SYRINGE USE TO ADMINISTER FLUSHES, FEEDS AND MEDICATION VIA THE ORAL AND ENTERAL ROUTES POLICY

POLICY

Reference	CPG-MM/P-SYRINGE
Approving Body	Drug and Therapeutics Committee
Date Approved	13th August 2021
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:** **YES** X / **NO** / **N/A**
Issue Date	17th September 2021
Version	v4.0
Summary of Changes from Previous Version	• Included radiologically sited enteral feeding tubes • 'Management of a fine bore nasogastric feeding tube' competency pack (OKS570) included • Referenced specific dysphagia in Parkinson's disease guideline • All oral syringes to be single use on wards including for water flushes • Removed pestle and mortar from guidance • Discharge supplies need to be reusable/washable oral syringes not single use oral syringes • Updated link to medicine/enteral feed interactions • Reviewed and updated references • Completed environmental impact assessment – reduced oral syringe usage. Crushed tablets and powder from capsules can mixed with water and be administered using medicine pots if taken orally
Supersedes	v3.0, Issued 22nd Dec 2017 to Review Date May 2021 (ext[1])
Document Category	• Clinical
Consultation Undertaken	• Robin Binks – Deputy Chief Nurse • Jenna Parsons - Nutrition Nurse Specialist • Katie Townsend – Clinical Lead Dietitian – Adult Acute Services • Alison Davidson – Practice Development Matron • Sally Palmer - Nurse Consultant Infection Prevention and Control • Drugs and Therapeutics Committee
Date of Completion of Equality Impact Assessment	26/05/21
Date of Environmental Impact Assessment (if applicable)	26/05/21
Legal and/or Accreditation Implications	Not Applicable
Target Audience	Trustwide
Review Date	August 2024
Sponsor (Position)	Chief Nurse
Author (Position & Name)	Mark Clymer, Assistant Chief Pharmacist – Clinical Services
Lead Division/ Directorate	Diagnostics and Outpatients
Lead Specialty/ Service/ Department	Medicines Management (Pharmacy)

Position of Person able to provide Further Guidance/Information	Assistant Chief Pharmacist – Clinical Services
Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
1. ENfit bottle adapters and syringes (patient leaflet)	June 2021
Template control	June 2020

CONTENTS

1.0 INTRODUCTION

This policy sets out the actions required to enable compliance with the National Patient Safety Agency (NPSA) Patient Safety Alert; Promoting safer measurement and administration of liquid medicines via oral and other enteral routes, March 2007 (1). All enteral connectors must adhere to the new standard ISO 80369-3 (ENFit). ENFit is the global enteral feeding device connector design which has been implemented to reduce misconnections between unrelated delivery systems.

2.0 POLICY STATEMENT

This policy aims to reduce the risks of wrong route administration associated with the use of syringes for the administration of medication, feeds and flushes via the oral or enteral routes at Sherwood Forest Hospitals NHS Foundation Trust (SFHFT).

3.0 DEFINITIONS/ ABBREVIATIONS

Trust	Sherwood Forest Hospitals NHS Foundation Trust
Staff	All employees of the Trust including those managed by a third party on behalf of the Trust
Liquid medicine	• A commercially available liquid medicine formulation • A soluble tablet • A specially manufactured liquid medicine • Tablets crushed and mixed in water • Tablets dispersed in water • Capsules opened and the contents mixed in water • Injections administered orally
PEG	Percutaneous endoscopic gastrostomy feeding tube
PEG-J	Percutaneous endoscopic jejunostomy feeding tube
NG	Nasogastric feeding tube
NJ	Nasojejunal feeding tube
RIG	Radiologically Inserted Gastrostomy feeding tube
RIG-J	Radiologically Inserted Gastrojejunostomy feeding tube
ENFit	New enteral feeding connectors that adhere to standard ISO 80369

4.0 ROLES AND RESPONSIBILITIES

Staff who administer medication, feeds or flushes via the oral or enteral routes must:

- have read this policy
- have received relevant training in the use of oral/enteral syringes to administer medicines, feeds and flushes via the oral and enteral routes
- be aware of the Trust Medicines Policy (see intranet)
- be aware of the Professional Guidance on the Administration of Medicines in Healthcare Settings (2)

Registered Nurses/Midwives/Nursing Associates are responsible for:

- maintaining adequate stocks of compatible oral/enteral syringes on their ward through liaison with procurement or the material management assistant for their area.
- ensuring patients or their carers can safely administer their medicines using oral syringes orally or via their enteral tube if discharged with an enteral tube in situ
- supplying compliant equipment to patients at discharge

Prescribers must be aware that:

- the administration of liquid medicines via an enteral route (i.e. via PEG, PEG-J etc) is unlicensed and they must take responsibility for this.
- crushing tablets in order to give as a liquid is also an unlicensed activity and they must take responsibility for this. Where possible alternative formulations or routes should be used.

Nutrition Nurse Specialist will be responsible for:

- raising nursing staff awareness of their responsibilities through registered nurse induction.
- providing one to one training at ward/department level as required.

Senior Dietitians are responsible for:

- delivering training to dietitians on the content of this policy.

Ward/Department Sisters/Charge Nurses leads are responsible for:

- ensuring available adequate stocks of compatible oral/enteral syringes on their ward through liaison with procurement or the material management assistant for their area.
- ensuring that relevant staff have undergone any training and are then assessed as competent to practice and regularly check their understanding of this policy.

Service Directors and Heads of Nursing are responsible for:

- ensuring that relevant staff undergo any training and are then assessed as competent to practice including the completion of 'management of a fine bore nasogastric feeding tube' competency pack (OKS570).

Medicines Information is responsible for:

- ensuring that up to date information on which tablets can be crushed and dispersed is available on the medicines formulary

Pharmacists are responsible for:

- assisting prescribers with appropriate medication review to minimise the number of oral medicines where necessary
- providing advice on alternative formulations/routes

5.0 APPROVAL

Following appropriate consultation this policy (v4.0) has been approved by the Trust's Drug and Therapeutics Committee

6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

6.1 General Information

6.1.1. The ENFit syringes will be used for both oral and enteral routes and must adhere to standard ISO 80369.

6.1.2. Oral/enteral syringes must be used for measurement and administration of medicines, flushes and feeds via the oral and enteral routes. Intravenous syringes must **never** be used for administering liquid medicines, feeds or flushes via the oral and enteral routes.

6.1.3. Oral/enteral syringes will be **single use only** i.e. a fresh syringe is used to measure each medicine.

6.1.4. Medicines being administered via the oral and enteral route must be *prepared* in a separate area or at a separate time to medication prepared for intravenous administration.

6.1.5. Medicines for administration via the oral or enteral route must be *administered* separately from medication administered via the intravenous route.

6.1.6. **Oral, NG, PEG** or **RIG** administration of medicines does not necessitate the use of sterile water and freshly drawn drinking water can be used.
However sterile water should be used for the first flushes immediately after PEG or RIG insertion.

6.1.7. Administration of medicines, flushes or feeds via the **jejunal route** such as a **PEG-J, RIG-J or NJ** will require a new enteral syringe to be used to administer each medicine, flush or feed as the protective gastric environment is bypassed. All flushes must be made with sterile water. If a bottle of sterile water is used it must be discarded after each set of medicine administrations.

Please refer to the relevant guidelines for further information

- Percutaneous Endoscopic/ Radiologically placed Gastrostomy and Percutaenous Endoscopic/ Radiologically placed Gastrojejunostomy feeding tube – Policy of the care and Management in adults
- Nasogastric (NG) & Nasojejunal (NJ) feeding tubes – Policy for insertion and manamagement in adult patients (excludes paediatrics and neonates)

6.1.8. Medicines drawn up into oral/enteral syringes must be administered immediately.

6.1.9. The nurse/midwife/nursing associate who prepares the medicine must be the nurse who administers the medicine to the patient.

