

TEMPORARILY AMENDED FOR COVID PANDEMIC:

Valid until April 2021

Standard Operating Procedures (SOPs) and competency assessment tool for the administration of Oxygen in community settings for BCUHB HCSW ONLY.

*All Staff required to use these Standard Operating Procedures MUST have received QCF level 2 or above training and been assessed as competent in each relevant procedure

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Responsible dept / director:	Executive Director of Nursing Pharmacy and Medicines Management Local Authorities				
Approved by:	MPPP, DTG, Care and Social Services Inspectorate Wales (CSSIW), Domiciliary Care Forum and Care Forum Wales Area Nurse Directors Deputy Executive Director of Nursing				
Date approved:	November 2015 / June 2020				
Date activated (live):	November 2015				
Documents to be read alongside this document:	<ul style="list-style-type: none"> Standards of best practice and standard operating procedures for medicines management for all care settings final April 2020 Standard Operating Procedures (SOP's) for Domiciliary setting in North Wales Standard Operating Procedures SOP's for Care Home setting in North Wales Dougherty L. & Lister S. (2011) The Royal Marsden Hospital Manual of Clinical Nursing Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings. (January 2019) The All Wales Guidelines for Delegation Health Education and Improvement Wales for Health and Social care (HEIW 2020) National Guiding Principles for Medicines Support in the Domiciliary Care Sector (ADSS Cymru 2019) COVID- 19 Medication administration training (HEIW 2020) 				
Date of next review:	April 2021				
Date EqIA completed:	Nov 15 (Overarching Policy MM01)				
First operational:	November 2015				
Previously reviewed:	Dec 2016	Feb 2019	April 2020		
Changes made yes/no:	yes	yes	yes		

Standard Operating Procedure for administration of Oxygen in community settings

This specialised technique is a delegated task which will only be undertaken by HCSW or care workers on an individual patient/citizen/resident specific basis.

This delegated task is not transferable and is only applicable for the duration of the specified treatment

This SOP **must only** be used for citizens / patient's / resident's who have capacity to consent to treatment. If the citizen/ patient / resident deems to lack capacity at the time of treatment the carer **must** refer back to the GP/ Practice Nurse or District Nurse team and **must not** proceed with the treatment. Definition of consent, capacity and refusal (Medication administration HEIW 2020)

Consent – this is when an individual gives their permission to receive care from another person. For consent to be valid, it must be voluntary, informed and the individual consenting must have the capacity to make a decision.

Capacity – for an individual to have the capacity to give consent, they must be able to understand the information given to them and use this information to make a choice.

Refusal – an individual who has the capacity to make a decision, can refuse treatment and that decision must be respected

Care must be given in the best interest of the citizens / patient's / resident's. The primary motivation for delegation is to meet the health and social care need of the individual. Each organisation will have a consent policy in place and this should be complied with (All Wales Guidelines for delegation (HEIW) 2020)

Action		Rationale
1	Delegation of this task must be given by the nurse caring for the patient/ citizen/ resident	Registered nurse remains responsible or the delegation
2	Have an awareness of BOC Medical Oxygen Cylinder guidance leaflet and understands content, and demonstrate Safe storage of oxygen cylinders within department/Ward/ home area. Ensuring empty cylinders are not stored with cylinders that are currently in use.	HTMO2 guidelines:- As far as possible the medical gas cylinder store should: <ul style="list-style-type: none"> • Allow cylinders to be stored under cover, preferably enclosed and not subjected to extremes of temperature • Be kept dry, clean and well ventilated (both top and bottom) • Be totally separate from any non medical cylinder storage areas • Be sited away from highly flammable liquids and other combustible materials and any sources of heat or ignition

