

Adult Oral Suction Standard Operating Procedure

Procedure Date 2020/2023
Procedure Version V1.1

December 2020

This document remains valid whilst under review

TARGET AUDIENCE (including temporary staff)	
People who need to know this document in detail	SCFT adult nurses SCFT Physiotherapists SCFT support workers SCFT Speech and Language Therapists Nursing and Physiotherapy professional Leads
People who need to have a broad understanding of this document	SCFT Chief Nurse SCFT Heads of Service and Service managers SCFT Professional Head of Therapy SCFT Senior Nurses Education and Training
People who need to know that this document exists	University of Brighton – School of Physiotherapy and Nursing

Procedure Author and Reviewed by: Physiotherapy Professional Lead

Approved by: AHP Taskforce Date: 11/09/2020

Ratified by: Community Nursing Taskforce Date: 04/12/2020

Expiry date: December 2023

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Visit: <http://thepulse/our-trust/trustwide-policies-procedures/>*

VERSION CONTROL

Record of Document Changes		
Date	Version	Changes / Comments
21/07/2020	1.0	<ul style="list-style-type: none"> • Revert Version back to Version 1 as it is a new SOP relating to Adult services only • Update Procedure date • Update to new template • Re-write procedure as an adult procedure only • Include the word Adult in the title • Target audience adult nurses • 1.2 adapt scope to only include adults • 1.2 exclude High Weald, Lewes and Havens area from scope • 1.3 remove terms Rehabilitation Support Worker, Rehabilitation Assistant, Rehabilitation Technician, Support Practitioner, Team Support Worker, re-ablement worker, Child support worker, Skilled Not Registered Worker, Intermediate Care Assistant and include Therapy Practitioner • Approval group- AHP Professional Leads Team • 2.1 change to definition of suction, addition of oral suction definition. • 2.5 the addition of Severe hypoxaemia/ hypoxia and Unexplained haemoptysis • 3.1 Filter added in equipment list • 3.1 'Yankauer sucker' replaced by 'suction catheter eg Yankauer or flexible suction catheter' • 3.1 appropriate PPE • 3.2 Included Carry Bag and Filter for Laerdal Suction machine • 3.3 added section on ordering equipment • 4 procedure replaced with procedure/rationale table. • 4.2 replaced the word function with status and baseline values • 4.2 change word delivered to performed in respiratory assessment • 4.2 added in the word airway to clearance techniques • 4.2 2 added bullet points • 4.3 replaced Yankauer for suction catheter to cover both Yankauer and flexible catheters • 4.3 2 bullet points added to procedure after talk to patient • 4.3 bullet point inserted to ensure patient is in a comfortable position following the procedure • 4 .29 Completion of Oral Suction Passport • 5 removal of the word sucker after Yankaeur • 5 insertion of 'or if they look dirty' • 5 New bullet point about Suction tubing connecting the

		<p>machine to the catheter.</p> <ul style="list-style-type: none"> • 6 Oral Suction competency discussed • 8.0 removed references that were no longer available • 8.0 added new references • Appendix A- Oral Suction Competency Checklist • Appendix B- Process for ordering Oral Suction equipment in the community for adults • Appendix C- Oral Suction passport
07/09/2021	V1.1	<ul style="list-style-type: none"> • 1.2 removal of exclusion of High Weald , Lewes and Havens • 6 addition of link to internal training resource • Appendix B- Changes to access to consumables and removal of 'bottle liners' • Appendix D- Added to include instruction manual links to commonly used suction machines

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1. INTRODUCTION

1.1 Purpose

This document will outline the procedure to be adhered to by SCFT staff when carrying out Oral Suction. It has been developed to provide consistency of approach both within and across professions and across the trust. It provides a framework on which to audit activity.

1.2 Scope

This document applies to adults over the age of 18 or until they are no longer under the care of children's specialist school services. i.e. Children remaining at specialist schools beyond the age of 18 will remain under the SCFT Children's Oral suction SOP.

This document covers registered staff in Physiotherapy, Speech and Language Therapy, Nursing and unregistered support workers working with Adults in Community Hospitals and patients' homes. It does not include staff working within SLAs with SCFT.

