

T3C Training Series

Supporting Complex Medical & Medically Fragile Youth

Self-Study Manual

Empowering Angels Group LLC

3634 Glenn Lakes Ln, Suite 195, Missouri City, TX 77459

empoweringangels@outlook.com

October 23, 2025



Curriculum

Module 1: Conditions & Early Recognition — 25 minutes

Module 2: Equipment & Care Routines — 25 minutes

Module 3: Infection Control, Privacy & Documentation — 20 minutes

Module 4: Emergency/Disaster Planning & Coordination — 20 minutes



How to Use This Manual

This manual is designed as a self-paced training that you can complete independently in approximately 90 minutes when followed as intended. Each module is structured to mirror what you would receive in an instructor-led session: it includes the content a trainer would normally say, presented as “Read & Learn,” and then provides opportunities for practice, reflection, and a short self-check to confirm understanding. If you are completing this on your own, read each section in order, complete the activities as you go, and then answer the knowledge check at the end to ensure you can apply the material. If you are facilitating a small group, use the “Instructor Notes (Optional)” callouts to guide the discussion, emphasize key points, and support participants through the module steps.

Structure of Each Module

What You’ll Learn – a quick overview of the key points covered in the module.

A short preview at the start of each module that summarizes the most important points you will cover and the outcomes you should expect. It helps you focus your attention on the key ideas as you read, and it clarifies what you should be able to describe, identify, or do by the end of the module.

Read & learn – full content written in clear, plain language (what a trainer would normally cover).

The main teaching section that provides the full content in clear, plain language, written as if a trainer were explaining it directly to you. It includes the essential information, context, and practical guidance you need, so you can learn the material step-by-step without needing outside instruction.

Try It – short exercises and scripts to practice skills.

Brief practice activities and simple scripts that let you try the skill immediately after learning it. These exercises help you rehearse what to do and what to say, build confidence through repetition, and translate the information into usable actions in realistic home situations.

Apply It – concrete steps you can take at home to transfer learning.

Specific, concrete actions you can take at home to move from learning to doing. This section helps you implement the strategies in daily routines, set up basic tools or supports, and practice consistent follow-through so the training becomes part of real caregiving—not just information you read.

Self-Check – 3–5 questions to confirm understanding.

A short set of 3–5 questions that reviews the most important points and confirms your



understanding before you move forward. It helps you check whether you can recall and apply the key ideas, and it points you back to the section to re-read if anything is unclear.

Instructor Notes (Optional) – short facilitation guidance if a leader is present.

Brief facilitation guidance included for situations where a leader is supporting a small group.

These notes provide tips on what to emphasize, how to guide discussion, and how to keep participants engaged and aligned with the module's learning goals while they complete the activities together.

DFPS Standards Callouts

Privacy & confidentiality: §749.1003 (minimum necessary, secure storage).

This callout emphasizes that medical and personal information must be handled with strict privacy and confidentiality. Share only the minimum necessary information needed to coordinate care and keep records in secure storage so identifying details are protected and not accessible to unauthorized people.

SIR for medical events: §749.503; follow agency timelines.

This callout highlights that certain medical events may require a Serious Incident Report (SIR).

When a medical event meets reporting thresholds, follow §749.503 requirements and your agency's procedures, including completing documentation and reporting within the required timelines.

Module 1: Conditions & Early Recognition — 20 minutes

What You'll Learn

Identify red flags for common conditions and respond promptly.

Identify key warning signs (red flags) that signal a possible medical change, and respond promptly by following the care plan and escalation steps so concerns are addressed early, not after they worsen.

Track baselines for early detection.

Track the child's normal baseline so you can detect early changes quickly, using the baseline as your comparison point to decide when a symptom is "new," "worse," or concerning.

Read & Learn (approx. 11 minutes)

Know the child's baseline: typical breathing, energy, sleep, appetite, and skin.

Know what is typical for the child day-to-day, including breathing patterns, energy level, sleep quality, appetite, and skin appearance, so you can recognize meaningful changes.



