

**Policy for the Prescribing of Domiciliary
Oxygen for patients who are Hypoxic and
are known Smokers and/or users of
e-cigarettes.**

Policy Title:	Policy for the Prescribing of Domiciliary Oxygen for patients who are hypoxic, are known smokers and/or users of e-cigarettes		
Executive Summary:	This policy sets out the procedure for the assessment and ordering of domiciliary oxygen for hypoxic hospital in-patients who are known smokers, and/or use e-cigarettes to facilitate a safe discharge from hospital to the community setting, and the assessment and ordering of domiciliary oxygen for a patient reviewed in the oxygen assessment clinic who continues to smoke and/or use e-cigarettes.		
Supersedes:	Version 4.0		
Description of Amendment(s):	References updated		
This policy will impact on:			
Clinical practice as carried out by Respiratory Nurse Practitioners,			
Financial Implications: see Appendix 1, Risk Assessment			
Policy Area:	Medical and Surgical Business Units, Community Business Unit	Document Reference:	ECT002582
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Check list for the prescribing of domiciliary oxygen for patients who are hypoxic and are known smokers/ e-cigarette users

EAST CHESHIRE NHS TRUST

MEDICAL SPECIALTIES

Policy for the Prescribing of Domiciliary Oxygen for patients who are hypoxic, are known smokers and/or users of e-cigarettes

1.0 Introduction

This is the third version of the Eastern Cheshire Integrated Respiratory Team policy for the prescribing of domiciliary oxygen for hypoxic patients who are known smokers / e-cigarette users. The policy has been developed to promote patient safety and the safety of those who come into contact with the patient when assessing and ordering domiciliary oxygen and involved in their ongoing care. It also takes into consideration the risks to family, friends and neighbours of the patient.

Oxygen as a therapeutic agent is an important form of home therapy for chronic hypoxic patients and improved survival has been demonstrated in such patients receiving continuous oxygen. However, some patients despite dissuasion continue to smoke and/or use e-cigarettes.

Materials which become enriched with oxygen will burn extremely vigorously if ignited. This could include the patient's face, nose, airway, skin, supply tubing, hair, clothing, bedclothes, furnishings, property and or adjoining property.

If a patient uses oxygen near a naked flame such as a candle or fire, paraffin or gas heater, cigarette or pipe smoke, or e-cigarette they put themselves, their surroundings, their property and connected properties, and others in these areas at great risk. The risks are serious and have already proved fatal in some cases.

However, denying patients who smoke equal access to oxygen at home could be detrimental to their health and is a breach of their human rights. The British Thoracic Society (BTS) state we should not discriminate against giving oxygen to patients who smoke.

ASH/youGov2014 - states that there has been a significant rise in the use of e-cigs from 700,000 users in 2012 to 2.1million in 2014 that accounts for 1 in 3 smokers used almost entirely by smokers and ex-smokers. There have been reported incidents in the North West of fires involving smoking an e-cigarette in an oxygen rich environment.

NHS health care should be equally accessible to all and as safe as possible reducing avoidable harm (DoH, 2008). As health care practitioners we should not do our patients any harm. We therefore need to balance health and safety of the patient against denying them essential therapy to prolong their life.

2.0 Procedure Statement

This procedure applies to:

- The assessment and ordering of domiciliary oxygen for hypoxic hospital in-patients who are known smokers / e-cigarette users, to facilitate a safe discharge from hospital to the community setting

- The assessment and ordering of domiciliary oxygen for a patient reviewed in the oxygen assessment clinic who continues to smoke/ use an e-cigarette.

Patient safety is at the forefront of the agenda, care and treatment must not be compromised when following this procedure.

It should be noted that all patients who are prescribed domiciliary oxygen regardless of their smoking status are requested to sign a consent form and are given both verbal and written information in a format they can understand regarding the risks and safety issues when using oxygen. (See appendix 4)

3.0 Aims

It is intended that the expected outcome will be:

- Joint working across both primary and secondary care to improve the quality of care and standardise practice across the trusts.
- Reduction of the risks associated with the prescribing of domiciliary oxygen to known smokers/ e-cigarette users.
- Potential reduction in delayed discharges and readmissions associated with not providing domiciliary oxygen.

4.0 Related Documents

Risk assessments for the prescription of oxygen to patients who smoke/ use an e-cigarette. **(Appendix 1)**

Flowchart of key principles for information sharing reproduced from *Information sharing: Practitioners guide* (HM Government, 2006, page 19). **(Appendix 2)**

Mid Cheshire Hospital Foundation Trust (MCHFT) / East Cheshire Trust (ECT) Policy for Consent to Examination, Treatment or Autopsy

The Clinical Component for the Home Oxygen Service in England and Wales
The British Thoracic Society, January 2006

5.0 Duties

Medical staff:

- Monitor Arterial Blood Gases as per MCHFT / ECT guidelines
- Prescribe oxygen for hospital in-patients as per MCHFT / ECT guidelines (in some circumstances this will be Independent Non Medical Prescribers)
- Establish smoking status and ensure appropriate and timely referral to Stop Smoking Adviser.
- Base requests for the initiation of domiciliary oxygen on local and BTS guidelines.
- Support the Integrated Respiratory Team in the assessment and decision making process regarding the ordering or decision not to order domiciliary oxygen

Respiratory Specialists Practitioners

- Establish that the appropriate assessment and treatment has been carried out as per local and BTS guidelines.
- Establish smoking status and ensure appropriate and timely referral to Stop Smoking Adviser.
- Educate and support staff in the assessment process and ongoing treatment.
- Risks assess and implement the safest management plan for the patient.
- Joint working and risk assessments with Cheshire Fire and rescue Service and Home Oxygen Provider.
- Ensure the patient understands what actions are being taken and why by giving relevant verbal and written information, and gaining the patients consent. **(Appendix 3 & 4)**
- Actions clearly documented in patients medical/nursing notes, and communicated to all relevant parties via the referral process, ensuring appropriate follow up takes place.