1.3 Definitions

SCFT	Sussex Community Foundation Trust
RN	Registered nurse
SALT	Speech and Language Therapist
PT	Physiotherapist
SLA	Service Level Agreement
SW	Support worker
	<p>For the purposes of this document, the term "support worker," describes the staff member who has a role or task(s) delegated to them by the registered practitioner.</p> <p>Titles include, but are not limited to:-</p> <ul style="list-style-type: none"> • Health care assistant • Health care support worker • Therapy Assistant • Therapy Practitioner • Assistant practitioner • Assistant

2. ORAL SUCTION

2.1 Definition

The insertion of a Yankauer sucker or soft suction catheter into the oral cavity in order to remove sputum, saliva or aspirate. Usual depth would be to the back of the teeth however Yankauer/ suction catheter can be advanced further if secretions are visible that can be cleared without touching the tissue of the mouth. When going beyond back of the teeth, care must be taken to monitor for the gag reflex.

These guidelines do not advise re nasopharyngeal suction, deep oropharyngeal suction or suction via a tracheostomy.

2.2 Indications

- Adults who have been identified as requiring oral suction
- Inability to expectorate sputum, saliva or aspirate from the mouth / throat causing discomfort / distress / obstruction

2.3 Consent: (refer to SCFT consent policy)

- Consent must be given by the patient / carer prior to each episode of suction being carried out. If the patient is unable to give consent verbally, other ways of obtaining it must be explored e.g. blinking, squeezing of the hand
- If the patient is unable to give any form of consent and not carrying out the suction would be detrimental to their health, it is acceptable to proceed, unless written documentation can be produced to the contrary.
- The patient should be made aware that they can withdraw their consent at any time
- Mental capacity should be taken into account and if necessary a best interest decision should be made

2.4 Contraindications

There are no absolute contraindications but potential precautions / dangers are listed below

2.5 Precautions

- Facial Fractures
- Loose teeth
- Clotting disorders

- Laryngeal / oral carcinoma
- Severe bronchospasm
- Stridor
- Restless / anxious client
- Nausea/ vomiting
- Dislodging of oral debris and pathogens which may obstruct the airway
- Severe hypoxaemia/ hypoxia
- Unexplained haemoptysis

2.6 DANGERS

Do not attempt to remove a solid object or an inhaled foreign body from the back of the throat with suction. This could result in the object being forced further into the airway and possibly causing complete obstruction.

3. EQUIPMENT

3.1 Disposable equipment:

- Suction connection tubing – single patient use
- Disposable bottle liners if required and recommended by manufacturer's instructions
- Filter, as required by manufacturer's instructions
- Suction catheters eg. Yankauer or flexible suction catheters
- Clean disposable gloves
- Container of cold tap water
- Cleaning products (according to manufacturer's instructions)
- Bag for disposables
- Appropriate PPE if splashing likely or infection suspected

3.2 Suction machines

- Available to order from community equipment services for patient at home. Make sure manufacturer's instructions are included when the machine is received by the patient. These can be downloaded from the community equipment website.
- Consider supplying a spare machine if the equipment is critical and same day re-ordering or repair is not an available option
- Suction machines used on Units must be used according to manufacturer's instructions and cleaned in line with SCFT decontamination policy

3.3 Ordering equipment in the community

The process for ordering equipment in the community is described in Appendix B

4. PROCEDURE

Procedure	Rationale
1. Decide on method of powering suction machine – battery / mains Ensure battery is charged if using this method	To ensure there is adequate power to allow suction procedure to go ahead
2. Set to required pressure – normally up to 150mmHg (20Kpa),	To ensure there is no barotrauma during suction procedure.
3. Ensure privacy is maintained	To maintain patient dignity
4. Explain the procedure	To ensure patient knows what to expect
5. Obtain consent from the patient	See 2.3 above
6. Position patient appropriately for the procedure – high sitting or high side lying.	N.B Suction should not be carried out in supine unless in an emergency situation
7. Assess respiratory status and take baseline observations	to monitor signs of improvement / deterioration
8. An assessment of oral cavity and appropriate mouth care should be performed prior to suction.	To ensure there is no damage to the oral cavity.
9. Encourage the patient to clear their own airway/ mouth by coughing or by using other airway clearance techniques	If a patient is able to clear their own secretions independently do not suction as a matter of routine. Only use when there is evidence of retained secretions in oral cavity.
10. Wash hands according to hand hygiene policy and procedure and apply PPE	To prevent the transmission of microorganisms. Suctioning may cause splashing of body fluids
11. Switch on machine	To ensure machine is working correctly.
12. Check suction pressure by putting thumb over the end of the suction tubing	To prevent trauma to patient
13. Attach suction catheter to tubing	This prepares the equipment to suction effectively.
14. Talk to the patient throughout explaining each what you are doing at all times	To prevent patient distress during procedure.
15. Administer oxygen pre and post procedure if required.	To prevent desaturation
16. Check the patients observations and breathing pattern immediately prior to the procedure	To assess safety of procedure and check for signs of deterioration.
17. Insert suction catheter gently into the mouth, with no suction, until it reaches the pouch of the cheek, close over the hole on the catheter if necessary, then gently sweep over the arch of the tongue to the pouch of the opposite	To avoid stimulation of gag reflex. Suction should be stopped if gag reflex elicited to avoid vomiting and aspiration.

