SOUTH WEST REGION
POLICY FOR THE PRESCRIBING OF HOME OXYGEN TO PATIENTS WHO ARE KNOWN TO SMOKE OR USE E-CIGARETTES

PRESCRIBING OF HOME OXYGEN
TO PATIENTS WHO ARE KNOWN TO SMOKE

Version:	V3
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Name of Originator/Author:	Simon Edwards / Claire Bullard 2022 – Jasmine Penny
Name of Responsible Committee/Individual:	Home Oxygen Service – Contract Management Board
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Target audience:	All prescribers across South West Region

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PRESCRIBING OF HOME OXYGEN
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CONTENTS

1 ABBREVIATIONS & DEFINITIONS

Abbreviation & Definitions	Full Description
BTS	British Thoracic Society
FRS	Fire and Rescue Service
GP	General Practitioner
IHORM	Initial Home Oxygen Risk Mitigation Form
HCP	Health Care Professional
HOOF	Home Oxygen Order Form
HOS	Home Oxygen Service
HOSAR	Home Oxygen Service - Assessment and Review
MDT	Multi-disciplinary Team
NICE	National Institute for Health and Care Excellence
SI	Serious Incident
E-cigarette	An **electronic cigarette** or **e-cigarette** is a handheld electronic device that simulates the feeling of tobacco smoking. It works by heating a liquid to generate an aerosol, known as "vapour", which the user inhales.
Smoke	Throughout the policy document, all references to smoking / smoke / smoker mean use of cigarettes, e-cigarettes, cigars or vaping
South West Region	Comprises the following 7 ICBs: • NHS Bath & North East Somerset, Swindon and Wiltshire • NHS Bristol, North Somerset & South Gloucestershire • NHS Dorset • NHS Gloucestershire • NHS Cornwall and Isles of Scilly • NHS Devon • NHS Somerset

2 KEY CONTACT DETAILS

Name	Contact Details
Regional HOS Lead	NHS Devon d-ccg.regionalhoslead@nhs.net
Air Liquide – HCP Support Team	0808 202 2099 alhomecare.businessintel@nhs.net
Local HOS Teams: • NHS Bath and North East Somerset, Swindon Wiltshire • NHS Bristol, North Somerset & South Gloucestershire • NHS Dorset • NHS Gloucestershire • NHS Cornwall & IOS • NHS Devon • NHS Somerset	 • 01225 831808 • 01793 646436 • 01249 456607 • 0117 900 3432 • 01305 213623 • 0300 4211500 • 01726 627800 • d-ccg.regionalhoslead@nhs.net • 01935 384086 / 01935 384097
Local FRS Leads	Contact details for all FRS teams are at Appendix 3

3 VERSION CONTROL

Document Status:	FINAL
Version:	V.3

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
v0.1	22/08/2017	Initial draft
v0.2 – 0.4	06/10/2017	Updated drafts
v0.5	13/10/2017	Discussed at Regional CMB
v0.6	13/10/2017	Revision following Regional CMB discussion
v0.7	19/10/2017	Revision following further review and Somerset Respiratory RightCare meeting
v0.8	19/10/2017	Circulated to CMB and Somerset Respiratory RightCare Group
v0.9	06/11/2017	Updated following feedback from Regional CMB, Air Liquide and Somerset Respiratory RightCare Group
v0.10	26/03/2018	Amended to remove Wiltshire CCG and to reflect merger of Bristol, NSomerset and SGlos CCGs
v1.0	01/04/2018	Published
v1.1	02/06/2018	Local HOS Team contact number changed for NEW Devon CCG
v1.2	20/08/2018	Local HOS Teams & Appendix 4 amended; blank pages removed
v1.3	26/09/2018	Amendment to Appendix 3 FRS contact details
v1.4	01/05/2019	Revised to include latest NICE guidance NG115, Key Contact Details, to reflect merger of North, East & West Devon and South Devon & Torbay CCGs. Note added under Devon and Somerset FRS.
v1.5	02/11/2020	Devon CCG Clinician's reviewed.
v1.6	14/12/2020	All South West CCGs and Air Liquide Reviewed. Declaration form revised. Decision Tree added. Paediatric Flow Chart added.
v1.7	28/04/2021	Amendments made to reflect 2-3 month no smoking period (including on the Decision Trees).