6.1.10. If the administration process is interrupted at the point of administration and a medicine has been left unattended drawn up in an unlabelled oral/enteral syringe or in a medicine pot, then the medicine must be discarded and the preparation process restarted. If the nurse administering medicines is interrupted during the administration process and is unsure which liquid medicines have been administered then the remainder must be omitted and the prescriber informed.

6.1.11. All used oral/enteral syringes will be disposed of according to Trust Waste Policy.

6.2. Preparation of oral medicines which are not commercially available as a liquid formulation (3)

The alteration of medicine formulations for administration via oral or enteral routes e.g. crushing tablets or opening capsules is usually outside of the product licence of the medicine and may alter the handling of the medicine. Some medicines are not suitable for crushing (see Table 1 below).

Table 1

Formulation /class of medicine	Comments
Enteric coated tablets (EC)	If crushed enteric coated tablets break up into small pieces that clump together when moistened and can clog the feeding tube.
Modified release (MR) /Sustained release (SR)	Crushing these tablets/opening these capsules may result in abrupt high peaks of the medicine followed by low levels which can be dangerous to the patient, especially if the medicinehas a narrow therapeutic range.
Buccal /sublingual	Designed to avoid the GI tract and first pass metabolism. The doses tend to be low and may be insufficient if given orally or via an enteral tube.
Soft gelatin capsules	Usually contain medicines that are poorly soluble in water and are therefore contained in an oily solution
Chewable tablets	Designed to be partially absorbed in the mouth, not all the medicine will be absorbed if they are crushed.
Cytotoxics & hormones	Potential risk to staff from aerosolisation of particles.

The pharmacist must review the patient's prescription and discuss with the prescriber whether alternative licensed liquid medicine formulations are available within the same class of medicine or whether the medicine prescribed could be given by an alternative route.

Alternative routes of administration include:

- Rectal
- Transdermal
- Buccal
- Sublingual
- Parenteral (e.g. intravenous, subcutaneous, intramuscular)

If a licensed preparation or route is not available or appropriate for the patient, then the pharmacist may recommend crushing or dispersing tablets, opening capsules or manufacturing a suspension for the individual patient.

Dysphagia and/ or nil by mouth management guideline for patients with Parkinson's Disease provides additional support if alternative formulations are required for patients with Parkinson's Disease.

6.3. Using oral/enteral syringes to administer liquid, dispersed or crushed medicines via the ORAL ROUTE.

6.3.1. When to use an oral/enteral syringe:

An oral/enteral syringe should be used for the measurement and administration of all oral liquid medicine doses for all patients. A fresh syringe must be used for each medicine.

6.3.2. Selection of oral/enteral syringe:

- Syringes are available in a range of sizes. To maintain accuracy, the smallest syringe appropriate for the dose must be used.
- Syringes supplied with oral liquid medicines by manufacturers must not be used because they may not be approved ENFit syringes. The only exception is **ciclosporin** liquid. Ciclosporin liquid is incompatible with standard oral/enteral syringes and therefore the manufacturer's syringe must be used.

6.3.3. Measurement and administration of commercial and manufactured liquid medicine doses:

- Medicines should be accurately measured and given to the patient one at a time.
- Put a medicine bottle adaptor (bung) of an appropriate size into the neck of the bottle. All bungs must adhere to the new ENFit standards. The bung will remain in place until the bottle is empty and should then be discarded with the bottle. The bungs are designed to allow the bottle to be recapped whilst the bung remains in place.
- Attach a new oral/enteral syringe and draw up the required dose.
- The syringe must be discarded after use.
- Under no circumstances must a used oral/enteral syringe be inserted into a bung.

6.3.4. Selection of water to mix with tablets/capsules

Type of water to use

The type of water used will depend on the patient group – see Table 2 below.