cheek. Do not pass the suction catheter past the back of the teeth.	
18. Only apply suction through the catheter for a short period of time (no longer than 10 seconds)	Longer than 10 secs might result in tissue grab causing damage to the sensitive lining of the mouth.
19. Repeat again if necessary	To ensure all secretions are obtained
20. If patient is able allow them to self-suction	It is more comfortable for the patient. They can control the procedure.
21. Repeat respiratory & oral cavity assessment	To determine if intervention was effective.
22. suction cold clean water through the system	To clean tubing and prevent mucous plugging
23. empty the collection bottle by disposing of the contents down a toilet or sluice	To allow secretions to be flushed away and prevent transmission of microorganisms.
24. Follow manufacturer's instructions for cleaning equipment after use	To ensure correct cleaning material is used to prevent damage to equipment
25. If the cleaned suction catheter is suitable for further use with the same patient, within 24 hours, put back into plastic sheath (Yankauer only)	to keep Yankauer clean
26. Ensure patient has recovered from the procedure and leave patient in a comfortable position	To ensure patient comfort and dignity
27. Remove PPE and wash hands	Prevents transmission of microorganisms In line with SCFT hand hygiene.
28. Document clearly the consistency and colour of secretions as well as pre and post procedure respiratory assessment	To ensure there is an accurate record of the procedure. Ensures good communication.
29. Complete the Oral Suction passport if the task is going to be delegated (Appendix C)	To ensure patient safety and compliance with recommended technique

5. REPLACEMENT OF CONSUMABLES

- Yankauers are marked as “single use” indicating that they should be disposed of after a single procedure. They are not appropriate for multi-patient use. Current practice at SCFT is to change the Yankauer every 24 hours or sooner if they cannot be cleaned effectively or if they look dirty. They are available to order through NHS supplies.
- Flexible catheters must be replaced after each procedure. Used catheters can be wrapped in a glove and disposed of appropriately, in conjunction with SCFT Waste Management Policy. They are available to order through NHS supplies.
- Suction machines come with their own suction connection tubing which should be cleaned according to manufacturer's instructions and is single patient use. If unable to be adequately cleaned further supplies can be ordered from the equipment service or the machine replaced.

- Suction tubing that connects the machine to the Yankauer or catheter should be replaced weekly unless otherwise advised. It is available to order through NHS supplies.
- The bacterial filter should be replaced according to manufacturer's instructions and when wet. An adequate supply of filters should be ordered through the equipment service at the time of requisition. Extra filters should be ordered via the equipment service
- Recommended PPE

6. TRAINING AND COMPETENCY

- Nurses and Physiotherapists included in the scope of this guideline will have had training in oral suction at undergraduate level.
- SALT will have had post graduate training where appropriate
- Registered Staff should self-assess against the competency – Appendix A
- An SCFT training video is available via the Pulse Internal Training pages [Course Bookings \(scft.nhs.uk\)](http://scft.nhs.uk)
- Support workers will only be able to carry out this procedure if trained and assessed as competent and it has been delegated to them in line with SCFT Delegation policy
- Teaching of family and non SCFT carers will be carried out by Registered staff in line with SCFT delegation policy

7. RESPONSIBILITIES

The **Chief Executive** has ultimate responsibility for the organisation and is supported by the Executive Directors.

The **procedure author** is responsible for ensuring the procedure follows the appropriate Trust format and complies with the recognised development, consultation, approval and ratification process.

Service managers / team leaders are responsible for promoting and implementing the procedure.

All staff are required to complete in full and as directed any templates or proformas as instructed, for use as part of this procedure.

8. ASSOCIATED REFERENCES AND DOCUMENTS

- J. Bott et al, Joint BTS/ACPRC Guidelines for the physiotherapy management of the adult, medical, spontaneously breathing patient. (2008).
- Hough, A. (2001). Physiotherapy in Respiratory Care. Nelson Thornes.