It is the responsibility of all staff involved in the assessing and ordering of domiciliary oxygen for patients who are known to smoke/ use an e-cigarette, are involved with their ongoing care to ensure that this procedure is followed and that patients are treated safely. If for any reason staffs are unable to follow / adhere to this procedure then advice should be sought from their line / senior manager/ respiratory consultant physician.

6.0 Training

All designated staff undertaking the assessment and ordering of domiciliary oxygen, will have access to this procedure and guidance from the Respiratory Specialist Practitioner / Respiratory Consultant Physician.

7.0 Monitoring and audit

Monitoring will take place immediately by auditing standards and process, taking into account feedback from those using the policy and appendices. Any modifications needed to achieve intended outcomes will be agreed and made.

The policy will be reviewed every two years, by the Integrated Respiratory Team including the lead Respiratory Consultant with input from the Risk Department and taking into account any changes in practice identified through up to date knowledge and research in reputable journals, and from the British Thoracic Society and NICE.

8.0 Risk Management

Individual patient risk assessment to be completed along with patient consent. These will be signed by the patient and a member of the respiratory team. Once signed a copy will be forwarded to the patient and a copy will be filed in the patient's medical notes. **(Appendix 3)**

Any member of staff discovering any variance or deviation from this procedure must complete an Incident / Near Miss Report Form (IR 1) immediately in line with the Incident / Near Miss reporting Procedure.

Any adverse incident that occurs from following this protocol must also be reported following the MCHFT/ East Cheshire NHS Trust Incident / Near Miss reporting Procedure.

9.0 Procedure for assessment and ordering domiciliary oxygen for patients who continue to smoke/ use an e-cigarette.

See **Appendix 5**

10. References

Clinical Component for the Home Oxygen Service in England and Wales.

Prepared by members of the British Thoracic Society (BTS) working group on home oxygen services.

January 2006.

High Quality Care for All.

DoH, June 2008

Mental Capacity Act 2005 – Draft Code of Practice for Consultation

The Code (2008) Standards of Conduct, Performance and Ethics for Nurses and Midwives
Nursing and Midwifery Council: London

ASH/youGov2014

Risk Assessment

Division/Department:	Location Exact:	Datix Information (Risk Management Only):	
INTERGRATED RESPIRATORY TEAM	New Alderly Building, Macclesfield	Datix ID:	
		RM Ref:	
		Date entered:	
Date of Assessment:	Title (to be entered onto Datix):		
Sept 2016	Risk assessments for the prescription of oxygen to patients who smoke/use an e-cigarette.		
Date of Review:	Incident number relating to (if applicable):		
Sept 2018			
Description of Assessment:			
<p>Oxygen as a therapeutic agent is an important form of home therapy for chronic hypoxic patients and improved survival has been demonstrated in those patients receiving continuous oxygen. However, some patients despite dissuasion continue to smoke or use e-cigarettes.</p> <p>Materials which become enriched with oxygen will burn extremely vigorously if ignited. This could include the patients face, nose, airway, skin, supply tubing, hair, clothing, bedclothes, furnishings, property and or adjoining properties.</p> <p>Smoking/ using an e-cigarette and the use of oxygen create risks. If a patient smokes/ uses an e-cigarette while using oxygen they put themselves, their surroundings, their property and connected properties, and others in these areas at great risk. The risks are serious and have already proved fatal in some cases. This risk assessment will assess the benefits of prescribing oxygen and identifying and reducing associated risks.</p>			
Employees at risk:		Non-employees at risk:	
Staff visiting patient at home. MCHFT/East Cheshire NHS Trust liable for litigation.		Patients who smoke/ uses an e-cigarette with oxygen. Family/visitors to their home. Neighbours. Fire Service personnel.	
Special considerations:			
Denying patients who smoke/ use an e-cigarette equal access to oxygen at home could be detrimental to their health. NHS health care should be equally accessible to all and as safe as possible (DoH, 2008). As health care practitioners we should not do our patients any harm. We need to balance health and safety of the patient against denying them essential therapy to prolong their life.			
Assessor Details:	Manager Details:	Risk/Governance Lead Details:	
Name:	Name:	Name:	
Signature:	Signature:	Signature:	
Date:	Date:	Date:	