v1.8	14/05/2021	Claire Bullard reviewed policy and made amendments and agreed 2-3 month no smoking period.
v1.9	17/05/2021	Final version sent to all South West CCGs fore review and comment.
v2.1	09/06/2021	Added all South West Clinician and CMB comments and amendments
v2.2	09/06/2021	Claire Yardley and Leanne Leonard amended and added comments
v2.3	16/06/2021 & 21/06/2021	Barbara Jones and Claire Yardley reviewed and added comment
v2.4	24/06/2021	Leanne Leonard accepted amendments, added Appendix 6 and added the bookmark to reference the word 'smoke' on the first page to the Abbreviation page.
V2.5	18/11/2021	Further updates made following comments from Jonathan Palmer. Agreement of a cessation period of 8 weeks.
V2.6	09/06/2022	Update of formatting. Inclusion of QEIA information. Added section on mitigations, incident data and population data. Amendment to wording for 7.2 to reflect and align with IHORM.
V3.0	05/10/2022	Updated organisational name changes to ICB Updated SIRI process and matrix in line with national guidance 7.10 changed to HCP from AL responsibilities. Inclusion of updated Appendix 3 SW High Fire Risk Referral Pathway

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	26-10-17
Sponsoring Director: **Author(s):**	Paul Goodwin, NHS Somerset CCG Simon Edwards, NHS Somerset CCG
Document Reference:	Prescribing of Home Oxygen to Patients who are Known to Smoke v1

TO BE COMPLETED

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	12 August 2022

PRESCRIBING OF HOME OXYGEN
TO PATIENTS WHO ARE KNOWN TO SMOKE

Sponsoring Director: **Author(s):**	Alison Wilkinson, Deputy Chief Operating Officer Jasmine Penny, Contract Manager
Document Reference:	Prescribing of Home Oxygen to Patients who are Known to Smoke v3

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PRESCRIBING OF HOME OXYGEN
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1 INTRODUCTION

1.1 This policy has been developed in order to promote patient safety and give due consideration to the risks associated with smoking and the use of home oxygen therapy[1]. This includes the use of e-cigarettes[2]. The risks associated with fire and personal safety also affect family, health care professionals and the general public.

1.2 The overarching recommendation made by NICE NG1153, for patient who smoke and require oxygen therapy is that oxygen therapy is not offered to people who continue to smoke despite being offered smoking cessation advice and treatment, and referral to specialist stop smoking services. [2018]"

1.3 NICE NG115 provides the following Information for the Public: 'don't use oxygen therapy if you smoke, because the risk of fires and burns outweighs its benefits – instead you should first get support to help you quit smoking'.

1.4 Given the risks from using oxygen therapy when smoking it is essential that a detailed case-by-case risk assessment is completed prior to ordering oxygen therapy (please note patient consent is required for ordering oxygen therapy before submission of request). In exceptional circumstances the prescribing clinician may feel that there are clinical benefits that outweigh the risks, in which case the following policy must be adhered to. The policy should also be used if, following prescription of oxygen therapy, it transpires that there is smoking in the home environment, either by the patient or another person.

1.5 In an exceptional circumstance, the quantity of oxygen cylinders ordered should be an absolute minimum required for patient safety.

1.6 Ambulatory oxygen only should never be prescribed to patients who continue to smoke.

1.7 This guidance is taken from the NICE COPD guidelines and BTS home oxygen guidelines, but the principle is applied to all patients receiving home oxygen therapy.

2 Purpose

2.1 This policy applies to all prescribers of home oxygen and sets out the procedure for prescribing home oxygen to patients who are thought to smoke and are registered with a GP practice in one of the 7 ICB areas in the South West region listed on Page i.

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[1] https://www.nice.org.uk/guidance/ng115 - December 2018
[2] https://www.ecigarettedirect.co.uk/media/electroniccigarettesoxygen.L16.pdf
[3] https://www.nice.org.uk/guidance/ng115 - December 2018

2.2 It aims to ensure that all patients prescribed home oxygen receive care that is consistent, and evidence based, thus reducing risk to patients, their families and carers, HCPs as well as the general public.

2.3 It aims to make certain all HCPs undertake assessments for each individual patient (notwithstanding those who continue to smoke or live in a house where others smoke in a consistent manner), minimising risk to the patient, carers, clinical staff and general public and operate in accordance with the BTS guidelines[1] and NICE Guidelines NG115[3].

2.4 This policy includes the risk assessment process and guidance on how these patients who require oxygen, but continue to smoke, should be managed. Advice may need to be sought from an MDT, GPs, Air Liquide, FRS and/or social services on a case by case basis.

