

Tips for Meeting Respiratory and Tracheostomy Care Requirements in Skilled Nursing Facilities

SUMMARY BACKGROUND ON F695 — RESPIRATORY AND TRACHEOSTOMY CARE

The intent of this regulation is that each resident receives necessary respiratory care and services that are in accordance with professional standards of practice, the resident's care plan, and resident's choice. CMS also requires that staff receive training and are knowledgeable about respiratory care practices and facility policies and procedures.¹

In reviewing 2567 reports of citations from national data, AHCA staff has noticed an uptick in the frequency of citations of F695 that are related to infection prevention and control. The reasons for the citations can be generally categorized to include the areas listed below.

GENERAL PRACTICES FOR HANDLING RESPIRATORY EQUIPMENT/DEVICES

The general practices for handling respiratory equipment include using standard precautions as a core practice essential for providing safe and high-quality resident health care.²

TIP: Performing hand hygiene before and after handling respiratory equipment/devices. Use alcohol-based hand sanitizer unless hands are visibly soiled. If hands are visibly soiled, cleanse hands with soap and water.³

TIP: Ensure staff perform hand hygiene before putting on (e.g., donning) and after removal (e.g., doffing) of PPE (e.g., gloves, gown) when using respiratory equipment.

USING STANDARD PRECAUTIONS AS A CORE PRACTICE FOR SAFE AND HIGH-QUALITY RESIDENT CARE

Hand Hygiene
before and
after handling
respiratory
equipment/devices
and don/doff PPE



Wear a gown
when soiling
with respiratory
secretions is
anticipated



Wear gloves
when handling
respiratory
secretions or
contaminated
objects and change
if contaminated



Wear eye
protection
and face
mask if potential
for splash or spray



TIP: Wear gloves for handling respiratory secretions or objects contaminated with respiratory secretions of any resident.

TIP: Change gloves and cleanse hands between contacts with different residents; after handling respiratory secretions or objects contaminated with secretions from a resident and before contact with another resident, object, or environmental surface, and between contacts with a contaminated body site and the respiratory tract of, or respiratory device, on the same resident.

TIP: Wear a gown when soiling with respiratory secretions from a resident is anticipated.

TIP: Wear eye protection and a face mask if there is the potential for splashing and spraying.

FOLLOW MANUFACTURER'S INSTRUCTIONS FOR USE (MIFU)

Manufacturer's instructions are unique and specific to each device. This information includes how to properly use, clean and disinfect, and store the equipment. As part of training for any device, staff with responsibilities for using, cleaning, or storing the equipment should either review or be familiar with this information or when different than standard practice in the facility, be labeled to notify staff that different cleaning process is required.

SAFETY INSTRUCTIONS

FOLLOW THE MANUFACTURER'S INSTRUCTIONS FOR USE (MIFU) INCLUDING STORAGE, CLEANING, AND DISINFECTION

TIP: Follow the manufacturer's instructions for the correct use of the respiratory equipment/device and cleaning and disinfecting.

TIP: Change/replace the respiratory equipment (e.g., tubing, nasal prongs or mask, humidifier bottle,) according to MIFU.³ If the MIFU do not specify how often to change/replace cannulas or oxygen tubing: current evidence and standards of practice support oxygen tubing replacement to be event related instead of time based. Event related examples requiring oxygen tubing replacement include when visibly soiled, when known contamination occurs, and/or between residents. There is no time-based requirement for changing tubing. You should follow your policy and procedures, and if it is time based, then tubing must be marked and changed accordingly.

TIP: Use the appropriate cleaning and disinfecting products per the MIFU.³ Similar equipment may specify different cleaning and disinfecting agents. Ensure EPA approved hospital grade disinfectants are used and staff are trained in cleaning requirements and the contact time of the disinfectant.

TIP: Ensure the resident's oxygen mask is clean and properly managed per the MIFU.³

TIP: Clean and maintain devices that use water — use, clean, maintain, and store devices that use water following the manufacturer's recommendations. Germs can live in the humidifiers of CPAP (continuous positive airway pressure) machines and connected parts, like masks and tubing. These germs can spread through the mist from CPAP humidifiers. Regularly cleaning the devices removes germs, dirt, and other debris.⁴

TIP: To prevent germs from growing, regularly clean the mask, humidifier, and tubing; use and maintain the machine according to the manufacturer's instructions; check the instructions for what type of water to use in the humidifier; and regularly replace the humidifier water according to the manufacturer's instructions.³

TIP: If equipment is designated as single use, do not attempt to clean and reuse.

ENSURE STAFF ARE PROPERLY TRAINED AND COMPETENCY TESTED TO PERFORM RESPIRATORY PROCEDURES

Per regulations, staff must be properly trained in the performance of respiratory procedures. This includes everything from applying oxygen to using suctioning equipment. From an infection prevention and control perspective, these tips focus on using appropriate standard or transmission-based precautions, cleaning, maintenance, and storage.

TIP: Ensure that staff using the respiratory equipment/device and performing a respiratory procedure (e.g., tracheostomy care and suctioning, use of small volume nebulizers) have been properly trained and competency tested. Document training and competency testing and maintain records for each appropriate staff member.

TIP: Ensure staff training includes awareness of potential equipment problems and how to follow protocols for cleaning, storing, and reporting malfunctions.

- Consider developing a quiz to gauge staff knowledge of respiratory care protocols and adherence to policies to ensure residents' respiratory needs are safely met.