Trigger code for Risk (RM Use)	Datix ID (RM Use)	Risk/Hazard Identified	Potential Harm	Consequence <u>C</u>	Likelihood L	Risk Rating (C x L)	Existing Control Measures/Training	Final Risk Rating (C x L)	Accept Risk?
		<p>Risk 1 The Trust is at risk of litigation regarding the prescribing or non – prescribing of home oxygen to smokers/e-cig users due to no current policy / protocol in place to identify safe prescribing practices.</p>	<p>Claims between 10K – 100K Local Media – long term moderate effect Impact on public perception of Trust & staff morale</p>	3	5	15	Risk assessments are done on in individual bases and patients are asked to sign them. Oxygen can only be prescribed by Respiratory specialist practitioners or competent persons.	3 x 3 = 9	NO
		<p>Risk 2 Risk of injury to patients, relatives and the community due to patients receiving home oxygen continuing to smoke/use e-cig. Hazards include fire, explosions, injury to patients such as burns to face, nose, airway, skin and hair. There is also risk of harm and decreased quality of life for patients due</p>	<p>Fatalities, multiple permanent injuries or irreversible health effects. Offsite release with catastrophic effects. Local Media – long term moderate effect Impact on public perception of Trust & staff morale. Claims between 10K – 100K</p>	5	3	15	Respiratory specialist practitioners in post who discuss and explain the risks of smoking/using an e-cig whilst on home oxygen. Risks to health and environment documented in the medical notes and individual patient risk assessments completed and signed by staff and patient.	5 x 2 = 10	No

		to not prescribed home oxygen for any reason.							
		<p>Risk 3 Risk of inability to discharge patients on home oxygen from Trust due to lack of patient consent or patient identified as high risk of impairment to self, others and environment.</p>	<p>Increased length of stay > 15 days. Non-permanent loss of ability to provide service.</p>	4	4	16	<p>High risk patients referred to stop smoking advisor for treatment and Cheshire FRS for home risk assessment. Current risk assessment process in place as consent evidence for home oxygen. Patients who refuse to sign risk assessments or deemed an unsafe discharge without safeguards to reduce risk stay in the Trust until safe to discharge identified and safeguards are in place.</p>	4x 3 = 12	NO
		<p>Risk 4 Risk of variable treatment to patients due to lacking of joint policy / procedure between MCHFT, East Cheshire NHS Trust and Cheshire FRS.</p>	<p>Mis-management of patient care with long term effects. Justified complaints involving lack of appropriate care. Challenging recommendations which can be</p>	4	4	16	<p>All organisations follow BTS document for clinical component for the home oxygen service in England and Wales. Incident reporting systems to monitor any trends and hazards in variation of</p>	4x3 = 12	No