3 Population

3.1 Data correct as of May 2022:

		Number of Patients	Number of Smokers	% of Patients who Smoke
	NHS DORSET	1119	91	8.132%
	NHS GLOUCESTERSHIRE	855	15	1.754%
	NHS KERNOW	945	81	8.571%
	NHS SOMERSET	903	58	6.423%
	NHS BNSSG	1439	60	4.17%
	NHS DEVON	1834	102	5.562%
	NHS BSW	992	42	4.234%
	Total	**8087**	**449**	**5.552%**

RESPONSIBILITIES FOR PRESCRIBERS AND Healthcare professionals

4 General Roles, Responsibilities and Accountability

4.1 Managers and Heads of Service will ensure that all staff (including bank, agency and locum staff) involved in the care of or prescribing for oxygen patients are aware of and have access to this policy document.

4.2 All Part A and Part B prescribers acting under this policy must be confident and competent in risk assessment and instigation of risk management plans as described in Section 4 and Section 5 of this policy.

4.3 Local HOS Leads will provide copies of this policy to new prescribers on completion of their online portal training. This forms part of the access authorisation process.

4.4 HCPs who recommend oxygen for patients are responsible for undertaking the initial risk assessment to ensure oxygen is a suitable therapy, even if they do not place the orders themselves

4.5 Where a patient has been prescribed oxygen in an inpatient setting by a Part-A prescriber, the patient should be referred to a Part-B prescriber, to be followed up.

5 RISK ASSESSMENTS

5.1 Incidents raised since 1st June 2021:

ICB Name	Total
NHS DORSET	6
NHS BNSSG	10
NHS GLOUCESTERSHIRE	8
NHS BSW	7
NHS SOMERSET	4
NHS DEVON	11
NHS KERNOW	6
TOTAL	**52**

5.2 Given the risks associated with giving oxygen therapy to smokers or those who live with someone who smoke, it is important to conduct a detailed risk assessment before offering this treatment.

5.3 The Home Oxygen And Smoking - Assessment And Declaration Form sets out the main questions and decision flows. Further risk information must be given to the patient in all circumstances and can be found in Appendix 2.

5.4 Patients should be made aware in writing of the dangers of using home oxygen within the vicinity of any naked flame such as pilot lights, cookers, gas fires and candles. (BTS guidelines)

5.5 **High-risk** patients are defined as patients who “exhibit unsafe clinical or behavioural traits involving oxygen and smoking’, such as:

- Attempting to hide their smoking materials or activities
- Having a history of non-compliance with smoking rules
- Being reported to an HCP for smoking whilst in receipt of oxygen
- Experiencing a smoking related accident or incident whilst in receipt of oxygen
- Smoking in a patient sleeping room or other areas designated as non-smoking areas

6 Training

6.1 All Part B practitioners acting under this policy must have attended prescriber training provided by Air Liquide.

7 Referral pathway and Process

PRESCRIBING OF HOME OXYGEN TO PATIENTS WHO ARE KNOWN TO SMOKE

7.1 There are two broad populations to consider when considering provision of oxygen therapy for the first time:

1) People who do not smoke but who live with people who smoke, and

2) People who smoke.

7.2 If the patient is an inpatient and was smoking before admission, the stable period of time to assess whether a sustained smoking cessation has succeeded is 8 weeks. If the IHORM is being completed whilst the patient is admitted to a hospital, the time period prior to the in-patient stay should be used to reflect their smoking status patients must have quit for at least 8 weeks in order to be considered a candidate for home oxygen.

7.3 Before prescribing oxygen for use at home, the prescriber must complete an IHORM which is integrated on the Air Liquide online portal: https://www.airliquidehomehealth.co.uk/hcp and in Appendix 1 and a Home Oxygen & Smoking – Assessment and Declaration Form in Appendix 2The completed risk assessment and declaration forms will raise awareness of the risks associated with providing home oxygen and highlight the potential danger to patients utilising the service. This will ensure the clinician makes a considered risk-based decision before submitting an order for oxygen.

7.4 People who smoke but otherwise meet the criteria for oxygen therapy, must be offered smoking cessation advice and treatment and referral to specialist stop smoking services. Household occupants of those who require oxygen should also be offered smoking cessation advice and treatment and referral to specialist stop smoking services. If the patient is unable to agree to the requirements set out in the Declaration form (Appendix 2) then oxygen will not be prescribed.