- Journal of Chartered Physiotherapy in Respiratory Care, & Harvey, N. (1996). Tracheobronchial Suction, 28, 22–25.
- Mallet J & Dougherty L. Tracheostomy Care and Laryngectomy Voice Rehabilitation. The Royal Marsden NHS Trust. Manual of Clinical Nursing Procedures. 5th ed. Oxford: Blackwell Science; 2000. Chapter 40.)
- Perry et al 2014
- Royal Marsden Hospital, Dougherty, L., & Lister, S. (2004.). The Royal Marsden Hospital Manual of Clinical nursing procedures (Sixth Edition.). Blackwell Publishing.
- Webber, B., & Pryor, J. (1993). Physiotherapy and Cardiac problems. Churchill Livingstone.
- SCFT Decontamination Policy
- SCFT Infection Prevention Control policy
- SCFT Delegation policy
- SCFT Waste Management Policy

9. MONITORING COMPLIANCE

Staff administering oral suction must comply with the procedure. In the event of any incidents raised around oral suction, adherence to the procedure will be assessed by the investigating officer.

10. DISSEMINATION AND IMPLEMENTATION

This procedure will be made available on the intranet, and cascaded directly to relevant teams.

11. CONSULTATION, APPROVAL, RATIFICATION & REVIEW

The staff groups that have been consulted in the writing of this procedure are:

- SCFT Adult respiratory physiotherapists
- SCFT Adult Physiotherapy Professional leads
- SCFT Adult Speech and Language Therapy Professional leads
- SCFT General Managers for Community Nursing Teams
- SCFT Service managers
- SCFT Community Equipment nursing and therapy leads

The staff group responsible for approving the procedure is the AHP Leadership team

The procedure will be reviewed every 3 years.

Appendix A

Oral Suction Competency checklist

Level 1 – Undergraduate Level, Level 2 – with supervision, Level 3 – independently,
Level 4 – expert and able to teach

Competency	Level 1 Inits/Date	Level 2 Inits/Date	Level 3 Inits/Date	Level 4 Inits/Date
I am able to:				
review notes and understand the indications for oral suction				
show a clear understanding of contra-indications and complications of oral suction				
gains consent and explains procedure to patient / carer				
position patient in a comfortable and effective position				
use prescribed oxygen pre and post suction if indicated				
uses correct PPE and infection control technique				
uses correct suction procedure including suction the correct areas of the mouth explaining to patient throughout				
understand the procedure for checking sputum colour, quantity and tenacity and able to interpret the results				
records intervention in line with policy and professional standards				
cleans tubing and machine correctly and carry out decontamination procedure in line with policy				
explain all parts of the oral suctioning equipment and demonstrate correct setup and checking procedure				
demonstrate the ability to troubleshoot common problems with machines and equipment				
monitor and order consumables correctly				
demonstrate ability to know when to change liner, filters, tubing and Yankauer and follow disposal procedure correctly				

Appendix B

Process for Ordering Oral Suction Equipment in the Community for Adults

1. Clinical reasoning for ordering the equipment is identified by a competent member of staff eg physiotherapist or community nurse that has current Oral Suction competence
2. Identify the carer/ carers that will be regularly carrying out the suction
3. Identify and agree the route for replacement of consumables; ie. Primary Care Networks (PCNs) or Specialist teams.
4. Clinician to order suction unit, filter and carry bag (if required) via Community Equipment services using their PIN but copying in the team email address as part of the order so that equipment review requests will come in via the team rather than relying the individual.
5. Clinician to access the consumables required for initial set up, not available via Community Equipment Services. This will need to be done via local community nursing bases. This includes catheters (Yankauer or flexible) and tubing
6. Clinician to trial equipment with patient to check suitability
7. Clinician to train relevant carers in the oral suction skill, the use and maintenance of the machine (described as 'collaborative partnership working' in SCFT Delegation Policy)
8. Clinician to arrange short term review to support any initial issues
9. Clinician to notify the relevant community nursing team if the order has not been completed by community nurses
10. Relevant community nursing team to set up an annual review
11. Clinician to request prescription for consumables via PCNs where required. These include replacement Yankauers, catheters and tubing.
12. Patient/ Carer to be advised to contact Community Equipment Services if machine does not appear to work properly and contact GP if health condition deteriorates.

Appendix C

Oral Suction Passport

Why suction?

To clear phlegm and saliva from the mouth and to make breathing easier when someone cannot do this for themselves.

