instructions and stored for later use.  A new Y catheter should be used each time.
8. Dispose of gloves and perform hand hygiene.	
9. In an emergency situation, verbal clinical handover should occur with the paramedic to ensure all critical information is communicated, following the iSoBAR format as per the <a href="#">Communicating for Safety</a> policy, and the <a href="#">Recognising and Responding to Acute Deterioration</a> policy.	

Steps	
10. Document episode of care in client's paper and/or electronic record, including HCare/CDIS as appropriate.	To be documented on client's progress notes.

## Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

References
<ol style="list-style-type: none"> <li>1. Association of Paediatric Chartered Physiotherapists. Guidelines for Nasopharyngeal Suction of a Child or Young Adult. United Kingdom: Association of Paediatric Chartered Physiotherapists; 2020.</li> <li>2. Edwards E. Principles of suctioning in infants, children and young people. Nursing Children and Young People. 2018;30(4):46-54.</li> <li>3. Department of Education. Student Health Care in Public Schools Policy v3.6. Western Australia: Department of Education; 2021.</li> <li>4. American Association for Respiratory Care. AARC clinical practice guidelines. American Association for Respiratory Care; 2004.</li> </ol>


Related CAHS internal policies, procedures and guidelines
The following documents can be accessed in the CH Clinical Nursing Manual via the <a href="#">HealthPoint</a> link or <a href="#">Internet</a> link or for WACHS staff in the <a href="#">WACHS Policy</a> link
Recognising and Responding to Acute Deterioration
School-aged health services
School-aged health services - primary
School-aged health services - secondary
Student health care plans
Client identification
Communicating for Safety
Consent for services
Tracheostomy

The following documents can be accessed in the <a href="#">CAHS Policy Manual</a>
Infection Control Policy Manual
Aseptic technique policy
Hand hygiene
Standard and Transmission Based Precautions

<b>Related external legislation, policies, and guidelines</b>
<a href="#">Student Health Care in Public Schools Policy</a> - DoE

<b>Related resources</b>
MOU between DoE, CAHS and WACHS for the provision of school health services for students attending public schools: 2022-2024
<a href="#">PPE use by CAHS staff at ESS</a>

This document can be made available in alternative formats on request.

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