		<ul style="list-style-type: none"> • Have warning notices posted prohibiting smoking and naked lights within the vicinity cylinder • Be secure enough to prevent theft and misuse
3	Explain and discuss the procedure with the patient/citizen/ resident and obtain verbal consent	To ensure that the patient understands the procedure and gives their valid consent
4	Sit the patient/citizen/resident in an upright position if possible in the bed or a chair	
5	<p>Before administering any prescribed medication, look at the patient/citizen/residents MAR or equivalent chart and check the following:-</p> <ul style="list-style-type: none"> • The correct patient/citizen/resident and DOB • Correct medication is selected –name of medicine, dose and frequency • Date and time of administration • Expiry date • Allergy status 	<ul style="list-style-type: none"> • To minimise harm • Establish patient/citizen/residents identity • Ensure all products are fit for use with valid expiry date and not damaged (don't use if damaged) • Ensure patient/citizen/ resident is not allergic to the particular medicine
6	Wash hands with bactericidal soap and water or bactericidal alcohol hand rub apply apron and well fitted gloves.	To ensure the procedure is as clean as possible and minimise cross infection.
7	Before use check the amount of oxygen in the cylinder is sufficient.	To ensure there is enough oxygen in the cylinder to last as long as required
8	Check that all products are fit for use with valid expiry date, remove all Anti Tamper plastic seals prior to use	Ensure the products are not damaged and are within the expiry date. Do not use or administer any damaged or out of date products.
9	Apply mask/nasal cannula correctly	Correctly fit a mask or nasal cannula on to the citizen/patient. RGN/ GP to provide the appropriate flow rate for the device.
10	Check for leaks and know what to do if a leak is detected	Check the valve at regular intervals to ensure sufficient gas is flowing
11	Visually observe the patient for signs of reduced Oxygen levels (agitation/restlessness/blue peripheries, breathlessness). Escalate to appropriate registrant in the event of these signs	Report any concerns to the registered nurse in charge
12	Removes gloves, apron and equipment and disposes of them appropriately Washes hands thoroughly with soap and water and/or bactericidal alcohol hand rub	Infection prevention and control
13	Record the administration on appropriate charts and document in patient/citizen/ resident's care plan	

Competence document for Care Workers, Healthcare Support Workers/Assistants for the administration of Oxygen in community settings.

NB. Only staff nominated staff may undertake this competence.

HCSW Name & Signature:

Base/ Area :.....Date

PRACTICAL ASSESSMENT

To be completed on at least 3 occasions with assessor

A signature MUST be obtained by the assessor for each element of the competence

The Healthcare Support Workers/Assistants/ Care Worker must achieve ALL outcomes before he / she can be deemed competent

		Witnessed practice			Assessors signature & Date
	<u>Preparation and Use:</u> NB: Registered Nurse/GP: Professional accountability in relation to the assessment of patient suitability lies with the Registered Nurse or GP	1. Date	2. Date	3. Date	
1	HCSW can demonstrate how to: Check with the registered nurse the correct medical gas is being used and expiry date of the cylinder and have an awareness of the hazards of oxygen treatment in line with HTMO2 guidelines				
2	Checks the amount of oxygen in the cylinder before use. Understands that empty or near-empty cylinders need to be replaced immediately and the correct process for replacement of cylinders				
3	Explains and discusses the procedure with the patient/ citizen/ resident and gain consent. Ensures that the patient/ citizen/ resident is comfortable and in an appropriate position.				

4	<p>Before administering any prescribed medication, checks the patient/citizen/resident's Medication Administration record (MAR) or equivalent chart for the following.</p> <ul style="list-style-type: none"> • The correct patient/citizen/resident and DOB • Correct medication is selected –name of medicine, dose and frequency • Date and time of administration • Expiry date • Allergies 				
5	Ensure candidate washes hands with bactericidal soap and water or bactericidal alcohol hand rub applies apron and well fitted gloves.				
6	Connect the delivery tube to the cylinder				
7	Ensure there is enough oxygen in the cylinder to last as long as required and removes all Anti Tamper plastic seals prior to use				
8	Ensure oxygen is turned on and ensured that oxygen is flowing and being delivered to the citizen/patient at the correct flow. Connection of mask and tubing				
9	Apply mask/nasal cannula				
10	<p>Check for leaks and know what to do if a leak is detected</p> <p>The nurse must apply if a non re-breathing face mask is to be used.</p>				
11	<p><u>During Use:</u></p> <p><u>Can demonstrate how to:</u></p> <p>Correctly fit a mask or nasal cannula on to the patient/ citizen/ resident. Registered nurse/ GP to provide the appropriate flow rate for the device.</p>				
12	Check the valve at regular intervals to ensure sufficient gas				
13	<p>Visually observe the patient for signs of reduced Oxygen levels (agitation/restlessness/blue peripheries, breathlessness).</p> <p>Escalate to appropriate Nurse/manager or GP in the event of these signs</p>				

	<u>After Use:</u>				
	<u>Can demonstrate how to:</u>				
14	Remove the mask or cannula from the patient				
15	Turn off the cylinder and disconnect equipment				
16	Replace outlet cover				
17	Return cylinder to storage point				
18	Cleans any equipment used and discard all disposable equipment in appropriate containers				
19	Records the administration on appropriate charts and documents in patient/ citizen/ resident's care plan				

Assessor's name : Signature

Designation:

Signature Date:

Copy of completed competence document to be given to the manager to file in personal file