7.5 The prescriber should inform the Consultant and GP of smoking status, the risk assessment outcome and any resulting oxygen prescription.

7.6 If the prescriber is satisfied home oxygen should be prescribed, they must complete the HOOF using the online portal: https://www.airliquidehomehealth.co.uk/hcp

7.7 The Part B prescriber will remain responsible for the ongoing support of the patient's annual prescription reviews, including continued evidence of smoking cessation and review the monthly concordance data (if applicable). Where appropriate, the duty of review can be delegated to another clinician.

7.8 Clinicians should review patients at 8 weeks who have been denied home oxygen on the basis they are current smokers and have told their clinician that they intend to quit.

7.9 The patient must sign an updated Assessment and Declaration Form (Appendix 2).

- Consideration must be given to holding an MDT to review future therapy provision.

7.10 Actions to be undertaken by HCP on initial installation of oxygen supply in the home where smoking is assessed to be undertaken:

- Offer to refer to the local smoking cessation service or equivalent
- Refer to the local FRS (Appendix 3) for a home safety assessment
- Inform and liaise with the patient's GP in order they can support smoking cessation and minimisation of risk to the patient and general public
- Provide patient / carer with additional information (Appendix 4), to include a video link highlighting the risks
- The patient must sign an updated Assessment and Declaration Form (Appendix 2).
- Consideration must be given to holding an MDT to review future therapy provision.
- If the patient has placed themselves, their carer, HCPs or the general public at **high risk** through smoking whilst in receipt of oxygen therapy, or shortly after within an oxygen rich environment, then instigation of the Incident Management Procedures (Appendix 5) will take place, which may result in oxygen removal.

8 Mitigation

8.1 If in doubt about patient's ability to make a successful smoking cessation attempt, clinicians should refrain from ordering the oxygen. In the event they do start home oxygen, the clinical team could consider performing a spot check/s +/- exhaled carbon monoxide testing.

8.2 Clinicians will continue to monitor patients regularly at reviews including a review of their smoking status. From a provider perspective they will continue to perform their Field Based Risk Assessments (FBRA) and routine jobs and escalate any risk/concerns identified.

9 Reporting of INCIDENTS and escalation process

9.1 All Serious Incidents or suspected SIs must be reported to the Commissioners and to Air Liquide. This applies particularly in the event of an incident that has resulted in serious harm to the patient or where immediate action may be required to prevent further incidents, or where there may be media interest.

9.2 The incident management and escalation process include the following steps; however, the list is not exhaustive: See Appendix 6

- Reporting of all serious incidents to the Commissioner
- Reporting of all very high risks or incidents to Air Liquide (alhomecare.hcpsupport@nhs.net)

- Urgent referral to smoking cessation
- Urgent referral to the FRS (see Appendix 3) for a home safety assessment
- Inform and liaise with the patient's GP
- Organise an urgent MDT to include the patient, carer, GP, FRS, Air Liquide, HOSAR / prescribing clinician.
- Confirm in writing to the patient (copying all the above) the position taken by the MDT, including the rationale for the decision to either remove or conditions to be imposed if continuing the oxygen provision
- If the decision is to remove oxygen, then there should be a clear target date for removal

9.3 Taking oxygen away from a patient is often difficult and, where possible, will require the support or understanding of the patient and family. The patient's GP should be brought into this process for support.

9.4 It should be made clear in correspondence to the patient the implications of loss of oxygen and options available in the event the patient's condition deteriorates after the oxygen has been removed.

9.5 In some instances, the patient may continue to refuse to accept the conclusion of the MDT. At this point, the Commissioner should write to the patient and Air Liquide to confirm that with immediate effect the electricity supply will no longer be funded for the oxygen equipment and that no further cylinder refills will be provided by Air Liquide.

9.6 Where there is extreme risk, Commissioners may have to consider the involvement of the police, though this should be done on an exceptional basis only where patients refuse to return all the home oxygen equipment.

10 AUDIT

10.1 Compliance with this policy will be documented in the patient notes and through the quality control procedures mentioned in this policy

10.2 The Commissioners will monitor all clinical incidents through their risk management software systems.

10.3 Audit of the service will inform quality control associated with equipment, service activity and outcomes

11 QUALITY AND EQUALITY IMPACT ASSESSMENT

11.1 This policy has been subjected to a Quality and Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or group and will not negatively impact upon the quality of health and social care services commissioned by the Commissioner.