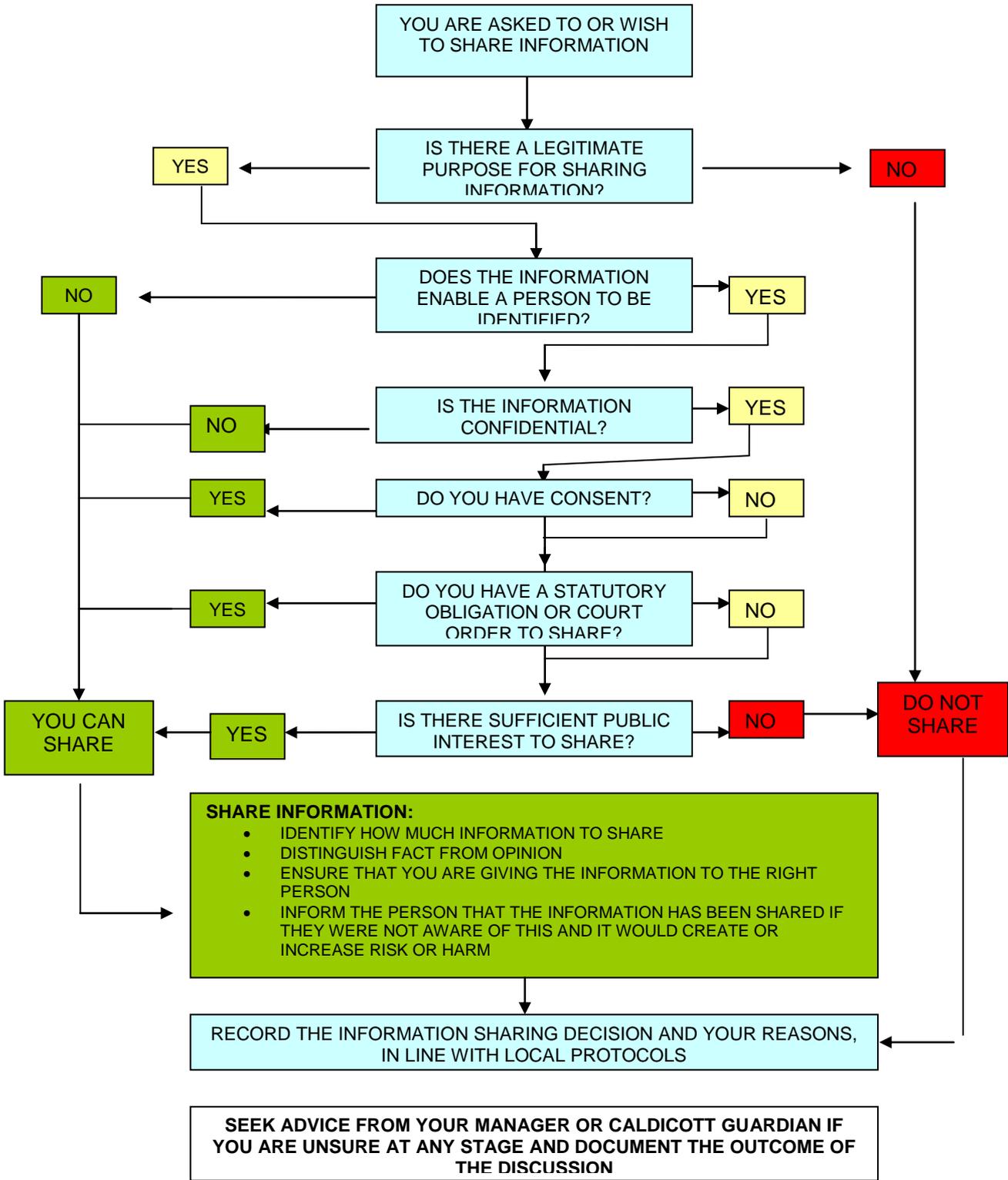
			<p>addressed with appropriate action plans. Impact on public perception of Trust & staff morale.</p>				<p>treatment. Information sharing process in place with East Cheshire NHS Trust via respiratory team regarding patients who are jointly referred. MCHFT/East Cheshire NHS Trust staff informs Integrated Respiratory Team (IRT) of all patients who are prescribed home oxygen and who smoke use an e-cig. Copies of Home Oxygen Order forms (HOOF) sent to IRT and Primary Care Support.</p>		
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If Risk not accepted by Service/Division – List further actions required:	New Risk Rating (C x L)	Who by?	Date for completion	Date completed
<p style="text-align: center;">Risk 1 Produce, launch and implement a policy</p> <p style="text-align: center;">Risk 2 Produce a consent form which incorporates permission to inform the fire service who can then in agreement with MCHFT/East Cheshire NHS Trust withdraw home oxygen if high risk of injury is identified.</p> <p style="text-align: center;">Risk 3 Produce a consent form</p> <p style="text-align: center;">Risk 4 Work with Respiratory network group to produce a integrated network policy for patients with chronic respiratory diseases, Joint involvement with fire service</p>	<p style="text-align: center;">3 x 2 = 6</p> <p style="text-align: center;">5 x 1 = 5</p> <p style="text-align: center;">4 x 2 = 8</p> <p style="text-align: center;">4 x 2 = 8</p>	<p style="text-align: center;">The Integrated Respiratory Team with the support of the Respiratory consultants</p> <p style="text-align: center;">Sr Jayne Edge</p> <p style="text-align: center;">Respiratory Team with support from Consultants & Risk</p> <p style="text-align: center;">Respiratory Team with support from Consultants</p>	<p style="text-align: center;">November 2008</p> <p style="text-align: center;">July 2014</p> <p style="text-align: center;">November 2008</p> <p style="text-align: center;">Ongoing</p>	<p style="text-align: center;">Updated July 2016</p> <p style="text-align: center;">July 2016</p> <p style="text-align: center;">Updated July 2016</p>

FOR RISK MANAGEMENT USE ONLY:

Risk Type	<u>Sub Type</u>	Standards for Better Health	
Divisional Departmental Clinical Corporate	Clinical Financial Organisational	Access & Response Clinical & Cost Effective Governance Patient Focus	Public Health Safety Care Environment
Assurance Source	<u>Adequacy of Controls</u>	Code: Standards for Better Health	
	Adequate Inadequate Uncontrolled		

FLOWCHART OF KEY PRINCIPLES FOR INFORMATION SHARING



PATIENT AGREEMENT TO TAKE FULL RESPONSIBILITY FOR THEIR ACTIONS IF CONTINUING TO SMOKE/USE AN e-CIGARETTE WHILST HAVING HOME OXYGEN, AND TO THE SHARING OF INFORMATION (AS PART OF THE SUPPLY OF HOME OXYGEN SERVICE)

INTEGRATED RESPIRATORY TEAM EAST CHESHIRE NHS TRUST	
PATIENT NAME & HOME ADDRESS	DOB:
	NHS NO:
	TEL. NO:

My doctor or a member of my care team has explained the arrangements for supplying Oxygen at my premises, that my personal information will be managed and shared in line with the Data Protection Act 1998, Human Rights Act 1998, and Common law duty of confidentiality and I understand these arrangements, such that:

1. I am the patient named above.
2. Members of the Integrated Respiratory Team have explained the arrangements for supplying oxygen at my home.
3. Members of the Integrated Respiratory Team have explained the associated risks to my health, my property, and my neighbours health and property should I continue to smoke/use an E-cigarette whilst using home oxygen. An Irresponsible Act is to use your oxygen close to a fire, a naked flame, or paraffin or gas heater or to allow cigarette and pipe smoking or the use of an E-cigarette during oxygen therapy.
4. I understand these arrangements and associated risks, and I agree and undertake to inform my Insurance Company that oxygen will be kept at the home address detailed above. I agree to pay such insurance premium as necessary to cover any risks arising from an irresponsible act by either myself or any invited visitor to my home resulting in an any damage to my or any neighbouring property.
5. I understand that the Integrated Respiratory Team will give the Oxygen Supplier and Cheshire Fire and Rescue Service the information specified above and some information about my condition I also understand that this information will also be exchanged between my hospital care team, my GP and my home care team.
6. I agree to the exchange of information between the Integrated Respiratory Team and the Oxygen Supplier to enable the Oxygen Supplier to deliver an oxygen system to match my needs. I also agree to the exchange of information between my hospital care team, my GP and/or home care team.