Equipment

Tubing

Suction machine

Filter

Yankauer or soft suction catheter

Personal protective equipment

Water

Possible side effects

- Gagging – if the Yankauer touches the back of the tongue throat or tonsils - may lead to vomiting
- Damage to the mouth – if the suction pressure is too high or not carried out correctly – may lead to bleeding
- Anxiety and Distress – always explain what you are going to do and reassure throughout. If you are worried about the amount of distress talk to your health professional named on the back page of this booklet.

Cleaning

To be carried out daily (or more often if required) :

1. Empty the contents into the toilet and flush
2. Wash the canister with warm soapy water
- 3. Do not get the filter wet**
4. Ensure all tubing clear of phlegm or saliva
5. Yankauer suction catheters can be reused with the same person as long as they are clean and free of cracks
6. See the back page of this booklet for instructions on changing Yankauers and tubing

Checks to be performed at each suction

1. Tubing and Yankauer is clean and not cracked.
2. Pressure of suction machine by blocking the tubing and checking the dial. The maximum suction pressure is written on the back page of this booklet.
3. Check oral cavity for large lumps of food/ debris and remove with a tissue if possible

Consent

Every time suction is used the person must consent. If they do not have capacity to consent to suction the professional prescribing suction must have completed a capacity assessment and best interest decision.

How to suction

1. Position the person according to advice given. Sitting up or side lying is usually preferred.
2. Wash your hands
3. Put on gloves and apron. Use mask if risk of infection.
4. Explain what you are going to do and get consent
5. Perform checks (as above)
6. If the person can open their mouth they should do so
7. Switch on machine
8. Insert Yankauer along the inside of the cheek and across the tongue. To prevent gagging do not go further than the back teeth.
9. Suction the phlegm / saliva whilst moving the Yankauer tip. Apply suction for a maximum of 10 seconds at any one time.
10. Remove the Yankauer whilst still suctioning
11. Repeat on other side if required or where visible phlegm / saliva pooling until person is comfortable
12. Flush with water until tubing clear

Troubleshooting

The machine has instructions please read them for further guidance.

The machine does not switch on

Check charge, plug it in, check lead inserted correctly, check filter change if wet
Contact Community Equipment Service

Suction does not work even though machine switched on

Check all tubing connected, check tubing clear — if not replace, check filter replace if wet,
Contact Community Equipment Service

Run out of filters

Contact Community Equipment Service

Run out of Yankauers, suction catheters or tubing

Contact Health Care team on the back of the this leaflet or the patient's GP

Protective gloves and apron should be replaced by the patient/ carer.

This suction passport is for the exclusive use of:

Recommended position for suctioning _____

Maximum Suction Pressure _____

Yankauers should be changed every _____ unless blocked or split.

If you have an infection they should be changed every _____

Tubing should be changed every _____

Filters should be changed every **2 months** unless wet

For reporting machine faults or ordering replacement filters ring Community Equipment Services: _____

For ordering replacement Yankauers, suction catheters or tubing contact your health care team or GP: _____

Patients must be over 18 and registered with a GP.

If you have any concerns about the recommendation outlined above please contact your health professional that is providing the machine. If you have been discharged contact your GP.

Professional providing recommendation

Name: _____

Designation: _____

Signature: _____

Appendix D

Instruction Manual Links To most Commonly Prescribed Suction Machines

Laerdal

<https://laerdal.com/gb/products/medical-devices/airway-management/laerdal-suction-unit-lsu/>

Clario

<https://www.medelahealthcare.com/en-GB/solutions/professional-vacuum-solutions/surgical-airway-suction/clario-airway-suction-pump>

Devilbiss

<http://www.devilbisshealthcare.com/products/suction-therapy/homecare-suction-unit>

RATIFICATION CHECKLIST
Community Nursing Taskforce

Agenda Item: The meeting administrator should be able to provide this
 Procedure Title: **Adult Oral Suction SOP**
 Procedure Author: **Bridget Winrow, Physiotherapy Professional Lead Adult Services**
 Presented By: **Bridget Winrow, Physiotherapy Professional Lead Adult Services**
 Purpose: **Ratification**