11.2 All patients deserve our care, to be valued as a person and to be treated equally. The decision to remove or not install home oxygen does not rest on discriminatory grounds but on patient and public safety.

11.3 Messaging to the wider public and heath care professional:

- Respiratory health is improved by cession of smoking; the most effective method to quit smoking is with pharmacological therapy and behavioural support.
- The decision to prescribe oxygen therapy is based upon a clinical and environmental risk assessment.

12 APPENDIX 1 – IHORM & HOCF

IHORM IG approved 298

Initial Home Oxygen Risk Mitigation Form (IHORM) and Home Oxygen Consent Form (HOCF) for new patients only .

BOTH FORMS MUST BE COMPLETED AND SIGNED BEFORE OXYGEN CAN BE INSTALLED.

DO NOT SEND FORMS TO SUPPLIER FORMS WILL BE PLACED IN PATIENT NOTES

THERE ARE CONFIRMATION BOXES ON THE HOME OXYGEN ORDER FORMS.

Oxygen can pose a risk of harm to the user and others in the event of fires, falls and inability to use complex equipment. The initial identification and onward communication of these risks is the responsibility of the health care professional ordering the oxygen and remains so until that prescription ceases or is superseded. The table below reflects risk factors that are based on evidence of real life serious and untoward incidents, 90% of which are smoking and e-cigarette/charger related.

The Initial Home Oxygen Risk Mitigation (IHORM) is to be completed in conjunction with the Home Oxygen Consent Form (HOCF) prior to oxygen being ordered from the oxygen supplier via the Home Oxygen Order Form (HOOF). **It is the responsibility of the registered health care professional who is gaining consent to complete and add the IHORM with the HOOF and HOCF to the patient's notes. If all documents are not confirmed as being completed in full the Home Oxygen Order cannot be fulfilled.**

If the risks identified on the IHORM indicate significant levels of risk the patient should be discussed directly with the local Home Oxygen Service or Clinical Oxygen Lead for a full risk assessment prior to oxygen being ordered as recommended in the British Thoracic Home Oxygen Guidelines June 2015**. Regardless of risk or diagnosis all adult patients should be referred the Home Oxygen Assessment and Review Service (HOS-AR) for the team to determine next steps if deemed relevant.**

If any responses below fall within a shaded box, please refer to the Required Action column and supporting notes.

All actions should be explained to the patient and why they are being taken in line with service contracts. Ensure that both verbal and written information has been given to the patient or their representative.

Patient Name		DOB		
Address		Oxygen requested?	No- Risk too high	
Recorded at	Hospital/Clinic	NHS No		
Risk Level	**Risks**	**No**	**Yes**	**Required Action**
HIGH	Does the patient smoke cigarettes / e-cigarettes?	◉	○	If a High Risk is identified (shaded box), **It is highly recommended that oxygen is not requested without** referral to Home Oxygen Assessment and Review Service (HOS-AR) **or** Respiratory Specialist **or** support services e.g. falls team, stop smoking service,
	Have they smoked in the last 6 months? Quit date.....	◉	○	
	Does anyone else smoke at the patients premises?	◉	○	
	A recent history of drug or alcohol dependency?	◉	○	
	Patient reported they have had a fall in the last 3 months?	◉	○	
	Have they had previous burns or fires in the home?	◉	○	
	Does the person have identified mental capacity issues?	◉	○	
MODERATE	Can the patient leave their property un-aided?	☒	☐	If 3 or more risks are identified (shaded box), **It is highly recommended that oxygen is not requested without** referral to HOS-AR **or** Respiratory Specialist **or** support services e.g. stop smoking service,
	Is the patient or any dependents/ in the property vulnerable? E.G. disabilities/ children	☒	☐	
	Do they live in a home that is joined to another?	☒	☐	
	Patient reports they have working smoke alarms at home? (if unknown please state no)	☒	☐	
	Do they live in a multiple occupancy premises (Bedsit/flat)	☒	☐	

Mitigation actions taken e.g. contacted falls team Referred to Fire and Rescue

Declaration I confirm that I am the healthcare professional responsible for the care of this patient. I have discussed the risks listed on this form with the patient/carer/ guardian (delete as necessary) and from the responses given Oxygen can/cannot (delete as necessary) be requested at this time.

