

Home Oxygen Risk Assessment

| | |
|----------------------|---------------------|
| Patient Details | Date of Assessment: |
| Name: | Location: |
| Date of Birth: | Review Date: |
| Hospital/NHS Number: | Risk Assessor: |

| FIRE | Ref | Risk Factor | Y | N | Details | L x C = R | | | Current Control Measures | Revised risk score LXC=R | | |
|------|-----|--------------------------------|--|---|---------|-----------|--|--|---|--|--|--|
| | | F1 | Patient confirms that the property has working smoke detectors | | | | | | | If no, refer to local fire service for free assessment and installation | | |
| | F2 | Smoking/ vaping | | | | | | | Cigarettes/Electronic cigarettes must <u>not</u> be used whilst receiving oxygen therapy. Refer to stop smoking service <input type="checkbox"/> Patient declines smoking cessation <input type="checkbox"/> Consider showing a short video recording of risks with smoking and oxygen (video) <input type="checkbox"/> | | | |
| | F3 | In process of stopping smoking | | | | | | | Consider waiting six weeks whilst undergoing smoking cessation. <input type="checkbox"/> Discuss necessity for home oxygen and where appropriate, arrange case conference/best interests meeting to consider installation or removal <input type="checkbox"/> | | | |

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|-----|---|---|---|---------|-----------|--|--|---|-----------------------------|--|--|
| | | | | | | | | | | | |
| F4 | Other smokers in property | | | | | | | Instruct patients, carers and visitors NOT to smoke in any part of the house where oxygen is used and advise fully of the risks associated with smoking and oxygen <input type="checkbox"/> | | | |
| F5 | Previous fire/ burns in home | | | | | | | Arrange home safety check with Fire and Rescue service <input type="checkbox"/> | | | |
| F6 | House of multiple occupancy/ nursing home | | | | | | | Ensure all people in the property can leave independently <input type="checkbox"/> | | | |
| F7 | Open fires, naked flames, e.g. candles | | | | | | | Storage of equipment should not be located within 3m (10ft) of open flame or 1.5m of other electrical appliance, naked flame, fires, sparking objects <input type="checkbox"/> | | | |
| F8 | Gas cooker | | | | | | | Oxygen should not be used whilst cooking with gas. <input type="checkbox"/> Electric hobs should be used with caution. The tubing must not touch appliance <input type="checkbox"/> | | | |
| F9 | Issues with storage of oxygen equipment | | | | | | | Review oxygen equipment to ensure minimum amount to meet patients clinical need <input type="checkbox"/> Patient agrees not to tamper or move equipment <input type="checkbox"/> Patient understands the importance of fire breaks <input type="checkbox"/> | | | |
| F10 | Combustible materials e.g. clutter, boxes, magazines etc... | | | | | | | See above | | | |
| | | | | | | | | | TOTAL:- | | |

FIRE

| | Ref | Risk Factor | Y N | | Details | L x C = R | | | Control Measures | Revised risk score LXC=R | | |
|----------------------------|-----|------------------------------------|-----|--|---------|-----------|--|--|---|-----------------------------|--|--|
| | | | | | | | | | | | | |
| INABILITY TO MANAGE | A1 | Cognitive impairment | | | | | | | Reinforce patient/carer understands the correct use of the oxygen therapy <input type="checkbox"/> Assess patient or carer's ability to operate the concentrator <input type="checkbox"/> Consideration of 2 nd concentrator/ piped installation <input type="checkbox"/> Ensure patient has access to a phone/emergency contact in case of emergency <input type="checkbox"/> Consider locking oxygen flow rate <input type="checkbox"/> | | | |
| | A2 | History of drug/alcohol dependency | | | | | | | See above | | | |
| | A3 | Vulnerable dependents in residence | | | | | | | See above | Total :- | | |

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|-------|-------------|-----------------------------------|---|---------|-----------|--|--|---|-----------------------------|--|--|
| | | | | | | | | | | | |
| FALLS | F1 | History of falls in last 3 months | | | | | | Advise patients/carers to check position of tubing daily to minimise risks of falls <input type="checkbox"/> Current oxygen tubing must be an appropriate length to meet patient's needs. <input type="checkbox"/> Consider second concentrator/piped installation <input type="checkbox"/> Liaise with relevant service team regarding mobility, prior to installation <input type="checkbox"/> Ensure the patient can safely climb stairs whilst on oxygen, if appropriate <input type="checkbox"/> Consider referral to falls service/GP Assess if the patient can leave the property unaided <input type="checkbox"/> | | | |
| | F2 | Visual impairments | | | | | | See above | | | |
| | F3 | Environment e.g. clutter/hoarding | | | | | | See above | TOTAL : - | | |

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|-----------------------|-----|---|---|---|---------|-----------|--|--|--|-----------------------------|--|--|
| | | | | | | | | | | | | |
| NON-COMPLIANCE | C1 | Non-adherence with assessment and/or review process | | | | | | | All, except patients on end of life pathway should be formally assessed prior to commencing oxygen therapy. <input type="checkbox"/> Patient will be recalled for review according to national guidance at a mutually convenient time and place <input type="checkbox"/> Patients will be educated on when and how to use oxygen at the time of prescribing <input type="checkbox"/> Reason for oxygen will be discussed at each review <input type="checkbox"/> Significant carers, family and other healthcare professionals involved in patient care will be educated on why oxygen has been prescribed. <input type="checkbox"/> | | | |
| | C2 | Non-compliance with oxygen prescription | | | | | | | See above | | | |
| | C3 | Inappropriate transportation of ambulatory oxygen | | | | | | | Patient has received advice regarding appropriate walking aid in relation to oxygen delivery system and dyspnoea management. <input type="checkbox"/> Clinician to order appropriate walking aid if clinically indicated and with agreement from patient. <input type="checkbox"/> Ensure appropriate backpack and/ or trolley is ordered and used in consultation with the patient. <input type="checkbox"/> | Total :- | | |
| | | | | | | | | | | | | |