Learn the care plan and keep emergency contacts visible.

Learn the child's care plan so you know what to do for expected issues and what to do for urgent issues, and keep emergency contacts visible so you can act quickly without searching during stress.

Red flags include color change, labored breathing, unusual sleepiness, new seizures, or fever with lethargy.

Recognize these red flags as urgent warning signs: color change, labored breathing, unusual sleepiness, new seizures, or fever paired with lethargy, because they can indicate a serious change that needs prompt attention.

When in doubt, escalate as directed.

If you are unsure whether a change is serious, follow the escalation directions in the care plan rather than waiting, so concerns are reviewed promptly by the appropriate contact or provider.

Try It (approx. 4 minutes)

1) Write your child's baseline in 5 lines (breathing, energy, sleep, appetite, skin):

Baseline (Breathing): _____

Baseline (Energy): _____

Baseline (Sleep): _____

Baseline (Appetite): _____

Baseline (Skin): _____

2) Circle which signs would trigger escalation in your home (based on the care plan):

- Color change
- Labored breathing
- Unusual sleepiness
- New seizures
- Fever with lethargy
- Other (per care plan): _____

Apply It (approx. 4 minutes)

3) Post emergency contacts and the care plan in a discreet but accessible place.

Where will you post them? _____

Who will have access? _____

When will you post/update them? _____

Notes / Plan



Self-Check (approx. 1 minute)

1. Name two red flags that require escalation.

Answer: _____

2. Why is knowing baseline important?

Answer: _____

Instructor Notes (Optional)

- Keep a simple daily log near equipment.
- Keep a quick daily log next to the child's equipment to record baseline markers (breathing, energy, sleep, appetite, skin) and any changes. This improves consistency, helps spot trends, and supports objective reporting.
- Post the escalation tree (who to call first/second/third).
- Post an escalation tree with the contact order (first/second/third) and correct phone numbers. It should match the care plan and clarify when to move to the next contact, improving speed and coordination when warning signs appear.

Module 2: Equipment & Care Routines — 20 minutes

What You'll Learn

Describe safe principles for oxygen, G-tubes, suctioning, and wound care.

Describe the basic safe principles for common medical supports—oxygen, G-tubes, suctioning, and wound care—so daily care is done correctly and consistently. This includes knowing what “safe” looks like for each routine, following the child’s individualized instructions, and recognizing when something looks different than expected.

Organize supplies and logs for reliability.

Organize supplies and logs so care routines are reliable and repeatable. A clear system helps you find what you need quickly, complete steps in the right order, and keep accurate records without scrambling or skipping steps during busy or stressful moments.

Read & Learn (approx. 11 minutes)

Follow individualized training for each device.

Follow the individualized training provided for each device the child uses, because equipment



routines can vary by child and by orders. Use what you have been trained to do, in the way you were trained, and rely on the care plan for the correct steps and expectations.

Oxygen requires careful storage away from heat or sparks.

Oxygen requires careful storage to reduce safety risks. Keep oxygen stored away from heat sources and away from sparks, so it remains stable and the environment stays safe. Treat oxygen storage as a routine safety practice, not a one-time setup.

G-tube care includes site cleaning, flushing, correct formula handling, and checking for redness. G-tube care includes multiple consistent steps: keep the site clean through routine site cleaning, complete flushing as directed, handle formula correctly through proper formula handling, and regularly check the site for changes such as redness. These steps help keep the routine safe and help you notice concerns early.

Suctioning requires hygiene, readiness checks, and observation after the procedure.

Suctioning requires strong hygiene practices, completing readiness checks before you start, and watching the child afterward. Beginning with hygiene, confirm equipment is ready, and observe after the procedure to notice how the child responds and whether additional support or escalation is needed per the plan.

Keep wound care sterile as ordered and log dressing changes.

Wound care should be kept sterile as ordered, following the exact instructions and supplies that are required. After completing care, log dressing changes so the timeline stays clear and there is a reliable record of what was done and when.

Try It (approx. 4 minutes)

1) Build a daily equipment checks log for your home.