Checklist for Ratification	
1.	Reason for Review:
	Response
a) New Procedure	New procedure for Adult Oral Suction
b) Revision/update to current Procedure	
Please state the reason for updating e.g. compliance with new or updated legislation	The document has been updated as it was due for review. The original document included patients under Children's and Adult services but has now been modified to include Adult services only as there is new guidance to support a separate document for Children
Please state briefly what amendments/updates were made, what section/page number and where they can be located within the document	<p>Page 1 Change wording throughout to reflect that SOP only applies to Adults.</p> <p>Page 1 Reverted version back to V1 as it is a new SOP relating to Adults only</p> <p>1.2 Exclusion of High Weald, Lewes and havens in scope.</p> <p>1.3 Update titles of staff in compliance with HR standards.</p> <p>2.0 Amendments to Oral Suction description</p> <p>3.0 Additions to equipment list</p> <p>4.0 Amendments to wording and grammar in Procedure section</p> <p>4.29 reference to new Oral Suction Passport</p> <p>5.0 change of wording and additions in Replacement of Consumables</p> <p>6.0 Reference to Oral Suction competency</p> <p>8.0 Updated reference list</p>

		Appendices: Amendments to Appendix A Addition of Appendix B Addition of Appendix C	
	c) Other – please state		
	d) Review date due or expired (please state date): previous Oral Suction SOP V1 was due review in December 2019 and expiry date extended until end of April 2020.		
2.	Summary		
	<p>This SOP is designed to provide guidance for SCFT staff that are carrying out and delegating the process of Oral Suction on adult patients in community settings. It does not include staff on Service Level Agreements from other organisations. It only applies to oral suction and does not include nasopharyngeal suction, deep oropharyngeal suction or suction via a tracheostomy.</p> <p>The main changes have been to separate the existing Oral Suction SOP into an adult and Children's version. The new version includes two additional appendices: Process for ordering Oral Suction Equipment in the Community and Oral Suction Passport.</p>		
3.	Format		
	Has the standard SCFT template been used?	Yes	Comments:
4.	Consultation		
	Name	Group Member	Response Y/N
	<ul style="list-style-type: none"> • SCFT Adult respiratory physiotherapists • SCFT Adult Physiotherapy Professional leads • SCFT Adult Speech and Language Therapy Professional leads • SCFT General Managers for Community Nursing Teams • SCFT Service managers • SCFT Community Equipment nursing and therapy leads 	Jo Ansell Heather Hill Cathy Hayden Sheila Doughty Charlotte Harris Tracy Allan Lisa O'Hara Liz Cranswick	Y Y Y Y Y Y

	07/09/2021 update	Nicki Leighton	Y
		Suzy Neve	Y
		Lisa O'Hara	Y
5.	Dissemination/Implementation Process		
	This procedure will be made available on the intranet, and cascaded directly to relevant teams		
6.	Cost/Resource Implications		
	Does this procedure have any cost and/or resource implications?	<u>Y</u> /N	
	<p>Please provide details of the cost/resource implications:</p> <p>SCFT will have a responsibility to provide training resource to meet the oral suction competency framework for all relevant staff. These staff will require time to update the competency and training requirements.</p> <p>SCFT will need to fund the initial equipment set up via Community Equipment Services and NHS Procurement.</p> <p>On-going equipment costs will be met by SCFT when a patient review generates a new equipment need.</p> <p>Primary care will fund the replenishment of consumables.</p>		
	Has this been agreed by the accountable Director?	Y/N	
	Name	Job Title	Date
7.	Approval		
	Please state the name of the Group that has approved this document?	Name: AHP Taskforce	
	Date of Group Approval:	Date:11/09/2020	
8.	Equality Analysis		
	Has the Equality Impact Assessment been completed?	Not applicable as this is a SOP	
9.	Review		
	Please state the timescale for review:	3 years	

DECISION OUTCOME AND RECOMMENDATIONS

For completion by the Chair of the Group or Committee considering ratification.

Is the Committee / Group satisfied and assured that due process has	Yes	Comments:
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been followed in order to produce or review the Procedure?	(please delete)	Excluded High Weald, Lewes and Havens from SOP. Removed on 07/09/2021
Is the Committee / Group satisfied and assured with the consultation on the Procedure?	Yes (please delete)	Comments:
Does anybody (Group or individual) else need to be consulted prior to ratification?	No (please delete)	Please state who:
Other Comments	Processes for ordering oral suction equipment and accountability is very different in High Weald, Lewes and Havens so the area has been excluded from this SOP	
Outcome: Was the Procedure Ratified?	Yes (please delete)	
Other comments: Including strengths and good practice.		
Additional actions required for ratification: Must be SMART		
Signature of Chair: Print Name: Nikki Leighton Job Title: Area Lead Nurse and Chair of Community Nursing Taskforce Date: 04/12/2020		