7. I understand that the Oxygen Supplier and Cheshire Fire and Rescue Service will keep information confidential. The oxygen supplier and Cheshire Fire and Rescue Service will not give this information to anyone else without my consent, except relevant information provided to check payments to the supplier (see below).
8. I consent to the disclosure of relevant information to and by the Oxygen Supplier, my Doctor or member of my care team, my Primary Care Trust, Hospital Trust, the Prescription Pricing Authority, the Cheshire Fire and Rescue Service, and the NHS Counter Fraud and Security Management
9. I consent to the Integrated Respiratory Team and my Oxygen Supplier informing Cheshire Fire and Rescue Service about my use of oxygen in my home so I can be registered to receive priority service to enable them to carry out a safety check in my home give advice regarding my safety and fit free smoke detectors.
10. I consent to my oxygen supplier informing my local Electricity Distributor about my use of oxygen in my home so I can be registered to receive priority service.
11. I also agree to give the supplier reasonable access to my home, so that the supplier can install, service and remove the oxygen system as required.
12. I understand that I may withdraw my consent at any time.

Patient's Signature: _____ Date: _____

Clinician's Signature: _____ Date: _____

Name (PRINT) _____

Clinician's Signature: _____ Date: _____

Name (PRINT) _____

Reported to Risk Management:

Risk Assessment

Division/Department:	Location Exact:	Datix Information (Risk Management Only):	
INTEGRATED RESPIRATORY TEAM	New Alderly Building, Macclesfield	Datix ID:	
		RM Ref:	
		Date entered:	
Date of Assessment:	Title (to be entered onto Datix):		
July 2014	DOMICILLARY OXYGEN FOR PATIENTS WHO CONTINUE TO SMOKE AND USE AN e-CIGARETTE		
Date of Review:	Incident number relating to (if applicable):		
July 2016			
Description of Assessment:			
PATIENT NAME:		UNIT NO:	DOB:
ADDRESS:			
<p>BASED ON PREVIOUS ARTERIAL/CAPILLARY BLOOD GAS RESULTS, MR/MRS..... WOULD BENEFIT FROM LONG TERM OXYGEN THERAPY (LTOT). AS PER BRITISH THORACIC SOCIETY GUIDELINES LTOT WOULD NORMALLY BE PRESCRIBED EITHER ON DISCHARGE AND/OR FOLOWING ASSESSMENT IN OXYGEN ASSESSMENT CLINIC. THERE IS RISK TO MR/MRS..... , HIS/HER WIFE/HUSBAND AND NEIGHBOURS OF BURNS, FIRE AND/OR EXPLOSION IF SMOKING/USE OF AN e-CIG CONTINUES WHILST OXYGEN IS IN USE. THE RESPIRATORY TEAM ARE WILLING TO PRESCRIBE LTOT IF:</p> <ul style="list-style-type: none"> MR/MRS.....SIGNS A CONSENT FORM TO TAKE RESPOISIBILITY FOR THEIR OWN PROPERTY AND SAFETY AFTER EXPLANATION FROM THE RESPIRATORY TEAM OF THE RISKS. AGREES TO THE SHARING OF INFORMATION WITH THE LOCAL FIRE SERVICE SO THEY CAN CARRY OUT A HOME SAFETY CHECK 			
Employees at risk:		Non-employees at risk:	
INTEGRATED RESPIRATORY TEAM MEDICAL TEAM		MCHFT/EAST CHESHIRE NHS TRUST PATIENT PATIENTS FAMILY NEIGHBOURS	
ASSESSOR DETAILS:	MANAGER DETAILS:	Risk/Governance Lead Details:	
Name:	Name:	Name:	
Signature:	Signature:	Signature:	
Date:	Date:	Date:	

Trigger code for Risk (RM Use)	Datix ID (RM Use)	Risk/Hazard Identified (Due to)	Potential Harm (Risk of)	Consequence <u>C</u>	Likelihood L	Risk Rating (C x L)	Existing Control Measures/Training	Final Risk Rating (C x L)	Accept Risk?
		<p>RISK OF STRUCTURAL DAMAGE TO PROPERTY AND SURROUNDING BUILDINGS. DEATH AND/OR PHYSICAL INJURY TO SELF AND/OR OTHERS DUE TO SMOKING/NAKED FLAME OR USE OF AN e-CIG IN THE PATIENTS HOME WHILST USING LONG TERM OXYGEN THERAPY (LTOT)</p>	<p>FATALITIES, MULTIPLE PERMANENT INJURIES OR IRREVERSIBLE HEALTH EFFECTS. OFFSITE RELEASE WITH CATASTROPHIC EFFECTS. LOCAL MEDIA – LONG TERM MODERATE EFFECT IMPACT ON PUBLIC PERCEPTION OF TRUST & STAFF MORALE. CLAIMS BETWEEN 10K – 100K</p>	<p>CATASTROPHIC 5</p>	<p>LIKELY 4</p>	<p>5 X 4 = 20</p>	<p>NONE</p>	<p>20</p>	<p>NO</p>