Clinicians Signature		Profession	No
Print Name		HOS team	
Contact No.		Date	
Lead Consultant is (Hospital Discharge only)		Discharge Date	

APPENDIX 1 – page 2

Patient agreement to sharing information

Form issued by:			
Unit/Surgery		**Address**	
Contact name			
Tel no.			
Email		**Postcode**	

Patient			
Name		**Address**	
D.O.B.			
NHS number			
Tel/mobile no.		**Postcode**	
E-mail		(only include if the patient agrees to email contact)	

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. Information about my condition/condition of the patient named above* will be provided to the Home Oxygen Service (HOS) Supplier to enable them to deliver the Oxygen treatment as per the Home Oxygen Order Form (HOOF).

2. The HOS Supplier will be granted reasonable access to my premises, so that the Oxygen equipment can be installed, serviced, refilled and removed (as appropriate).

3. Information will be exchanged between my hospital care team, my doctor, the home care team and other teams (e.g. NHS administration) as necessary related to the provision, usage, and review, of my Oxygen treatment, and safety.

4. Information will also be shared with the local Fire Rescue Services team to allow them to offer safety advice at my premises and where appropriate install/deliver suitable equipment for safety.

5. Information will also be shared with my electricity supplier/distributer where electrical devices have been installed.

6. From time to time, I may be contacted to participate in a patient satisfaction survey/audit. (Should you wish not to participate please tick this box) ☐

7. I understand that I may withdraw my consent at any time (at which point my HOS equipment will be removed).

* Delete as applicable

Patient's signature		**Date**	

(see note 4 where signed and witnessed on patient's behalf)

I confirm that I have responsibility for the above-named patient e.g. parental responsibility, lasting power of attorney.

Signature		**Name**	
Relationship to patient		**Date**	

I confirm that I am the healthcare professional responsible for the care of this patient and I have completed this form on his/her behalf as s/he is unable to provide/withhold consent. The patient has been given a copy of this form.

Clinician's signature		**Date**	
Name			

13 APPENDIX 2 - HOME OXYGEN AND SMOKING - ASSESSMENT AND DECLARATION FORM

You are being assessed for eligibility for home oxygen. In order to safely prescribe home oxygen for you it is essential that you are a non-smoker (including the use of e-cigarettes) and have been a non-smoker for at least 8 weeks

NAME & ADDRESS:	
1. I am the patient named above ☐ I am the carer with responsibility for the patient named above ☐	
2. I am a non-smoker and have been a non-smoker for at least the last 2 months (this period does not include any time spent in hospital) **If YES, go to question 4** **If NO, go to question 3**	**YES / NO**
3. I have accepted support to stop smoking **If NO, home oxygen is HIGH RISK. It is not indicated for new candidates and removal will be considered for existing home oxygen patients. Please move to Q5.**	**YES / NO**
4. I will not smoke or allow any other person to smoke in my home whilst I am receiving oxygen therapy **If Yes to Q2 and Q4 then Q5 does not need to be completed. If NO to any of the above questions the provision of home oxygen is HIGH RISK and Q5 must be completed.**	**YES / NO**
5. If the person has ticked No to Q2, Q3 or Q4, but the clinician considers the balance of risk / benefit mean it is appropriate to prescribe oxygen therapy then it is essential that the person agrees to the following: a. Not to smoke, or allow others to smoke, in my sleeping room or other area designated as non-smoking areas b. Never smoke or allow anyone else to smoke near you while you are using your oxygen, this includes e-cigarettes c. Never charge an e-cigarette or similar device while you are using your oxygen or in the vicinity of oxygen equipment d. Never use or store your oxygen within 3 metres (10 feet) of naked flames, lit cigarette or e-cigarettes, **If NO, home oxygen is HIGH RISK and should not be prescribed.**	**YES / NO**

I have discussed with a healthcare professional understand the following:

- Oxygen therapy may not be effective for my condition if I continue to smoke
- The safety risks of smoking in my home while I am receiving oxygen therapy
- If I ignore the risks, oxygen therapy will be discontinued, and the equipment removed

Person making the declaration

……..... (print) ……..……..……. (sign) …….…..... (date)

Healthcare Professional

……..... (print) ……..……..……. (sign) …….…..... (date)

A copy of the signed declaration form should be given to the patient and the original should be held on the patient's notes

14 APPENDIX 3 - SOUTH WEST HIGH FIRE RISK REFERRAL PATHWAY

Air Liquide Healthcare routinely shares reports containing details of home oxygen users with the Fire & Rescue Service (FRS) in your area. If a high fire risk is identified (e.g. evidence of smoking on/near oxygen, no working smoke detector, hoarding etc), please escalate your concerns directly to the FRS as they may be able to prioritise your patient for a home fire safety visit

