



Trust Headquarters

Caring for You

Mr Paul Duncan Smith
Assistant Coroner for Central Lincolnshire
Lindum House
10, Queen St, Spilsby,
Lincolnshire PE23 5JE

Lincoln County Hospital
Greetwell Road
Lincoln
LN2 4AX

15th May 2015

Tel: [REDACTED]
Email: [REDACTED]

Dear Mr Smith,

I refer to the Regulation 28 Report issued by yourself following the inquest into the death of Mr Robert Spring. The matters of concern you have raised have been addressed by United Lincolnshire Hospitals NHS Trust (ULHT) taking the following action:

1. ULHT have met with Lincolnshire Fire & Rescue (LF&R) and Air Liquide to agree a process for sharing information. This is described in a new document which has been incorporated into Trust policy (see Attachment A).
2. ULHT have formalised the discharge process for this group of patients. These steps are also detailed in the same document and is now in place across the Trust.
3. As part of our standard operating procedure we have included a documented risk assessment designed by LF&R to identify patients who are at increased risk of fire (see Appendix 1 within the above attachment). The standard operating procedure also outlines a clear and agreed communication process between all parties. This will provide LF&R an opportunity to conduct a home assessment, and install any required safety equipment.
4. There is now increased clarity detailed within the standard operating procedure for when it is appropriate to withdraw oxygen from patients due to unacceptable and unmitigated risks of fire.

I hope you find the above provides the reassurance you are seeking following the issue of a Regulation 28 Report, and covers all the points i) – vi) raise in the report.

Yours sincerely

[REDACTED]

[REDACTED]

Medical Director
(GMC No 2837444)

cc: Jane Lewington, Chief Executive

Chairman: Ron Buchanan
Chief Executive: Jane Lewington



Standard operating procedure for minimising the risk from fire when ordering home oxygen for patients

Background

Oxygen is one of the elements of the fire triangle (heat, fuel and oxygen), and as such it has the potential to injure or kill (1). A review of all reported cases of burns in home oxygen users in the UK, highlighted that the elderly who smoke and use oxygen are at greatest risk (2). In the UK, recent cases involving legal opinion found that healthcare practitioners have a duty of care for protecting relatives, neighbours and carers who live in and around the residence of home oxygen users who smoke, as well as to the patient themselves (1). In order to safeguard patients and others by minimising the risk of fire, the following standard operating procedure will be used for patients being discharged from hospital who require oxygen. There is a second procedure for patients who have been assessed as requiring oxygen as an outpatient. For the purposes of this document, the term "others" will be used to describe those that reside with or care for the patient.

The Process: For in-patients requiring oxygen on discharge

Step 1: patient fit for discharge, but requiring home oxygen

Step 2: As soon as the potential need for home oxygen is noted - discharging team to contact the person designated to assess need, oxygen modalities and risk to the patient and others. This will enable adequate risk assessment and patient/carer education to take place, thereby reducing the possibility of delayed discharge.

Step 3: Risk assessment form (Appendix) completed and e-mailed to Fire Service: HFSC@lincoln.fire.uk.org. Patients will be identified as low, medium, high or critical risk by the document and the fire service will prioritise their visit accordingly. The patient is asked consent to a home visit by Lincolnshire Fire & Rescue

Step 4: Patient and others are educated with regard to oxygen and safety. Patients and others who smoke are identified and the dangers of smoking near oxygen are highlighted. Oxygen and safety leaflet supplied.

Step 5: Patients and others who smoke are offered smoking cessation support via Phoenix Smoking Cessation Service. Documentation of the offer and "declined" or "accepted" is recorded in the patient's notes.

Step 6: Home Oxygen Consent Form (HOCF) (Appendix) is explained and signed by the patient, relative or a physician from the team managing the patient. Oxygen cannot be ordered if an HOCF is not signed for each patient. The HOCF is filed in the correspondence section of the patient notes.

Step 7: Home Oxygen Order Form (HOOF) (Appendix) is completed. The risk level is stated in **Box 14 Additional Patient Information**. The HOOF is faxed to: 0870 8632111 or e-mailed to: alhomecarehcpsupport@nhs.net The HOOF is filed in the correspondence section of the patient notes.

