



**SOUTH WEST REGION
POLICY FOR THE PRESCRIBING OF HOME OXYGEN
TO PATIENTS WHO ARE KNOWN TO SMOKE**

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Name of Originator/Author:	Simon Edwards
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PRESCRIBING OF HOME OXYGEN TO PATIENTS WHO ARE KNOWN TO SMOKE

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 tries to create the feeling of tobacco smoking. It works by heating a liquid to generate an aerosol, known as "vapour", which the user inhales.
South West Region	Comprises the following 9 CCGs: <ul style="list-style-type: none"> • NHS Bath & North East Somerset CCG • NHS Bristol, North Somerset & South Gloucestershire CCG • NHS Dorset CCG • NHS Gloucestershire CCG • NHS Kernow CCG • NHS Devon CCG • NHS Somerset CCG • NHS Swindon CCG

KEY CONTACT DETAILS

Name	Contact Details
Regional HOS Lead	NHS Devon CCG d-ccg.regionalhoslead@nhs.net 01392 267704
Air Liquide – HCP Support Team	0808 202 2099 alhomecare.businessintel@nhs.net
Local HOS Teams: <ul style="list-style-type: none"> • NHS Bath & NE Somerset CCG • NHS Bristol, North Somerset & South Gloucestershire CCG • NHS Dorset CCG • NHS Gloucestershire CCG • NHS Kernow CCG • NHS Devon CCG • NHS Somerset CCG • NHS Swindon CCG 	<ul style="list-style-type: none"> • 01225 831808 • 0117 900 3432 • 01305 368938 • 0300 4211500 • 01726 627800 • 01392 675247 • 01935 384086 / 01935 384097 • 01793 646436
Local FRS Leads	Contact details for all FRS teams are at Appendix 3

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v0.9	06/11/2017	Updated following feedback from Regional CMB, Air Liquide and Somerset Respiratory RightCare Group
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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.

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PRESCRIBING OF HOME OXYGEN TO PATIENTS WHO ARE KNOWN TO SMOKE

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 therapy¹. This includes the use of e-cigarettes². The risks associated with fire and personal safety also affect family, health care professionals and the general public.
- 1.2 NICE Guidelines NG115³ 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’.

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 known to smoke and are registered with a GP practice in one of the 8 CCG areas in the South West region listed on Page i.
- 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 who undertake assessments for those patients who continue to smoke do so in a consistent manner, minimising risk to the patient, carers, clinical staff and general public and operate in accordance with the BTS guidelines¹ and NICE Guidelines NG115³.
- 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 RESPONSIBILITIES FOR PRESCRIBERS AND HEALTHCARE PROFESSIONALS

General Roles, Responsibilities and Accountability

- 3.1 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.

¹ British Thoracic Society (BTS) Guidelines for Home Oxygen Use in Adults, June 2015

² <https://www.ecigaretteirect.co.uk/media/electroniccigarettesoxygen.L16.pdf>

³ <https://www.nice.org.uk/guidance/ng115> - December 2018

- 3.2 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 5 of this policy.
- 3.3 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.
- 3.4 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 (see 3.8).
- 3.5 All practitioners working under this policy should be supported and reviewed through the appraisal process.

Risk Assessments

- 3.6 Before prescribing oxygen for use at home, the prescriber must complete an Initial Home Oxygen Risk Mitigation Form (IHORM) which is available on the Air Liquide online portal:
<https://www.airliquidehomehealth.co.uk/hcp>
- 3.7 The information supplied on the IHORM should raise awareness of the risks associated with providing home oxygen along with highlighting the potential danger to patients utilising the service, thus ensuring the clinician makes a considered risk based decision before submitting an order for oxygen.
- 3.8 In cases where Consultants or other HCPs recommend GPs prescribe oxygen therapy for a patient, they should first complete a risk assessment using the IHORM form. If the patient is considered high risk or greater, alternative therapies should be considered and GPs should not be requested to prescribe the oxygen.
- 3.9 The prescriber, or appropriate HCP, should take the following actions:

Existing home oxygen patients who smoke (including e-cigarettes)

- 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), providing a video link highlighting the risks
- In order to continue to be in receipt of home oxygen the patient must sign the Declaration Form (Appendix 1 or 2 as appropriate), agree they will abide by the terms set out in the Declaration and that they will be at risk of home oxygen being removed if the terms of Declaration are broken

