

Medicinal Oxygen Guidance for Care Homes in London

Oxygen is a medicinal product; it is therefore subject to medicine management protocols as well as safety precautions. All staff handling oxygen should ensure that all health and safety requirements are complied with at all times; oxygen in the custody of the care service will be handled according to the requirements of the Medicines Act 1968, the requirements of the Human Medicines Regulations 2012 and all nursing staff will abide by the Nursing and Midwifery Council (NMC) Standards for the administration of medicines.

Oxygen is used to treat hypoxia and should only be prescribed after specialist assessment for a specific indication, this may include long term therapy or ambulatory oxygen therapy.

Obtaining Medicinal Oxygen

- Patients must be assessed by an appropriately trained specialist for suitability for oxygen therapy.
- Oxygen therapy must only be supplied against a valid Home Oxygen Order Form (HOOF).
- An Initial Home Oxygen Risk Mitigation Form (IHORM) will have to be completed to ensure it is safe to prescribe oxygen along with a Home Oxygen Consent Form prior to oxygen being ordered.
- Oxygen is prescribed on a HOOF. The HOOF contains details of how the oxygen should be used. The HOOF is sent directly to the oxygen supplier who will then arrange for the delivery of oxygen. The Regional Supplier for London is Air Liquide.
- Further supplies should be ordered directly from Air Liquide.

Administration

- Oxygen must only be administered to the resident it has been prescribed for. The sharing of oxygen equipment between residents is not permitted.
- Do not administer oxygen to patients on ventilators/or with tracheostomy unless prescribed by a specialist.
- Staff caring for patients / residents on oxygen should have regular and on-going training.
- Residents being discharged from hospital to a care home must have a clear discharge care plan outlining indication for oxygen, target oxygen saturations, flow rate, hours per day of home oxygen prescription and follow-up plan. The follow-up plan must include guidance on monitoring the patient and escalation plan.
- Oxygen should be administered as prescribed and full details recorded in each resident's care plan. This should include the patient's target and achieved oxygen saturations, oxygen flow rate, frequency and duration of use, and the prescriber's details. Check these each time to make sure the oxygen is being administered correctly.
- Ensure the tubing and nasal cannulae/ masks are clean and in good condition. Replace them when needed. Only use them for the resident they were prescribed for.
- All patients receiving oxygen should have an annual specialist home oxygen review by the relevant home oxygen team or clinician. The GP should be informed if this does not occur.
- Advice and support relating to oxygen administration can be obtained from the Healthcare Professional who prescribed the oxygen. Air Liquide is available 24 hours, 7 days a week to provide advice on the use of oxygen equipment (0808 143 9991).
- Residents may be able to self-administer oxygen, but **only** after an appropriate risk assessment has been conducted to assess their ability to do so correctly and safely. This should be documented in the resident's care plan. The oxygen flow rate (Litres per Minute/Hours Per day) must be checked at each administration and must not be changed unless advised by the prescriber. Oxygen saturations should be monitored according to an agreed and feasible management plan.

Documentation

Oxygen prescriptions should be written in the care plan, stating the diagnostic reason, target oxygen saturations, actual oxygen saturations achieved, flow rate, duration and interface e.g. nasal cannula / face mask / tracheostomy's mask. For existing patients, seek clarification from the GP or specialist service. All patient's prescribed home oxygen should have an agreed escalation/advanced care plan documented with the support of the GP or specialist service. Records of the ordering, receipt, storage, administration and removal of oxygen must be maintained.

ALWAYS ensure record keeping is kept up to date.

Fire Risks

Materials burn much faster in oxygen than in air alone.

ALWAYS make sure fire alarms and smoke detectors are working.

ALWAYS makes sure a fire extinguisher is available.

NEVER smoke (including e-cigarettes) or let anyone smoke near oxygen equipment when it is in use.

Oxygen prescription for people who smoke poses a danger to themselves and others because of the fire risks.

Starting or continuing home oxygen in this group is strongly discouraged; residents who smoke and are on home oxygen should be highlighted as a matter of urgency to their GP and the specialist home oxygen team where available.

Residents with ambulatory oxygen who smoke outside still pose a risk to themselves and should be urgently reviewed.

NEVER use the oxygen equipment near (within 3 metres) of open fires or naked flames.

Storage & Use

ALWAYS follow the advice given by the Oxygen Supplier about the safest place to store and use oxygen equipment.

ALWAYS ensure oxygen equipment is stored in a well ventilated area, kept clean, dry and away from any sources of heat or fire e.g. convection heaters, gas or electric fires, gas cookers etc.