TIP: Staff must be trained and competent for emergency situations such as power outages or, evacuations for weather-related emergencies. They would need to know facility policy for the application of life support interventions in case of emergency situations.¹

TIP: Train staff in the facility policies and procedures related to use of respiratory equipment and devices:

- Label sterile water bottles for humidified oxygen.
- Follow the facility's policy on proper storage of respiratory equipment (e.g., masks, tubing, CPAP, oxygen tanks).
- If MIFU states specific frequency to change, ensure the equipment (e.g., oxygen cannula/tubing) is consistently labeled (date/initials), and the resident's treatment records include orders or documentation for regular cannula changes. Any lapses can increase the risk of infection and indicate a failure to follow facility policy and physician orders. Note labeling may not be needed if facility policy lists event related changes and MIFU does not require time-based changes.
- Bagging or covering equipment when not in use.
- Respiratory equipment must remain clean, do not allow equipment to touch the floor, bedside table, trash bin, etc. Check filters on a regular schedule (per facility policy) to be sure they remain free from dust and debris.
- Small volume nebulizers-between treatments on the same resident, take apart, clean, disinfect, and rinse with sterile or distilled water based on facility policy and MIFU. Allow to dry and store in a manner that prevents contamination. Use only sterile fluid and medication and dispense into the nebulizer aseptically.

TIP: Conduct regular assessment of staff competencies, refrain from assuming staff are following correct protocols just because they have done it before.

TIP: If possible, consult/contract Respiratory Therapists for staff education and ongoing skills training.

PHYSICIAN ORDERS

TIP: Make sure to obtain, document, and follow physician orders. Examples: obtain order for oxygen administration for residents and document oxygen and SPO2 monitoring as required.

TIP: Obtain a physician's order for a resident with CPAP use or a tracheostomy.¹

TIP: The attending practitioner must be immediately notified of significant changes in condition, and the medical record must reflect the notification, response, and interventions implemented to address the resident's condition. Also, refer to §483.10(g)(14) F580¹ for notification of physician, family of significant changes.

RESIDENT CARE PLANS

The resident care plan is the basis for personalized care. Staff are expected to know what is included in the care plan, and their practice must align with care plan.

TIP: When a resident requires respiratory care, make sure that the most recent comprehensive assessments, comprehensive care plan, and orders specify the use of respiratory care and that staff are following professional standards of practice and are qualified, competent to provide the care.¹

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Respiratory Care Critical Element Pathway

Use this pathway for a resident who requires or receives respiratory care services (i.e., oxygen therapy, breathing exercises, sleep apnea, nebulizers/metered-dose inhalers, tracheostomy, or ventilator) to assure that the resident receives proper treatment and care.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ *Most current comprehensive MDS/CAAs. If the most recent MDS is a quarterly, then review both the most recent comprehensive and quarterly MDSs. Review sections C, GG, J, and O.*
- ☐ Physician's orders (e.g., nebulizers, inhalers, tracheostomy or ventilator interventions, times of administration, parameters for pulse oximetry).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., respiratory treatment and care, possible complications, communication, equipment functioning and cleaning, procedures for emergencies).

Observations:

- ☐ During the provision of any type of respiratory care/services, does staff perform hand hygiene before and after respiratory care or contact with respiratory equipment and ensure appropriate PPE is used?
- ☐ **Respiratory Aerosolized Care (Nebulizer, Inhaler):**
 - Are sterile solutions (e.g., water or saline) used for nebulization?
 - Are single-dose vials used for only one resident?
- ☐ **Oxygen:**
 - *Is the use of oxygen being delivered as ordered by the physician?*
 - *Method (e.g., nasal cannula, transtracheal oxygen catheters, face mask);*
 - *Continuously or intermittently ;*
 - *Oxygen machine set at the correct liters*

TIP: Include risks for potential complications in care plans specific to unplanned extubation; aspiration and the potential for respiratory infection; nutritional complications related to tube feedings, gastric distress; increased or decreased CO₂ levels; development of oral or ocular ulcers; DVT's due to immobility; airway complications such as tracheal infections, mucous plugging and/or stenosis.

TIP: Ensure the care plan reflects instructions for the use and maintenance of the CPAP, and staff are aware of and following proper cleaning protocols to avoid potential respiratory health risks.

TIP: Use the Respiratory Care Critical Element Pathway for a resident who requires or receives respiratory care services (e.g., oxygen therapy, breathing exercises, sleep apnea, nebulizers/metered-dose inhalers, tracheostomy, or ventilator) to assure that the resident receives proper treatment and care.⁵

FACILITY POLICIES AND PROCEDURES

Facility policies and procedures related to respiratory care or equipment should be specific enough to be understood and feasible for staff to follow.

TIP: When available, manufacturer recommendations should be incorporated into the facility's policies and procedures for respiratory equipment.¹ Nursing homes should review this information with their infection preventionist and medical director and update their policies and procedures accordingly.

TIP: Make sure your resident care policies and procedures for respiratory care and services include tracheostomy care and suctioning and are updated on regular basis (e.g., annually or when new equipment is used in the facility).

TIP: Policies should include the need to conduct proper nursing assessments for residents with tracheostomies who are experiencing respiratory infections to avoid compromising the residents' respiratory care and safety.

TIP: Ensure respiratory care policies and procedures are consistent with professional standards for the respiratory care and services provided in the facility and include infection control measures during implementation of care, handling, cleaning, storage and disposal of equipment, supplies, and biohazardous waste.¹

TIP: Use the Respiratory Care Critical Element (CE) Pathway⁵ to determine if the facility provides the necessary care and services to ensure that a resident receives the respiratory care and services as ordered to meet their needs.

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS) (2025). [State Operations Manual Appendix PP](#). Retrieved 8/1/25.
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