

## Emergency Oxygen Administration Policy

Inmind Reference:	CLN17
Category:	Clinical Policies
Version Number:	1.5
Reviewed on:	February 2019
Next review date:	February 2021
Lead Officer:	Director of Nursing
Equality Impact Assessment completed:	Yes

### Applicable Legislation/Regulations:

The Care Act 2014

### Codes of Practice:

BTS Guidance for oxygen use in adults in healthcare and emergency settings (May 2017)  
<https://www.brit-thoracic.org.uk/document-library/clinical-information/oxygen/2017-emergency-oxygen-guideline/bts-guideline-for-oxygen-use-in-adults-in-healthcare-and-emergency-settings/>

### Purpose:

To ensure that all staff required to use emergency oxygen have the skills and competence to do so.

### Version Control Table

Date Ratified	Version Number	Status
Feb 2018	1.4	Closed
Feb 2019	1.5	Live
Date	Key Revision	
15/02/18	Reference to updated BTS guidance (May 2017). The 2017 guidance is based on new evidence about how effective prescribing and delivery of emergency oxygen for patients can both improve health and save lives.	
Feb 2019	Reviewed – No change	

*Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).*

### Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

## 1.0 The Policy

- a) The purpose of this policy is to provide guidance for all clinical staff managing patients being treated with oxygen so that oxygen therapy is always used in an optimal and safe way and to reduce adverse events associated with oxygen therapy.
- b) Inmind Healthcare Group will ensure that all staff involved in the use of oxygen have the appropriate training and support to do so safely.
- c) Inmind Healthcare Group will ensure clinicians use the new guidance on emergency oxygen to save lives published by British Thoracic Society in May 2017. The rationale for giving emergency oxygen treatment is to treat low blood oxygen levels (hypoxaemia) where the body's cells are starved of oxygen, which can cause damage to vital organs which can lead to death.

## 2.0 The Procedure

### 2.1 Use of oxygen in an emergency

- a) Wherever there is a supply of oxygen held for emergency use, registered nurses should have the required competencies to carry out an assessment of the service user leading to a diagnosis that treatment is required and to administer the oxygen. Oxygen cylinder should be of a sufficient size to be easily portable but also allow for adequate flow rates, e.g. a minimum of 10 litres per minute until the arrival of the emergency services. Oxygen is administered for adults through an oxygen mask and tubing.
- b) Oxygen is used as a first response measure to maintain an adequate oxygen supply while awaiting the arrival of emergency services. Examples, when to administer oxygen may include: Respiratory distress, carbon monoxide poisoning, cardiac arrest or myocardial infarction, and anaphylactic shock
- c) In an emergency, oxygen may be administered by registered nurses without a prescription.  
To correct potentially harmful hypoxaemia  
To alleviate breathlessness (only if hypoxaemic)  
Oxygen has not been proven to have any consistent effect  
on the sensation of breathlessness in non-hypoxaemic patients.
- d) Take the oxygen cylinder to the service user and explain to the service user why oxygen is being used and its effects.
- e) Oxygen delivery relies on maintaining an open airway for the service user.
- f) Check that the airway is clear.
- g) Administer oxygen at a high flow rate a minimum of 10 litres/minute using the supplied mask and tubing mask.

- h) Continue with other first response measures/monitoring required until the emergency services arrive.
- i) NB: Care must be taken when giving emergency oxygen to service users with chronic obstructive pulmonary disease as this will eventually increase respiratory distress. However the administration of oxygen for a short period of time will prevent damage to the vital organs due to lack of oxygen.

## 2.2 Weekly checks

- a) It is the responsibility of the qualified nursing staff to ensure that the oxygen cylinder is checked once a week, replacing out of date disposable items e.g. Mask, Tubing.
- b) There is sufficient oxygen in the cylinder. **A replacement cylinder should be available when the volume indicator gauge shows half full.**
- c) Ensure that the mask is attached to the cylinder by the tubing
- d) Before use, ensure the packaging from the tubing, masks have not been damaged or previously opened. (If the packaging, for the tubing and mask has been opened, these will no longer be sterile).
- e) After use the mask should be discarded in a clinical waste bag and with a new mask.

## 2.3 Storage

Health and safety requirements for storage are to be followed as outlined below in the key points:

- a) Before use, ensure the packaging from the tubing, masks have not been damaged or previously opened.
- b) Maintain a strict no-smoking policy.
- c) Ensure that all the staff are aware of the dangers of explosive gas.
- d) Whether in use or stored, the oxygen cylinder must be kept away from a heat source e.g. hot pipes and radiators.
- e) A system must be in place to ensure the oxygen cylinder is checked regularly, to ensure that there is sufficient oxygen and is in working order.
- f) If the oxygen cylinder cannot be opened easily it should be labelled describing the problem and returned to the supplier and a replacement obtained.
- g) The oxygen cylinder should be used and stored in a vertical position
- h) Following use, the oxygen cylinder must be turned off at the regulator valve
- i) Visually inspect the cylinder, valve and regulator for dents and bulges. If any defect noted/ found it should be reported to the Registered Manager, and or

Deputy Registered Manager immediately, so that a replacement cylinder can be ordered.

- j) The oxygen cylinder must be kept out of reach of unauthorised persons at all times.
- k) The oxygen cylinder should be stored in a clean room so that it does not attract dirt.
- l) There is a serious risk of fire if substances such as dirt, oil or cream (i.e. hand cream) contaminate the connections.
- m) The oxygen cylinder should only be cleaned by light dusting, if necessary.
- n) If there is a problem with dirt collecting on the connecting device the oxygen cylinder should be returned to the supplier and a replacement obtained
- o) The above check to be recorded dated and signed.

#### 2.4 Replacing and returning of the oxygen cylinder

When the oxygen cylinder is less than 50% full the nurse in charge should be informed and the Registered Manager and arrangements with the oxygen supplier should be made for the return and replacement of the used oxygen cylinder.