Commissioner	FRS	CONTACT	PHONE	EMAIL	ONLINE FORM
BNSSG B&NES	Avon	Community Fire Safety	0117 926 2061 (Option 2)	cfs.refer@avonfire.gov.uk cfs.refer@afrs.cjsm.net Include code 'NHS'	Home Fire Safety Visit
Gloucestershire	Gloucestershire	Safe and Well	0800 180 4140	Not available	Safe and Well Visit
Dorset Wiltshire	Dorset & Wiltshire	Safe and Well	0800 038 2323	safeandwell@dwfire.org.uk	Not available
Devon Somerset	Devon & Somerset	Community Safety Team	0800 050 2999	firekills@dsfire.gov.uk community.safety@dsfire.cjsm.net	Home Safety Visit
Cornwall & IOS	Cornwall	Home Fire Safety Check	0800 358 1999	hfso@fire.cornwall.gov.uk	Home Fire Safety Check

Air Liquide Healthcare Prescriber Support 0808 202 2099 | **Respiratory Advisor** Evan Williams 07970 234340

15 APPENDIX 4 – Additional Patient Information

Reminders:

Oxygen itself does not burn, but it does help a fire to start and to keep burning. If air is enriched with increased levels of oxygen, there is a chance that a fire will start and spread more quickly and continue to burn hotter and faster. For your safety, never smoke or allow anyone else to smoke near you or your oxygen equipment – this includes use of electronic cigarettes (e-cigarettes).

The use of oxygen therapy will be ineffective if you continue to smoke and you will not get any long-term benefit as the carbon monoxide in the smoke reduces the amount of oxygen that your blood is able to carry around your body.

Watch this video clip to understand the real dangers of smoking while using oxygen at home: https://www.youtube.com/watch?v=y_0vK2-Ag2g

Don'ts:

You must **never** smoke and you must **never** allow anyone else to smoke while you are using your oxygen; this includes e-cigarettes.

You must **never** charge an e-cigarette or similar device while you are using your oxygen or in the vicinity of oxygen equipment.

You must **never** use or store your oxygen within 3 metres (10 feet) of naked flames, heating elements or things that may cause a spark or a fire, such as pilot lights, hair dryers, cookers, gas fires, candles, e-cigarettes, open fires, mobile phone or other device chargers.

If there is a power cut use a torch – **do not use a candle near oxygen.**

Never tamper with your equipment or change any settings.

Never use petroleum-based hand creams or ointments, such as products like Vaseline, cleaning fluids, paint thinners or aerosols as they are potentially flammable in the presence of oxygen. If you need to use a product, use a water-based lubricant like KY Jelly.

Never use any oxygen equipment that has been involved in a fire or accident. If your oxygen equipment is involved in a fire you should contact the Patient Support Team to inform Air Liquide

Do's:

Ensure you have smoke/fire alarms within your home that are in working order (the local fire service can advise you and supply you with them).

Ensure all visitors follow the advice above.

16 APPENDIX 5 - SIRI Process

Introduction of a new incident reporting system for suppliers to align with NHS reporting systems

Background
In 2021 following discussions within the Home Oxygen National Safety committee (and in the context of the national introduction of the Patient Safety Incident Response Framework planned for 2022/3) an opportunity was identified to align incident reporting in home oxygen services with incident reporting in other providers of NHS services.

Reporting is moving away from a bespoke home oxygen reporting system as this does not align with reporting across the NHS. The adoption of the NHS Incident reporting system for HOS SIRIs will:

- support regional home oxygen leads, suppliers and ICB's move to this new system.
- align with ICB Quality reporting timelines
- further improve patient safety by better surveillance that feeds directly into national reporting systems.