ALWAYS complete a risk assessment for each resident to minimise the risks associated with the storage and use of oxygen.

ALWAYS inform emergency service personnel about the oxygen cylinder storage areas in the event of a fire alarm or fire. Warning signage should be used for cylinder storage areas.

ALWAYS make sure oxygen cylinders are stored securely to prevent the cylinder from falling

ALWAYS store oxygen concentrators upright. Plug them directly into the mains. Do not use an extension lead.

ALWAYS place statutory hazard notices in areas where oxygen is stored. This includes the person's room.

NEVER store oxygen equipment close to paint, oil, grease or any domestic heating gases e.g. in a garage or shed where these items may be stored.

NEVER keep combustible materials near oxygen equipment e.g. newspapers, magazines, clothing, and other items that may burn easily.

In a nursing home, back up cylinders and cylinders not in use must be kept in a secure locked area with warning notices.

All oxygen equipment should be labelled for the individual resident's use.

Check the expiry date of the oxygen cylinders on a regular basis.

Ensure that oxygen concentrators are serviced and maintained in accordance with both the manufacturer's and Air Liquide's policies

Oxygen Safety

Materials will become saturated with oxygen and may burn very quickly and fiercely if they catch fire.

ALWAYS turn off the oxygen equipment when not in use.

ALWAYS use or store oxygen equipment in a well ventilated area.

NEVER place oxygen equipment near curtains or cover it up, as this may restrict the air circulation around it.

NEVER leave the cannula or mask on the bed or chair when oxygen equipment is switched on.

Oils & Grease

ALWAYS wash hands before handling the equipment to ensure no grease is present on the hands.

NEVER use oils or grease with oxygen equipment.

NEVER use yellow soft paraffin, Vaseline®, Vicks® or other oil based creams to soothe a sore area around the face when using oxygen equipment.

ONLY use water based soluble creams or products. Seek the advice of a Pharmacist for suitable water –based products.

<https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients>

Tubing

NEVER alter the length of tubing. This should only be altered by the supplier.

Take care with any tubing lying on the floor and make sure it doesn't become trapped, tangled or kinked.

Take care that residents, staff and visitors cannot trip over any tubing.

Cleaning & Hygiene

The concentrator filter (sponge) should be washed and cleaned once a week. The sponge should not be dried on a radiator as this will cause the sponge to shrink.

The nasal cannula should be changed at least once a month (more often if it becomes contaminated).

Repairs

Should the oxygen equipment fail for any reason, switch to the backup cylinder and call the Customer Helpline: 0808 143 9991.

NEVER attempt to repair or modify any fault or attach any equipment not supplied by Air Liquide.

Additional Information

Patient Safety Alert

Make sure staff are familiar with the 'Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders, 9th January 2018.

[\[https://improvement.nhs.uk/documents/2206/Patient_Safety_Alert_-_Failure_to_open_oxygen_cylinders.pdf\]](https://improvement.nhs.uk/documents/2206/Patient_Safety_Alert_-_Failure_to_open_oxygen_cylinders.pdf)

Policies and Procedures

- Consider a procedure to inform the emergency services of the location of oxygen if they attend a fire or fire alarm.
- Inform the local electricity board that a service user has home oxygen. This means that they will be aware of the special needs of the home if the power supply is ever interrupted.
- Have a policy for dealing with a person's oxygen needs when planning trips away. Air Liquide can provide their policy.
- Make Air Liquide's written information available to service users and their carers about home oxygen. This should include how to use it and the risks associated with:
 - smoking (including risks with electronic cigarettes)

- heat sources (such as heaters in bedrooms)
- flammable liquids (such as aerosols)
- petroleum-based products (such as yellow soft paraffin, Vaseline® or Vicks®)

Home oxygen equipment is the property of Air Liquide and is on loan to the resident. Return oxygen equipment to the supplier if it is no longer in use or out of date, also if a resident passes away.

References:

1. CQC Managing Oxygen in Care Homes FAQ
<https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-oxygen-care-homes>
2. Introduction to Home Oxygen: Air Liquide Homecare provider. Air Liquide Healthcare
3. London Clinical Oxygen Network Responsible Oxygen Prescribing Messages <https://www.networks.nhs.uk/nhs-networks/london-lungs/london-clinical-oxygen-network-lcon>
4. London Respiratory Network Guidance: Oxygen therapy outside acute settings during the COVID 19 pandemic