If Risk not accepted by Service – List further actions required:	New Risk Rating (C x L)	Who by?	Date for completion	Date completed
<p style="text-align: center;">SMOKING CESSATION ADVICE AND SUPPORT FOR PATIENT FROM SMOKING CESSATION ADVISOR.</p> <p style="text-align: center;">LIAISON BETWEEN SMOKING CESSATION ADVISOR AND INTEGRATED RESPIRATORY TEAM AND PATIENT’S CONSULTANT RE: SMOKING STATUS.</p> <p style="text-align: center;">FOLLOW-UP IN OXYGEN ASSESSMENT CLINIC</p> <p style="text-align: center;">PATIENT ACCEPTS THE RISK & TAKES RESPONSIBILITY FOR THEIR ACTIONS</p> <p style="text-align: center;">CHESHIRE FIRE & RESCUE SERVICE HOME SAFETY ADVOCATE WILL VISIT THE PATIENT’S HOME TO CARRY OUT A HOME SAFETY ASSESSMENT IF HE/SHE GIVES CONSENT</p>	5 X 1 = 5	SMOKING CESSATION ADVISOR & INTEGRATED RESPIRATORY TEAM PATIENT CHESHIRE FIRE & RESCUE SERVICE	ONGOING UNTIL PATIENT STOPS SMOKING	

For Risk Management use only:

Risk Type	<u>Sub Type</u>	Standards for Better Health	
DIV DEPT CLINIC CORPO	CLINIC FINANC ORGAN	ACCESS CARE CLINSV FOCUS	GOVERN PH STAFFS
Assurance Source	<u>Adequacy of Controls</u>	Code: Standards for Better Health	
	ADEQUATE INADEQUATE UNCONTROLLED		



Home Oxygen Therapy A patient's guide

Patients often have questions about the use of home oxygen. Here are answers to some of the more common ones but please ask us if you want to know more.

Will I become dependent on oxygen?

No. Think of it as a vitamin supplement for the lungs and body. When you are at home, awake or asleep, you should use it. However, if you want to go out or have a break away from home there is no need to have oxygen all the time. You will not become dependent or 'hooked' on oxygen and it will never lose its useful effects.

Why 15-16 hours a day?

Several studies in Britain and America have shown that this amount of oxygen will prolong life and may improve its quality. The more you take the better, but the evidence is that an average of 15-16 hours a day should be the minimum. This can be flexible to fit in with your lifestyle, and should not restrict you in any way. Further advice on this can be sought from the respiratory nurse.

How does oxygen work?

Oxygen is needed for all the organs of the body to function properly. If our air passages or lungs are damaged by a chronic lung disease the lungs cannot get enough oxygen into the blood and this puts a strain on the heart. By breathing in extra oxygen we can reduce this strain on both the lungs and the heart, and eventually it can also help improve memory, alertness, sleep, mood and general well being.

How long before I notice any benefits?

Many patients notice some benefit within a few weeks of starting regular oxygen therapy. However, it usually takes several months before you will notice a general improvement in your condition.

Are there any problems with oxygen therapy?

No. In some patients too rich a concentration of oxygen can be harmful, but you will have been carefully assessed as to how much your body requires in the hospital. You must not use your oxygen close to a fire, a naked flame, or paraffin or gas heater. Cigarette, e-cigarette or pipe smoking during oxygen therapy would be very dangerous.

Will I have to be treated with oxygen forever?

Every patient is different and it is impossible to predict whether or not you will always need oxygen therapy. Sometimes it is just when you have a worsening of your symptoms. Usually, once the decision has been made that you will benefit from oxygen it will mean lifelong treatment. This decision is made within the oxygen assessment clinic. It is really important you attend for review regularly.

Important

The cost of the electricity you use for your machine will be reimbursed. How you will be reimbursed may depend on how you currently pay your electricity bill – ask your supplier.