- If the patient is not prepared to sign the Declaration Form or is not willing to complete a course provided through the smoking cessation service, then the clinical decision may be to remove the oxygen

New home oxygen requests for patients who smoke (including e-cigarettes)

- The HCP must offer to refer to the local smoking cessation service before proceeding with prescribing oxygen
- To be in receipt of home oxygen a patient must sign the Declaration Form (Appendix 1 or 2 as appropriate) that indicates they will only be prescribed home oxygen if they adhere to the following treatments:
 - In receipt of smoking intervention through the local smoking cessation service or equivalent
 - Optimisation of inhaled therapy (if applicable)
 - Management of breathlessness, including referral for pulmonary rehabilitation (where clinically appropriate)
- HCPs must not offer long-term oxygen therapy to people who continue to smoke despite being offered smoking cessation advice and treatment, and referral to specialist stop smoking services⁴
- For people who smoke or live with people who smoke, but who meet the other criteria for long-term oxygen therapy, ensure the person who smokes is offered smoking cessation advice and treatment, and refer to specialist stop smoking services⁴

3.10 If there is any breach of 3.9 above then oxygen will not be prescribed and if already commenced it may be withdrawn.

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

3.12 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>

3.13 The prescriber will remain responsible for the ongoing support of the patient's annual prescription reviews, including continued evidence of smoking cessation and monthly reviews of the concordance data (if applicable).

Training

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

⁴ <https://www.nice.org.uk/guidance/ng115> - December 2018

4 REFERRAL PATHWAY AND PROCESS

- 4.1 All patients who are prescribed home oxygen, regardless of their smoking status, are required to sign the Declaration Form (Appendix 1 or 2 as appropriate) and given written and verbal information (Appendix 4) regarding the risks and safety issues when using oxygen. The Declaration Form will be signed by both the patient and the prescriber. One copy will be given to the patient and another copy will be kept on the patient's medical notes. A copy of the signed Declaration Form should also be sent to the patient's GP for their records.
- 4.2 The prescriber will only continue to prescribe oxygen therapy to people known to smoke if all conditions described in Declaration Form are met.
- 4.3 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 (see Section 5) will take place, which may result in oxygen removal.
- 4.4 **Very 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
- 4.5 All personal patient information must be kept secure in line with local Information Governance policies.
- 4.6 All risks and events should be recorded by the HCP and reported to Air Liquide.

5 REPORTING OF INCIDENTS AND ESCALATION PROCESS

- 5.1 All SIs 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.
- 5.2 The incident management and escalation process includes the following steps; however, the list is not exhaustive:
- Reporting of all 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 (where appropriate) and associated agencies involved in the patient's care
- Confirm in writing to the patient 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 and copy in all relevant stakeholders
- If the decision is to remove oxygen then there should be a clear target date for removal
- Inform Air Liquide

5.3 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.

5.4 Additional face to face or telephone follow-up may be required to agree a comprehensive management plan. The patient will continue to receive oxygen until arrangements are made to remove it. Removal should be completed within two weeks of the MDT decision. The management plan should make clear the option to review the position once there is evidence of sustained change of behaviour. If appropriate, other services to support the person's disease management should be considered, such as pulmonary rehabilitation and telehealth, where available.

5.5 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.

5.6 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. The HOSAR Team, where appropriate, should continue to seek agreement from the patient to gain access to the property to remove the oxygen equipment and once obtained provide Air Liquide with further instructions.

5.7 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 of the home oxygen equipment.

6 AUDIT

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

- 6.2 The Commissioners will monitor all clinical incidents through their risk management software systems.
- 6.3 Audit of the service will inform quality control associated with equipment, service activity and outcomes

7 QUALITY AND EQUALITY IMPACT ASSESSMENT

- 7.1 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 particular group and will not negatively impact upon the quality of health and social care services commissioned by the Commissioner.
- 7.2 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.