Equipment used: _____

Daily check items (list 3–6):

1. _____
2. _____
3. _____
4. _____
5. _____

Where will you keep the log? _____

2) Create a labeled storage system for supplies.

Storage location: _____

Labels/categories you will use:



- _____
- _____
- _____

Apply It (approx. 4 minutes)

3) Walk through a mock setup and teardown of equipment.

Date/time you will practice: _____

Who will practice (all caregivers): _____

What steps felt unclear / need retraining: _____

Notes / Plan

Self-Check (approx. 1 minute)

1. What are two elements of safe oxygen storage?

Answer: _____

2. Give one G-tube site care step.

Answer: _____

Instructor Notes (Optional)

- Use checklists to avoid missed steps; prepare backup supplies.
- If a device alarms repeatedly, stop and follow the escalation plan.
- Use checklists so steps are not missed during busy routines and prepare backup supplies, so you are not caught without what you need when equipment care is required.
- If a device alarms repeatedly, stop what you are doing and follow the escalation plan. Repeated alarms are a signal to shift from routine troubleshooting to the directed escalation steps rather than continuing to repeat the same actions.



Module 3: Infection Control, Privacy & Documentation — 15 minutes

Estimated 15 minutes

What You'll Learn

Apply universal precautions at home.

Apply universal precautions in the home by using consistent infection-control practices during everyday routines. This means approaching home care tasks with the same basic safety mindset used in care settings, so exposure risks are reduced through repeated, reliable habits.

Protect privacy and document clearly.

Protect privacy by controlling how information is shared and how records are stored, and document clearly so records are accurate, easy to understand, and useful for coordination. The goal is to maintain confidentiality while keeping enough information to support safe care and follow-up.

Read & Learn (approx. 8 minutes)

Hand hygiene, PPE, surface sanitation, and sharps disposal reduce infection risk.

Hand hygiene, appropriate use of PPE, routine surface sanitation, and proper sharps disposal are key universal precautions that reduce infection risk in home care. When these steps are done consistently, they limit germs from spreading through hands, shared surfaces, and unsafe handling of items that may carry bodily fluids or cause injury.

Share only the information needed to coordinate care; store records securely and document facts, actions, and outcomes.

Share only the information needed to coordinate care, so conversations and updates stay “minimum necessary” and do not include extra identifying details. Store records securely so private information is protected from unauthorized access, and document using clear, objective structure—facts, actions taken, and outcomes—so notes communicate what occurred and what changed without judgment or labels.

Try It (approx. 3 minutes)

1) Use the infection-control checklist to audit your kitchen and bathroom.

Kitchen – what needs improvement? _____

Bathroom – what needs improvement? _____



Supplies you need to add/restock (soap, sanitizer, gloves, wipes, etc.):

Apply It (approx. 3 minutes)

2) Create a locked storage area for meds and sharps.

Location of locked storage: _____

Who has access: _____

How/when will you check inventory or restock: _____

Notes / Plan

Self-Check (approx. 1 minute)

1. What is the “minimum necessary” standard?

Answer: _____

2. Name two universal precautions relevant to home care.

Answer: _____

Instructor Notes (Optional)

- Use timers to cue hand hygiene for the whole household.
- Keep MARs and logs current; review weekly.
- Use timers as a simple cue to reinforce routine hand hygiene for the whole household, especially around caregiving tasks and high-contact moments. Timers help build consistency without relying on memory or reminders during busy routines.
- Keep MARs and logs current by updating them as care occurs, rather than waiting until later. Review them weekly to ensure they are complete, accurate, and easy to reference when communicating with the care team or monitoring patterns over time.



Module 4: Emergency/Disaster Planning & Coordination — 15 minutes

Estimated 15 minutes

What You'll Learn

Design an evacuation plan that accounts for mobility and equipment.

Design an evacuation plan that specifically considers the youth's mobility needs and any medical equipment required during movement, so the plan is realistic, workable, and usable under stress.

Plan warm handoffs and after-incident debriefs.