Holiday orders

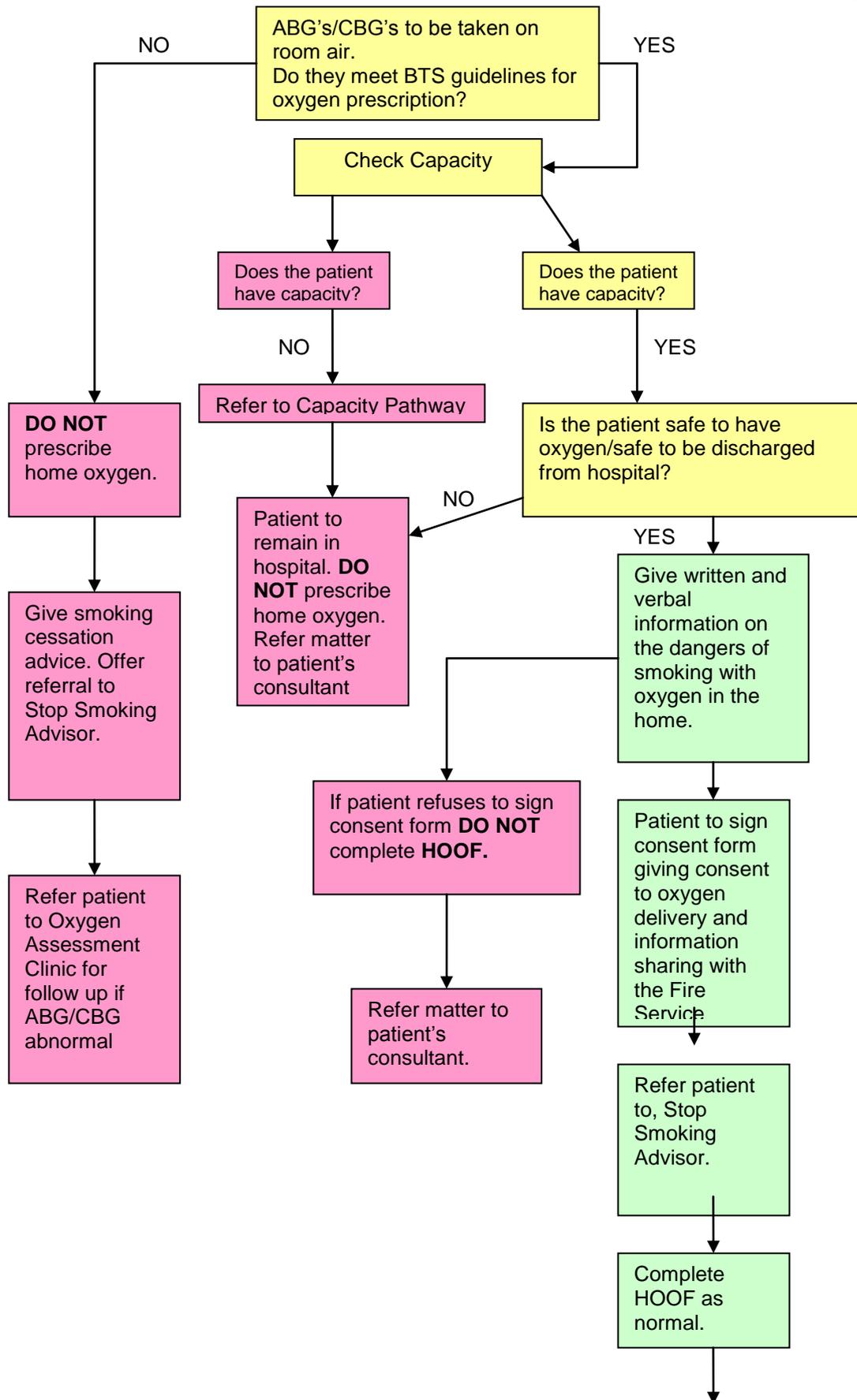
We can provide a holiday order for your oxygen to enable you to still go on vacation or to respite care. Please give us 4-6 weeks' notice of this where possible.

Useful **DOs** and **DON'Ts**

- Do** inform the local fire service that you have an oxygen concentrator in the house
- Do** inform your electricity supplier that you are using an oxygen concentrator. You will be put on a priority list for reconnection in the event of a power failure.
- Do** inform your home insurance company. This should not affect your premium.
- Do** have a smoke alarm in your home.
- Do not** leave your concentrator running when it is not in use.
- Do not** leave your nasal prongs on the bed or chair with the oxygen running as there may be a build-up of gas which could be dangerous.
- Do not** smoke or use an e-cigarette whilst receiving oxygen therapy.
- Do not** allow others to smoke or use an e-cigarette in the same room while you are using the oxygen.
- Do not** use flammable products near your oxygen, or paraffin based cream on your nose if it becomes sore.

If you have any other questions about home oxygen therapy or your treatment in general, please contact the Integrated Respiratory Team

Tel; 01625 663380



CHECK LIST FOR THE PRESCRIBING OF DOMICILIARY OXYGEN FOR PATIENTS WHO ARE HYPOXIC AND ARE KNOWN SMOKERS

	YES	NO
HAS THE PATIENT BEEN REFERRED TO SMOKING CESSATION ADVISOR		
CHECK CAPACITY		
COMPLETE PATIENT RISK ASSESSMENT (3 COPIES; MEDICAL NOTES, IRT NOTES, PATIENT)		
DOES THE PATIENT UNDERSTAND WHAT ACTIONS ARE BEING TAKEN AND WHY?		
HAVE YOU GIVEN THE APPROVED VERBAL/WRITTEN INFORMATION TO PATIENT (IF FAMILY/CARERS SMOKE ENSURE THEY ARE AWARE OF THE RISKS ALSO)?		
LEAFLETS GIVEN: <ul style="list-style-type: none"> • SAFETY INFORMATION • INFORMATION FOR PATIENTS USING HOME OXYGEN • PATIENT PRESCRIPTION INFORMATION 		
HAS CONSENT FORM BEEN SIGNED BY PATIENT AND CLINICIANS? (3 COPIES; PATIENT, MEDICAL NOTES, IRT NOTES)		
HAVE ACTIONS CLEARLY BEEN DOCUMENTED IN THE MEDICAL NOTES & COMMUNICATED TO THE RELEVANT PARTIES?		
HAVE YOU REFERRED THE PATIENT TO CHESHIRE FIRE & RESCUE SERVICE FOR A HOME SAFETY ASSESSMENT ?		
HOOF COMPLETED & FOLLOW-UP ORGANISED		

TO BE USED IN CONJUNCTION WITH THE FLOW CHART FOR THE PRESCRIPTION OF OXYGEN TO KNOWN SMOKERS

NAME:.....