Step 8: Patient is discharged and the fire service is responsible for undertaking the home risk assessment. If the fire service consider that the risk to the patient or others' lives is significant, the prescribers are notified and an oxygen removal order may be issued following discussion with the consultant team.

The Process: For patients assessed as an outpatient as requiring oxygen

Step 1: Patient is assessed as requiring home oxygen as an outpatient.

Step 2: Patient and others are educated with regard to oxygen and safety. Patients and others who smoke are identified and the dangers of smoking near oxygen are highlighted. Oxygen and safety leaflet supplied

Step 3a: Patients and others who smoke are offered smoking cessation support via Phoenix Smoking Cessation Service. Documentation of the offer and "declined" or "accepted" is made in the patient's notes.

Step 3b: Patients who smoke and who do not have chronic hypoxia (ambulatory oxygen and short burst oxygen users) will be given the opportunity to give up smoking prior to prescribing oxygen. The offer of a further appointment after stopping smoking 8-12 weeks later will be made. Those who require Long Term Oxygen Therapy (LTOT) who are not distressed by breathlessness can be offered the same. It has been noted previously that stopping smoking has improved patients' pO₂ to above the level at which LTOT is required.

Step 4: Risk assessment form (Appendix) is completed and e-mailed to Fire Service: HFSC@lincoln.fire.uk.org. Patients will be identified as low, medium, high or critical risk by the document and the fire service will prioritise their visit accordingly. The patient is asked consent to a home visit by Lincolnshire Fire & Rescue

Step 5: Home Oxygen Consent Form (HOCF) (Appendix) is explained and signed by the patient or relative. Oxygen cannot be ordered if an HOCF is not signed for each patient. The HOCF is filed in the correspondence section of the patient notes.

Step 6: Home Oxygen Order Form (HOOF) (Appendix) is completed. The risk level is stated in **Box 14 Additional Patient Information**. The HOOF is faxed to: 0870 8632111 or e-mailed to: alhomecarehcpsupport@nhs.net The HOOF is filed in the correspondence section of the patient notes.

Step 7: Patient's oxygen is ordered and the fire service is responsible for undertaking the home risk assessment. If the fire service consider that the risk to the patient or others' lives is significant, the prescribers are notified and an oxygen removal order may be issued following discussion with the consultant team.

Further information

Withholding or withdrawal of home oxygen

There are three circumstances under which home oxygen may not be ordered, or an existing order may be withdrawn despite there being a clinical indication for home oxygen. All three circumstances will be discussed with a respiratory consultant before a final decision is made.

- 1) Where the discharging team believes, following an individual assessment, that the risk of fire is such that any potential health benefits are outweighed by the risk of harm.
- 2) Where an individual who is assessed by the discharging team as being at high risk of fire refuses to consent to a home assessment by Lincolnshire Fire & Rescue
- 3) Where an individual who is assessed by the discharging team as being at high risk of fire has a home assessment by Lincolnshire Fire & Rescue who identify that there are substantial on-going risks of fire, and a serious risk of harm that they are unable to modify through available safety measures.

Persons designated to assess need, modalities and risk to patients and others:

Pilgrim Hospital, Boston Tel: 01205 364801
Respiratory Nursing Team: Ext [REDACTED]

Lincoln County Hospital Tel: 01522 512512
Respiratory Nursing Team: Ext [REDACTED]

Grantham and District Hospital Tel: 01476 565232
Respiratory Nursing Team: Ext: [REDACTED]

Lincolnshire Fire and Rescue Service Tel: 01522 582222
Phoenix Smoking Cessation Service Tel: 01522 550681 Fax [REDACTED]

References:

1. Cooper B (2015) Home oxygen and domestic fires. *Breathe* 11(1):5-12
2. Lindford A, Tehrani H, Sassoon E, O'Neill T (2006) Home oxygen therapy and cigarette smoking: a dangerous practice. *Annals of Burns and Fire Disasters* 19: 99-100