TITLE
USE OF PORTABLE OXYGEN DURING PATIENT TRANSFERS

SCOPE
Provincial: Acute Care

APPROVAL AUTHORITY
Clinical Operations Executive Committee

SPONSOR
Vice President & Chief Health Operations Officer Northern Alberta; Vice President & Chief Health Operations Officer Central & Southern Alberta

PARENT DOCUMENT TITLE, TYPE AND NUMBER
Not applicable

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at policy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To maintain a sufficient supply of portable oxygen while patients are being transferred or mobilized within the Acute Care setting.

- To provide direction and accountabilities for use of portable oxygen and completion of an oxygen transfer ticket in the Acute Care setting (refer to the Alberta Health Services [AHS] Oxygen E Size Cylinder Transfer Ticket Form and/or the Liquid Oxygen Transfer Ticket Form).

PRINCIPLES

- Patients receiving oxygen therapy are at risk for complications due to an inadvertent discontinuation of oxygen or change in clinically prescribed flow. This risk increases significantly during use of portable oxygen devices, as inadvertent discontinuation may occur and may not be immediately recognized.

- Use of portable oxygen devices in Acute Care settings requires vigilant monitoring by health care providers, and an awareness of the limitations of the device.

- The preferred source of portable oxygen for patient transfers is the E-size cylinder. If cylinders are not available, the use of portable liquid oxygen is permitted and health care providers should be aware of the specific precautions required for its use.
APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary), working in Acute Care settings.

ELEMENTS

1. Oxygen Transfer Ticket

1.1 Health care professionals from the originating location shall initiate an oxygen transfer ticket, which accompanies every patient being transferred on portable oxygen within Acute Care settings (see exceptions in section 1.2 and 1.3 below and refer to the AHS Oxygen E Size Cylinder Transfer Ticket Form and/or the Liquid Oxygen Transfer Ticket Form).

   a) The oxygen transfer ticket shall remain on the outside of the chart or where it is visible to the accompanying provider for the duration the patient is away from their originating location.

1.2 Patients moving from Critical Care Units and from Operating Rooms to Post-Operative Recovery shall be accompanied by a health care professional during transfer. In these scenarios, completion of an oxygen transfer ticket is strongly encouraged; however, the health care professional shall determine whether an oxygen transfer ticket is required.

   a) The above referenced personnel shall be compliant with all other elements of this policy.

1.3 Personnel responding to local emergency situations (including but not limited to Code teams and Rapid Response teams) in any Acute Care setting are exempt from completing an oxygen transfer ticket.

   a) The above referenced personnel shall be compliant with all other elements of this policy.

2. Personnel and Training

2.1 The care and management of patients receiving portable oxygen therapy is restricted to personnel who demonstrate competency in portable oxygen management.

2.2 Education and training shall be provided to all personnel transferring patients with portable oxygen equipment, in accordance with their roles and responsibilities. This education shall include:

   a) recognizing when a portable oxygen source needs to be replaced and when to seek assistance, per facility practice;
b) assessing the duration of use of a portable oxygen source, per facility practice;

c) turning a portable oxygen source on and off, per facility practice; and

d) transitioning between a permanent oxygen source (i.e., a wall outlet) and a portable oxygen source, per facility practice.

2.3 It is the responsibility of every health care provider involved in patient transfers within Acute Care settings to maintain knowledge, skills, and competency in the use of portable oxygen equipment.

3. **Assessment of a Patient’s Respiratory Risk**

3.1 Patients who require portable oxygen therapy shall be assessed for the level of risk of respiratory decompensation during patient transfers.

3.2 Health care professionals in the originating location shall, in conjunction with the most responsible health practitioner (MRHP) and Respiratory Services (if required and available), determine the:

   a) level of risk; and

   b) appropriate personnel to accompany the patient during transfer with a portable oxygen source.

3.3 Subject to the exemptions in sections 1.2 and 1.3, health care professionals in the originating location shall document the assessment results on the oxygen transfer ticket (refer to AHS Oxygen E Size Cylinder Transfer Ticket form and/or the Liquid Oxygen Transfer Ticket form). Subject to sections 1.1 and 1.2, a new oxygen transfer ticket shall be initiated every time the patient leaves their originating location. Once the patient is returned to their final location, the form shall not be reused.