Table 2

Patient group	Recommended water to use with medication
Neonates and infants <6 months	Sterile water
Immunocompromised patients	Sterile water
All other patients	Freshly drawn drinking water

Sterile water should be taken from a bottle of freshly opened sterile water or ampoules of sterile water for injection.

Volume of water to use

The volume of water used will depend on the individual patient and their fluid requirements. The volume of water used during administration of medicines must be recorded on the patient's fluid balance chart.

If the volume of fluid is not a concern, 10-15ml water should be used to disperse each dispersible tablet or mix with a crushed tablet (4, 5).

6.3.5. Dispersing tablets in water

- It is not necessary to use an oral/enteral syringe.
- Place the tablet(s) into a medicine pot with 10-15ml water.
- Wait for the tablet to disperse or effervescent reaction to be complete. This may take a few minutes.
- Give the patient the solution to drink.
- Rinse the pot with more water and give this to the patient to drink.

6.3.6. Crushing tablets

See Table 1 for a list of medicines that cannot be crushed.

- It is not necessary to use an oral/enteral syringe.
- A tablet crusher must be used.
- Place the required tablet(s) in the crushing device and crush to a powder.
- Add an appropriate volume of water (10-15ml if possible) and mix well.
- Transfer the mixed liquid into a medicine pot.
- Administer the dose to the patient.
- Rinse out the crushing device with water and administerto the patient.
- The crushing device must be cleaned thoroughly with soap and water after each use and dried thoroughly using a paper towel.

6.3.7. Opening hard gelatin capsules

- It is not necessary to use an oral/enteral syringe.
- Open the capsule and tip the powder into a medicine pot.
- Mix the powder with an appropriate volume of water (10-15ml if possible) and mix well.
- Transfer the mixed liquid into a medicine pot.
- Administer the solution to the patient.
- Rinse the pot with a further 15ml water and administer to the patient.

6.4. The use of oral/enteral syringes to measure and administer feeds, flushes and liquid medicines via ENTERAL FEEDING TUBES.

Medicines prescribed for patients with enteral feeding tubes should be rationalised by the prescriber to the least number of administration episodes possible without compromising patient care. Alternative routes of administration should be considered. Determine whether the patient can take medicines orally or whether all medicines must be given via the enteral tube.
All enteral feed administration sets and syringes must be clearly labelled ‘enteral.’

6.4.1. Selection of oral/enteral syringe for administration via enteral tube or enteral feed administration set:

- Medicines must be administered via the medicines administration port. The feed administration set must not be disconnected to allow administration directly into the enteral tube and then reconnected.
- Only **60ml** oral/enteral syringes must be used for the administration of medicines, feeds or flushes via enteral feeding tubes or enteral feeding administration sets.
- Syringes are **single use only** for administration of medicines, feeds or flushes
- Refer to local neonatal protocols for further information on administration of medicines, feeds and flushes to neonates.
- 3-way taps and adaptors must not be used for enteral feeding systems.

6.4.2. Administration of oral liquid medicine formulations via the enteral route (4, 5)

- Check the enteral tube or feed administration set back to the patient to confirm the route and check that it is labelled ‘enteral’.
- Stop the feed if there is a feed in progress.
- Flush the tube with an appropriate volume of water (30ml*) for the individual patient.
- Medicines should be accurately measured (as below) and given to the patient one at a time.
- The medicine should then be gravity fed or pushed through very gently (to avoid

rupturing the tube) in order to administer it to the patient.
- A fresh oral/enteral syringe must be used for each medicine.
- If more than one medicine is to be administered, the enteral tube must be flushed with at least 10ml water in between each medicine unless another volume is specified by the dietitian or doctor
- After the last medicine has been administered, the tube must be flushed with 30ml* water unless another volume is appropriate and specified by the dietitian or doctor.
- Restart the feed, if it has been stopped.

*Paediatrics will require small amounts of water for flushes, this will be decided on an individual patient basis by the medical team based on the patient requirements.