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|---------------|-----|---|---|---|---------|-----------|--|--|---|-----------------------------|--|--|
| | | | | | | | | | | | | |
| MISCELLANEOUS | M1 | Use of alcohol based liquids e.g. hand gels, aftershave | | | | | | | Ensure hands are adequately dried after the use of alcohol gels <input type="checkbox"/> | | | |
| | M2 | Use of oil based emollients e.g. Vaseline | | | | | | | Instruct patients and/ or carers not to use oil based emollients on patients nostrils <input type="checkbox"/> Direct patients to pharmacist for alternative treatments <input type="checkbox"/> | | | |
| | | | | | | | | | | Total : - | | |

| HAZARD | RISK SCORE | REVISED RISK SCORE |
|---------------------|------------|--------------------|
| FIRE | | |
| INABILITY TO MANAGE | | |
| TRIPS/FALLS | | |
| NON-COMPLIANCE | | |
| MISCELLANEOUS | | |
| TOTAL | | |

| Risk Score Matrix | | | | | |
|-------------------|-------------|--------------|--------------|------------|--------------------|
| Consequence: | Likelihood: | | | | |
| | Rare (1) | Unlikely (2) | Possible (3) | Likely (4) | Almost Certain (5) |
| Insignificant (1) | 1 | 2 | 3 | 4 | 5 |
| Minor (2) | 2 | 4 | 6 | 8 | 10 |
| Moderate (3) | 3 | 6 | 9 | 12 | 15 |
| Major (4) | 4 | 8 | 12 | 16 | 20 |
| Catastrophic (5) | 5 | 10 | 15 | 20 | 25 |

| Risk Colour | Risk Colour | Risk Level | Identifier | Action Required |
|-------------|-------------|------------|--|--|
| GREEN | 0-6 | Low | Control measures are in place or risk of harm is insignificant | Continue usual control measures, reinforce education, update documentation, see at planned review Incident form to be completed if the patient sustains injury or harm related to oxygen. |
| AMBER | 6-14 | Medium | Likelihood of major harm if control measures not implemented | Ensure all current safety control measures are in place including fire safety involvement Implement and reinforce control measures Inform patient's GP and MDT in wider community Involve carers/next of kin in discussion of safety issues Review risk after 4 weeks. Incident form to be completed if the patient sustains injury or harm related to oxygen. Score 8 or above or factors outside of our control, to be flagged up to service manager to be discussed at Senior Management Team (SMT) meeting for consideration of entry onto risk register |
| RED | 15+ | High | Significant probability of major harm | Do not prescribe oxygen and review RA in 3 months (with ongoing clinical review) Ensure all current safety control measures are in place including fire safety involvement Implement and reinforce control measures Urgent discussion with senior manager/consultant/GP/MDT Inform next of kin and carers of the seriousness of the condition. Arrange for removal of oxygen and consider admission to hospital if removal is likely to result in severe hypoxia. Incident form to be completed if the patient sustains injury or harm related to oxygen Score 8 or above or factors outside of our control, to be flagged up to service manager to be discussed at Senior Management Team (SMT) meeting for consideration of entry onto risk register |

Action plan

| Ref | Action | Risk assessor | Patients signature | Due date | | Risk assessor | Completed date | Outcome |
|-----|--------|---------------|--------------------|----------|--|---------------|----------------|---------|
| | | | | / / | | | / / | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Review

| Review | 1 | 2 | 3 | 4 | 5 |
|--------|---|---|---|---|---|
| Date | | | | | |

Notes for completing home oxygen risk assessment form:

Oxygen can cause a risk of harm to the user and others in the event of fires, falls and inability to use complex equipment. The 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.

- Complete IHORM first and only use the Home oxygen risk assessment if risks identified
- It is impossible to eliminate risk entirely, therefore those risks should be identified and a control measure put into place. The risk assessment is subjective and therefore it is your own judgement of the situation. **You are documenting and justifying the decisions you are making.**
- Document detail of risk. Score the likelihood x consequence = risk (see the universal risk matrix), but only if risk is applicable. When using the risk matrix please refer to your individual area's definitions as to what constitutes the severity of risk and the likelihood/probability to support your decision.
- Risks should be totalled at the end of each section and treated individually.
- The score leads you to the outcome of the assessment and the decision whether to order the oxygen
- Once the control measures have been implemented complete a revised risk score . Sometimes control measures may be implemented immediately i.e prior to the patient being discharged from hospital
- The risk score or revised risk score leads you to the outcome of the assessment and the decision whether to order the oxygen
- Complete outstanding action plan at the end of the assessment. Both risk assessor and patient should sign the assessment. A due date is agreed and appointment subsequently arranged. At follow up the action is reviewed and outcome is written and risk assessor signs at this review to check if actions implemented and risk minimised.
- If the patient is already on oxygen and risks have been identified, please complete the risk assessment and actions to be implemented in the same format. This may mean removing the oxygen if considered unsafe or consider a multi-disciplinary meeting to address the concerns.
- Review date subsequently arranged.
- Reviews should be take place based on risk rating and significant changes (e.g incident, change of location etc)
- Copy to patient
- Copy in notes
- Copy in patients electronic file