Reporting Procedures
New reporting procedures are as follows:

- Incidents will be reported in line with the NHS requirements in order that patient safety (and staff safety) is enhanced by learning from incidents and in line with the NHS Patient Safety Strategy July 2019 **Report template - NHSI website (england.nhs.uk)**
- A patient safety incident is defined as a "Any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving NHS-funded healthcare."
- All incidents will be reported using the providers local system or using the Learning from patient safety event service (LFPSE)
- All incidents will be appropriately managed by the provider Oxygen Supplier in collaboration with necessary colleagues/third parties e.g clinical teams, fire service, safeguarding regional leads etc
- All patient safety incidents require export to the National Reporting and Learning systems either (NRLS) in line with NRLS requirements then the Learning from Patient Safety Events Service (LFPSE) when this goes live in 2022/3. As not all suppliers can access NRLS
- The provider can use the LFPSE as their incident reporting system directly so that no export of incidents is required. Please note this will be mandatory when the LFPSE system is live,
- A Taxonomy of incident of harm has been developed to align national terminology see Table 1 below.
- Incident reporting will be collated quarterly by the supplier for feedback to commissioners at Regional Level. to highlight learnings and themes.

Potential Serious Incidents (SI)

- Any incident that meets the SI criteria within the Serious Incident Reporting Framework 2015 serious-incidnt-framwrk.pdf (england.nhs.uk), must be discussed with the relevant commissioning quality lead for the contract /NHS Contract Manager to confirm whether it is an SI.
- If SI is agreed the commissioner/NHS Contract Manager /ICB Quality lead will report the incident to STEIS on behalf of the provider.
- The Supplier will investigate in line with the requirement for the SI Framework 2015.

During 2022/23 all suppliers will be expected to review the Patient Safety Incident Response Framework when it is published in June 2022 and take appropriate planning steps, with commissioner / Regional / Quality leads support to be able to implement the PSIRF in 2023.

See link below for further information on PSIRF
NHS England » Patient Safety Incident Response Framework

Learn from patient safety events (LFPSE) service
NHS England » Learn from patient safety events (LFPSE) service

Table 1: Incident Harm Grading Taxonomy

Level of Harm	Definition	Example (general)	Example (Home Oxygen) All levels of harm are harm that is a direct result of a clinical incident
No harm (near miss)	No harm (Impact prevented) – Any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care. This may be locally termed a 'near miss'.	The incorrect medication prescribed, but not given as a staff member recognised the prescription was incorrect before administration and had it corrected	• A new home oxygen installation is set up at the incorrect rate, but this is identified and put right before the patient starts to use the oxygen • Nursing home using O2 equipment with a different patient
No harm (incident occurred)	No harm (impact not prevented) - Any patient safety incident that ran to completion but no harm occurred to people receiving NHS funded care.	A patient given the incorrect medication without any adverse effect	• A home oxygen installation is setup in line with the HOOF but this is later identified at clinical review to be the incorrect rate. The patient did not come to any harm as a result • A patient who uses home oxygen dies at home – unrelated to their oxygen use – subject to investigation
Minor	Any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving NHS-funded care.	A patient given the incorrect medication with minor effects that could be managed with over the counter medications (e.g. paracetamol of a headache) and did not need escalation of existing medical care	• A patient trips over their oxygen line at home and sustains a bruise/minor graze that does not require medical attention • Sustained injury- did not require medical treatment • Pharmacovigilance/ Materiovigilance
Moderate	Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.	A patient given the incorrect medication that required medical intervention to manage the effects and required a longer stay in hospital. A fall in a place of care (e.g. hospital) resulting in a fracture that needing surgery to repair the bone	• A fire related to the use of oxygen where a person sustains a burn that requires attendance to and conservative treatment in hospital (and no follow up) • A patient trips over their oxygen tubing at home and sustains a fracture that requires • attendance to hospital and conservative management
Severe	Any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons.	A patient being given an incorrect medication that caused a permanent cardiac arrhythmia that required on going treatment	• A fire related to the use of oxygen where a person sustains a burn that requires admission to and treatment in hospital and results in

		A fall in a place of care (e.g. hospital) resulting in a fracture that required surgery and the patient did not recover their previous function as a direct result.	permanent harm – (e.g. loss of function, scarring, pain) • A patient trips over their oxygen tubing at home and sustains a fracture that requires attendance to hospital, admission and surgical management and results in permanent harm This level of harm may not be apparent at the time of the incident and may have to be established later.
Death	Any unexpected or unintended incident that directly resulted in the death of one or more persons.	A patient being given the incorrect medication that resulted in their death. A fall in a place of care (e.g. hospital) resulting in a bleed on the brain which lead to the patient's death	• A fire related to the use of oxygen where a person sustains burns that result in their death – this is only likely to be classified as a death if there was evidence that some actions had either been taken incorrectly or had not taken place when they should have, by the provider e.g. risk assessments not carried out, no evidence of training of the patient etc