There are a number of medicines which can interact with enteral feeds. Therefore it will be required to pause feeding before and after administration of these medicines. Guidance about interactions between enteral feed and medicines can be found on the intranet. As stated in this guidance it is NOT comprehensive and discussion with Medicine Information might be required for detailed clinical advice.

6.4.3. Water

Type of water to mix with tablets/capsules/flush enteral tubes

The type of water used will depend on the patient group and type of enteral tube - see Table 3.

Sterile water must be taken from a bottle of freshly opened sterile water or ampoule of water for injection.

Table 3

Patient group	Enteral Tube	Recommended water for flushes /mixing with tablets or capsules
Immunocompromised patients	Enteral tubes feeding into the stomach	Sterile water
	Enteral tubes feeding in to the jejunum	Sterile water
All other patients	Enteral tubes feeding in to the stomach	Freshly drawn tap water
	Enteral tubes feeding in to the jejunum	Sterile water

Volume of water to use

The volume of water used will depend on the individual patient and their fluid requirements. The volume of water used during administration of medicines should be recorded on the patient's fluid balance chart. Usual recommended volumes are 30ml before a medicine is given, 10ml between each medicine and a further 30ml at the end of the medicine round.

6.4.4. Measurement of commercial and manufactured liquid medicine doses

- Medicines should be accurately measured and given to the patient one at a time.
- Put a medicine bottle adaptor (bung) of an appropriate size in the neck of the bottle. All bungs must adhere to the new ENFit standards. The bung will remain in place until the bottle is empty and should then be discarded with the bottle. The bungs are designed to allow the bottle to be recapped whilst the bung remains in place.

- Attach a new oral/enteral syringe and draw up the required dose.
- The syringe must be discarded after use.
- Under no circumstances must a used oral/enteral syringe be inserted into a bottle.

6.4.5. Dispersing tablets in water

- Place the tablet into a medicine pot and add an appropriate volume of water (10-15ml).
- Wait for the tablet to disperse or effervescent reaction to be complete. This may take a few minutes.
- Draw the solution up into a 50ml oral/enteral syringe.
- Administer the dose to the patient.
- Rinse the oral/enteral syringe with more water and administer to the patient.

6.4.6. Crushing tablets

- A tablet crusher must be used.
- Place the required tablet in the crushing device and crush to a powder.
- Add an appropriate volume of water (ideally 10-15ml) and mix well.
- Draw up the solution into a 50ml oral/enteral syringe.
- Administer the dose to the patient.
- Rinse out the crushing device with water, draw up into the syringe and administer this to the patient.
- The crushing device must be washed and dried thoroughly after use.

6.4.7. Opening capsules

- Open the capsule and tip the powder into a medicine pot.
- Mix the powder with an appropriate volume of water (ideally 10-15ml).
- Draw up the solution into a 50ml oral/enteral syringe.
- Administer the dose to the patient.
- Rinse the medicine pot, draw up into the syringe and administer this to the patient.

6.4.8. Administration of Bolus Enteral Feeds

Bolus feeds must be administered using a 60ml oral/enteral syringe.

6.5. Discharge

- Ward nursing staff are responsible for notifying the dietician and the pharmacist in a timely fashion when the discharge is planned.
- Ward nursing staff are responsible for ensuring patients or their carers can safely administer their medicines via their enteral tube prior to discharge (6).
- The prescriber must specify the route of administration on the discharge prescription.
- Nursing staff will provide an appropriate supply of oral/enteral syringes at discharge for use in the community.
    - **Reusable/washable** oral syringes should be supplied on discharge which are available from pharmacy. These syringes can be used for up to 14 days.
    - Do not supply the single use oral syringes stocked on the ward for discharge.
- The Pharmacy department will supply oral/enteral syringes with a patient information leaflet for the following patient groups:
    - All outpatient prescriptions for oral liquid medicines
    - All newly started oral liquid medicines on discharge prescriptions
- Where appropriate a tablet crusher may also need to be supplied on discharge.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Availability of oral syringes at ward level across the trust	Medicines Safety Officer	Audit – part of medicines safe storage & security audit	Every 6-12 months	Medicines Safety Group
Incidents	Medicines Safety Officer	Review of Datix reports	Continuous	Medicines Safety Group