TITLE:.....

DATE:.....

SIGNATURE:.....

Equality Analysis (Impact assessment)

Please **START** this assessment **BEFORE** writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. **Use it to help you develop fair and equal services.**

Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

Policy for prescribing of Domiciliary oxygen for patients who are hypoxic and known smokers or users of the e-cigarette.

Details of person responsible for completing the assessment:

- *Name: Jayne Edge*
- *Position: Specialist Respiratory Practitioner*
- *Team/service: Integrated Respiratory Team*

State main purpose or aim of the policy, procedure, proposal, strategy or service:

(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

This policy is intended for the guidance for the Health Care Professionals undertaking the prescribing of home oxygen for hypoxic patients who are known to smoke/use an e-cigarette

Evidence Base

Clinical Component for the Home Oxygen Service in England and Wales.

Prepared by members of the British Thoracic Society (BTS) working group on home oxygen services.

January 2006.

High Quality Care for All.

DoH, June 2008

Mental Capacity Act 2005 – Draft Code of Practice for Consultation

The Code (2008) Standards of Conduct, Performance and Ethics for Nurses and Midwives
Nursing and Midwifery Council: London

ASH/youGov2014

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. **Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service**

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

Age: East Cheshire and South Cheshire CCG's serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:

- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.
- Gypsies & travellers – estimated 18,600 in England in 2011.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:

- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:

- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (*The Lesbian & Gay Foundation*).

- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:

The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.

- **Christian:** 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- **Sikh:** 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- **Buddhist:** 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- **Hindu:** 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- **Jewish:** 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- **Muslim:** 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- **Other:** 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- **None:** 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
- **Not stated:** 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the **policy, procedure, proposal, strategy or service** or its effects on different groups?)

None

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

None

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the **policy, procedure, proposal, strategy or service** (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the **policy, procedure, proposal, strategy or service** on each of the strands listed below.

RACE:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, racial groups differently? **Yes**

Explain your response:

If the patients' first language is not English, then full explanation of the procedure can be given and consent gained via telephone interpretation. All staff should be aware of the trust's interpretation and translation policy.

GENDER (INCLUDING TRANSGENDER):

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, different gender groups differently? **No**

Explain your response:

No differential impact identified regarding gender.

DISABILITY

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, disabled people differently? **No**

Explain your response: This policy applies to patients who have learning disabilities, mental health issues, autism or dementia.

If the patient is visually impaired or blind, then any written information regarding the policy would need to be translated or put in large print. If the patient is Deaf, then a British Sign language interpreter may be used, or the new Sign translate on line BSL interpretation system, when this is rolled out across all areas. For a hearing impaired person. Staff can use a portable induction loop if the patient wears a hearing aid or a hand held communicator if not (these can be located in ward communications boxes). There are picture communication books in the boxes to assist people with limited understanding. Signing of the disclaimers can be done by carers/relatives if a patient is blind or illiterate.

AGE:

From the evidence available does the **policy, procedure, proposal, strategy or service**, affect, or have the potential to affect, age groups differently? **No**

Explain your response: The policy would be applicable regardless of age groups for any adult patient.

LESBIAN, GAY, BISEXUAL:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, lesbian, gay or bisexual groups differently? **No**

Explain your response:

The policy applies regardless of sexual orientation. The Staff have access to equality and diversity training as part of statutory / mandatory programme.

RELIGION/BELIEF:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, religious belief groups differently? **Yes**

Explain your response: If the patient is a Jehovah’s Witness, alternative methods for monitoring oxygenation and the need for home oxygen would be used. If the patient is Muslim and it is Ramadan, then the patient should be asked if they are fasting. Staff should assess the risks and consider what the consequences and potential action might be and discuss this with the patient.

CARERS:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently? **Yes**

Explain your response: If a carer / relative is in attendance, they would also need a full explanation as to the reason for the risk assessment and consent.

EG Pregnant women, people in civil partnerships, human rights issues.

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect any other groups differently? **No**

Explain your response: No other impacts identified.

4. Safeguarding Assessment - CHILDREN

a. Is there a direct or indirect impact upon children? No <input type="checkbox"/>
b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:
c. If no please describe why there is considered to be no impact / significant impact on children This policy is for intended use for adult patients only.

5. Relevant consultation

*Having identified key groups, how have you consulted with them to find out their views and that the made sure that the **policy, procedure, proposal, strategy or service** will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?*

Respiratory Consultants, Integrated Respiratory Team, Ward Staff
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6. Date completed:

Review Date:

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

Action	Lead	Date to be Achieved

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: 

Date: 11.10.16

Updated: September 2016

Approved: Safety Quality & Standards Committee (SQS) Medical Business Unit

Date for review: September 2018