Plan warm handoffs so responsibility, information, and next steps transfer smoothly, and plan after-incident debriefs so you can review what happened and adjust the plan based on what you learn.

Read & Learn (approx. 8 minutes)

Prepare go-bags with supplies, a backup power/oxygen plan, and accessible meeting points.

Prepare go-bags with needed supplies so you can move quickly, include a backup plan for power/oxygen so critical support remains available, and identify meeting points that are accessible so the youth and equipment can reach them safely.

Assign roles (who calls 911, who carries equipment).

Assign clear roles in advance—who calls 911 and who carries equipment—so tasks are not duplicated or missed, and everyone knows exactly what to do during evacuation.

After incidents, schedule follow-ups and debrief together to adjust plans.

After incidents, schedule follow-ups and debrief together so you can review what worked, what was difficult, and what needs to change, then adjust the plan so the next response is stronger and more coordinated.

Try It (approx. 3 minutes)

1) Draft an evacuation plan template for your home.

Primary exit route: _____

Secondary exit route: _____

Accessible meeting point: _____

Mobility plan (how youth will move safely): _____



Equipment plan (what goes, who carries it): _____

Roles (who calls 911 / who grabs go-bag / who carries equipment):

- 911 caller: _____
- Go-bag: _____
- Equipment: _____

Apply It (approx. 3 minutes)

2) Run a 5-minute drill this week and note what to improve.

Drill date/time: _____

What worked well: _____

What to improve (route, roles, equipment movement, timing): _____

Notes / Plan

Self-Check (approx. 1 minute)

1. List two elements of an evacuation plan for medically fragile youth.

Answer: _____

Instructor Notes (Optional)

- Practice evacuation; measure doorways for equipment clearance.
- Keep updated contact sheets and routes in the car.
- Practice evacuation as a routine skill, not a one-time activity, so caregivers can respond quickly without hesitation. Measure doorways and tight areas along the route to confirm equipment can pass through without delay, including any devices that require clearance or careful handling. This ensures mobility and equipment needs are built into the real evacuation route and prevents last-minute problems that could slow response during an emergency.



- Keep contact sheets and routes updated and stored in the car so essential information is available even when you are away from home. Make sure the contact sheet includes current numbers and that routes are practical for accessible travel and equipment transport. Having this information ready supports faster decision-making and direction during high-stress situations when time and clarity matter.

Case Study: The Clogged G-Tube at 7 PM — Guided Prompts Page

1. Outline immediate steps and who to call based on orders.

2. List troubleshooting actions you are trained to perform and when to stop and escalate.

Case Study

The Clogged G-Tube at 7 PM

A., age 6, uses evening G-tube feeds as part of a regular care routine. At around 7:00 PM, the feeding pump begins alarming repeatedly, suggesting the feed is not flowing as expected and may be interrupted or blocked. When checking the G-tube site, the caregiver notices the area looks slightly red, which may indicate irritation or an early change at the site that should be monitored closely. After attempting to restart the pump, A. becomes fussy and begins coughing, which is a meaningful change from a calm feeding routine and may signal discomfort or a need to pause and reassess. In this situation, the key concerns are the repeated device alarms, the visible site redness, and the new symptoms (fussiness and coughing) after the restart attempt, all of which point to the need to follow the care plan steps carefully and escalate as directed rather than continuing repeated restarts.

Guided Prompts

**Outline immediate steps and who to call
based on orders.**

Outline the immediate steps you would take



in the moment by following the child's care plan and orders, including what you do first when the pump alarms repeatedly, what you check at the site, and what you do when symptoms change (such as fussiness and coughing). Then list exactly who you would call based on orders and the escalation tree (for example, the first contact, second contact, and next step if there is no response), so the response is organized and aligned with the plan.

List troubleshooting actions you are trained to perform and when to stop and escalate. List the specific troubleshooting actions you have been trained to perform for this equipment and routine (for example, the trained checks and steps you are permitted to do). Then identify clear stopping points—when repeated alarms continue, when the site looks different (such as redness), or when the child's symptoms change—so you know when to stop troubleshooting and escalate according to the care plan rather than continuing to repeat the same steps.