8.0 TRAINING AND IMPLEMENTATION

The ward leader will be responsible for ensuring relevant nursing staff have undergone one to one training and are deemed competent to practice. The Trust Nutrition Nurse will assist with this where deemed necessary.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix A
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix B

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

1. National Patient Safety Agency (NPSA) Patient Safety Alert; Promoting safer measurement and administration of liquid medicines via oral and other enteral routes, March 2007
2. RPS and RCN Professional Guidance on the Administration of Medicines in Healthcare Setting, January 2019. Admin of Meds prof guidance.pdf (rpharms.com)
3. White R & Bradnam V, Handbook of Drug Administration via Enteral Feeding Tubes. Pharmaceutical Press. www.medicinescomplete.com Last updated 15th February 2018. Accessed 26th May 2021
4. British Association for Parenteral and Enteral Nutrition: Administering medicines via enteral feeding tubes https://www.bapen.org.uk/nutrition-support/enteral-nutrition/medications Last Updated: 07 October 2017. Accessed 26th May 2021
5. British Association for Parenteral and Enteral Nutrition: Administering drugs via enteral feeding tubes A practical guide Bapen Poster A3
6. National Institute for Health and Clinical Excellence (March 2012) Infection control. Prevention of healthcare associated infection in primary and community care. Department of Health, London.

Related SFHFT Documents:

- Medicines Policy
- 'Percutaneous Endoscopic/ Radiologically placed Gastrostomy and Percutaenous Endoscopic/ Radiologically placed Gastrojejunostomy feeding tube – Policy of the care and Management in adults'
- Nasogastric (NG) & Nasojejunal (NJ) feeding tubes – Policy for insertion and manamagement in adult patients (excludes paediatrics and neonates)

11.0 KEYWORDS

- ENFit
- Percutaneous Endoscopic Gastrostomy (PEG) tube
- Percutaneous Endoscopic Gastrojejunostomy (PEG-J) tube
- Radiologically Inserted Gastrostomy (RIG) tube
- Radiologically Inserted Gastrojejunostomy (RIG-J) tube
- Nasogastric (NG) tube
- Nasojejunal (NJ) tube
- for the use

12.0 APPENDICES

Appendix A – Equality Impact Assessment
Appendix B – Environmental Impact Assessment

APPENDIX A – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Syringes use to administer flushes, feeds and medication via the oral and enteral routes policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 26.05.21			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity:	None	NA	None
Gender:	None	NA	None
Age:	None	NA	None
Religion:	None	NA	None
Disability:	None	NA	None
Sexuality:	None	NA	None
Pregnancy and Maternity:	None	NA	None
Gender Reassignment:	None	NA	None
Marriage and Civil Partnership:	None	NA	None

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):	None	NA	None

What consultation with protected characteristic groups including patient groups have you carried out?

- None

What data or information did you use in support of this EqIA?

- None

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- No

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: Cath Fletcher, Clinical Pharmacy Services Manager

Signature: Mark Clymer

Date: 26.05.2021

APPENDIX B – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/ No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	Yes Yes Yes	Oral/enteral syringes are single use due to the risk of contamination of medicine formulations and therefore increased infection control risk to patients. Limit usage of oral syringes to commercial liquids in bottles and when administering via enteral tubes. Dispersible medicines/crushed tablets and opened capsule contents to be mixed with water in medicine pots instead of oral syringes.
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No No	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	Yes No No	Enteral feeding tubes require multiple water flushes during medicine administration to ensure patency is maintained. Loss of patency may require the tube to be replaced
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No N/A N/A	

Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	Yes	Increased waste disposal
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	