HOME OXYGEN PRE-ASSESSMENT FORM

INPATIENT DECLARATION*

Patient agreement to non-smoking status to enable safe assessment and supply of oxygen at home

<p>You are being assessed for eligibility for oxygen at home</p> <p>In order to safely prescribe 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 6 weeks prior to admission</p> <p>We will ask you to declare non-smoking status prior to the team undertaking the assessment</p>	
<p>ADDRESS:</p> 	
1. I am the patient named above / I am the carer with responsibility for the patient named above	YES / NO
2. I have discussed with a health care professional and understand the reasons for not smoking whilst oxygen equipment is in the house	YES / NO
3. I confirm I have never smoked cigarettes or e-cigarettes If yes, go to question 7	YES / NO
4. I confirm I am a non-smoker and have been a non-smoker for at least 6 weeks prior to today This period does not include the time spent in hospital	YES / NO
5. I confirm I have been offered support to stop smoking	YES / NO
6. I confirm I have accepted support to stop smoking	YES / NO
7. I confirm I will not smoke or allow any other person to smoke in my home whilst I am receiving oxygen therapy	YES / NO
8. I confirm I understand the safety risks if I do smoke or anyone else smokes in my home whilst I am receiving oxygen therapy, and the oxygen therapy may be discontinued and the equipment removed	YES / NO
9. I confirm I understand that oxygen therapy may not be effective for my condition if I continue to smoke	YES / NO

Person making the declaration

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

Health Care Professional

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

* Please use the separate 'community' form where the individual is not currently an in-patient

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

HOME OXYGEN PRE-ASSESSMENT FORM

COMMUNITY DECLARATION*

Patient agreement to non-smoking status to enable safe assessment and supply of oxygen at home

<p>You are being assessed for eligibility for home oxygen</p> <p>In order to safely prescribe 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 6 weeks</p> <p>We will ask you to declare non-smoking status prior to the team undertaking the assessment</p>	
<p>ADDRESS:</p> 	
1. I am the patient named above / I am the carer with responsibility for the patient named above	YES / NO
2. I have discussed with a health care professional and understand the reasons for not smoking whilst oxygen equipment is in the house	YES / NO
3. I confirm I have never smoked cigarettes or e-cigarettes If yes, go to question 7	YES / NO
4. I confirm I am a non-smoker and have been a non-smoker for at least 6 weeks prior to this assessment today	YES / NO
5. I confirm I have been offered support to stop smoking	YES / NO
6. I confirm I have accepted support to stop smoking	YES / NO
7. I confirm I will not smoke or allow any other person to smoke in my home whilst I am receiving oxygen therapy	YES / NO
8. I confirm I understand the safety risks if I do smoke or anyone else smokes in my home whilst I am receiving oxygen therapy, and the oxygen therapy may be discontinued and the equipment removed	YES / NO

Person making the declaration

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

Health Care Professional

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

* Please use the separate 'in-patient' form where the individual is currently an in-patient

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

SOUTH WEST HIGH FIRE RISK REFERRAL PATHWAY

Air Liquide Homecare routinely shares reports containing details of home oxygen users with the Fire & Rescue Service (FRS) in your area.

These reports contain a lot of data and some time will elapse between when you order home oxygen and this information sharing.

The FRS may therefore not be able to identify, and then act on the particular issue of your concern, delaying any intervention.

If a High Fire Risk is identified (evidence of smoking on/near oxygen / no working smoke detector), please escalate your concerns directly to the FRS via their High Risk Referral Pathway. The Patient can be prioritised for a Home Fire Safety (Safe and Well) visit.

CCG	FRS	CONTACT	PHONE	EMAIL	NOTES
BNSSG B&NES	Avon	Community Fire Safety	0117 926 2061 (Option 2)	Cfs.refer@avonfire.gov.uk Include code 'NHS'	Secure email Cfs.refers@afrs.cism.net
Gloucestershire	Gloucestershire	Safe and Well	0800 180 4140		Can also book via: www.glosfire.gov.uk
Dorset Wiltshire	Dorset & Wiltshire	Safe and Well	0800 038 2323	safeandwell@dwfire.org.uk	
Devon Somerset	Devon & Somerset	Community Safety Team	0800 050 2999	firekillsemail@dsfire.gov.uk	Devon and Somerset are not currently receiving patient data but if you have concerns please raise them with the FRS for advice (do not provide patient



					detail). This is subject to change.
Kernow	Cornwall	Home Fire Safety Check	0800 358 1999	hfs@fire.cornwall.gov.uk	

Air Liquide:

Homecare Prescriber Support 0808 202 2099

Respiratory Advisor (Evan Williams) 07970 234340

KEY FACTS ABOUT THE RISKS

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.