Tools & Templates

Daily equipment checks log

A simple daily log used to record routine equipment checks and observations, so steps are completed consistently and changes are easier to notice. It supports reliable follow-through and provides a clear reference if concerns come up.

Infection control routine checklist

A checklist that guides daily infection-control routines (for example, hand hygiene, surface sanitation, and safe handling), helping ensure key steps are not missed and that home care remains consistent and low-risk.

Emergency evacuation plan template

A template used to draft an evacuation plan that accounts for mobility and medical equipment,



including roles, routes, and meeting points. It helps keep the plan clear, practical, and ready to use during an emergency.

Privacy quick guide (minimum necessary)

A quick guide that summarizes “minimum necessary” sharing expectations and secure storage reminders, so private information is protected and only the information needed to coordinate care is shared.

Module Knowledge Check (10 minutes)

Name two early signs of distress.

Name two early, observable signs that can signal distress or a change from baseline, such as labored breathing, unusual sleepiness, new coughing, color change, increased fussiness, or reduced energy, focusing on signs that would prompt closer monitoring or escalation per the plan.

What belongs in documentation after an incident?

Document the key facts in a short, clear record: what happened, what actions you took, and what changed as the outcome. Include relevant times, who was notified or called based on orders, and any follow-up steps taken, while protecting privacy and sharing only the minimum necessary details.

Answer Key (for Self-Study Review)

Color change; labored breathing; altered responsiveness; unusual sleepiness; new seizures.

These are early warning signs of distress because they signal a clear change in the child’s condition and may indicate an urgent medical issue. Each sign is observable and should be taken seriously, with the response guided by the care plan and orders. If any of these appear—especially if they are new, worsening, or combined with other symptoms—escalate promptly as directed rather than waiting for the situation to resolve on its own.

Facts, actions, outcomes, who was notified and when.

Documentation should capture a short, objective record that includes the facts (what occurred), the actions taken (what you did and what steps you followed), and the outcomes (what changed after the actions). It should also record who was notified and when, including any calls or messages made according to the escalation plan. Keep the note clear and factual and protect privacy by including only the information necessary for coordination and follow-up.

Resources & Referrals

DFPS Minimum Standards §749 (Child-Placing Agencies) and §748 (General Residential Operations).

Use these DFPS Minimum Standards as your primary reference for required expectations related



to supervision, safety, documentation, reporting, and confidentiality. When you are unsure what is required versus optional, these standards help clarify baseline rules and agency-aligned practices.

STAR Health Behavioral Health Coordination & 24/7 Nurse Line.

Use STAR Health Behavioral Health Coordination to support linkage to services and guidance when behavioral health needs increase. Use the 24/7 Nurse Line for medical questions after hours, especially when you need help deciding what level of care is appropriate and what the next step should be.

Local MHMR or mobile crisis number; 988 Lifeline.

Keep your local MHMR and mobile crisis number readily available for urgent mental and behavioral health escalations that need real-time support. Use 988 as a 24/7 crisis resource when distress or risk is rising and you need immediate guidance and connection to support.

Education advocacy: local school district special education contacts; IEP/504 resources.

Use your local school district special education contacts and IEP/504 resources to request evaluations, accommodations, and structured supports when learning, attention, or behavior needs affect school performance. These resources help coordinate consistent strategies across school and home.

Caregiver peer support and respite/IAC networks.

Use peer support and respite/IAC networks to reduce isolation, strengthen problem-solving, and prevent caregiver burnout. These supports help caregivers maintain consistent routines, steadier responses, and more sustainable caregiving, especially during high-stress periods or after difficult incidents.

If you are in immediate danger or a youth is at risk, call emergency services and follow critical procedures.

If there is immediate danger or a youth is at risk of harm, call emergency services immediately, then follow critical incident procedures for notification and documentation. This ensures urgent safety response first, with required reporting and follow-through completed according to policy and timelines.