3.4 Subject to section 3.5, the appropriate personnel shall be designated by a health care professional in the originating location (see section 3.2) to accompany the patient during transfer, in accordance with the patient’s level of risk.

   a) A trained health care professional competent in management of a patient on oxygen shall accompany patients determined to be in the high risk category (see section 3.6) during a transfer.

   b) A trained health care provider competent with portable oxygen equipment should accompany patients determined to be in the low risk category (see section 3.7) during a transfer.

3.5 In certain circumstances, despite the patient’s level of risk, it may be prudent for a health care professional to accompany the patient during transfer. Additional factors to consider for appropriate determination of personnel required to accompany the patient are:
a) duration and distance of the transfer; and
b) ability of receiving location(s)’ personnel to assume responsibility for the patient on arrival.

3.6 Criteria to identify high risk patients:

a) requires eight (8) litres per minute (LPM) or greater of oxygen; or
b) requires high flow oxygen and greater than 50% concentration; or

c) any patient requiring extra support and monitoring due to a medical condition or diagnosis, or as determined by clinical care team or policy.

Note: the pediatric and neonatal patient population may be considered high risk at significantly lower oxygen flowrates or support levels than an adult patient on comparable settings.

3.7 Low risk category patients include all other patients not identified in the high risk category.

3.8 Where a health care professional from the originating location is not available to transfer a high risk patient, the MRHP shall be notified, and either:

a) the transfer shall be delayed until such time as a health care professional is available to accompany the patient; or

b) a health care professional competent in management of a patient on oxygen is available from another area to perform the transfer; or

3) specific instructions are obtained from the MRHP.

4. Personnel Responsibilities During Transfer

4.1 In the originating location, the health care professional preparing a patient for transfer shall:

a) initiate an oxygen transfer ticket (refer to AHS Oxygen E Size Cylinder Transfer Ticket form and/or the Liquid Oxygen Transfer Ticket form);

b) perform a respiratory assessment prior to transfer;

c) make the decision to provide or assign care to another health care provider for the following:

(i) prepare the portable oxygen equipment;

(ii) confirm oxygen flow and current capacity of the portable oxygen source;

(iii) ensure safe transfer from the permanent oxygen source (i.e. wall oxygen) to the portable oxygen source; and
(iv) provide the appropriate oxygen transfer ticket to the designated accompanying personnel.

4.2 During transfer, the accompanying health care provider (designated per section 3.4) shall:

a) before departure, review the oxygen transfer ticket for completeness and verify with the originating location’s personnel;

b) accompany the patient:

(i) for high risk patients (see section 3.6), the health care professional shall remain with the patient and monitor oxygen supply;

(ii) for low risk patients (see section 3.7), the health care provider shall provide the oxygen transfer ticket to the receiving location’s personnel and communicate whether or not the patient requires an alternate source of oxygen per facility practice; and

c) notify the receiving location(s) of the patient’s arrival.

4.3 In the receiving location(s):

a) For high risk patients (see section 3.6):

(i) Treatment and care shall be provided by the accompanying health care professional until the patient is at their final location and placed onto a permanent oxygen source per section 4.4; and

(ii) the receiving health care providers shall verify and complete the oxygen transfer ticket upon arrival and prior to any subsequent transfers;

b) For low risk patients (see section 3.7):

(i) upon patient arrival, the receiving location’s health care provider shall verify and complete the oxygen transfer ticket and confirm an appropriate source of oxygen is properly connected, as indicated on the oxygen transfer ticket; and

(ii) the receiving location’s health care provider shall assume responsibility for the patient;

c) If a patient is transferred to more than one location: prior to the transfer to the next location, the accompanying health care professional (for high risk patients) or health care provider (for low risk patients) shall verify and complete the existing oxygen transfer ticket and confirm a safe amount of portable oxygen is available for the transfer.
4.4 Upon arrival at the final location, the health care provider accompanying the patient shall:

a) confirm the patient’s oxygen supply has been transferred from a portable oxygen source to a permanent oxygen source, per facility practice; and

b) provide a verbal report, along with the completed oxygen transfer ticket to the final location’s health care professional and receive acknowledgement from the receiving location that they accept care, per facility practice.

4.5 As soon as practical at the final location, a health care professional from the final location shall complete a respiratory assessment.

5. Complications During Patient Transfer

5.1 Should a patient’s respiratory status deteriorate during transfer, the accompanying health care provider shall seek immediate assistance and follow the site-based protocol for a patient in distress. This may include, but is not limited to:

a) seeking help at the nearest patient care unit; or

b) paging the MRHP stat; or

c) activating the Rapid Response team; or

d) activating the Code Blue team.

6. Patient Mobility

6.1 It is recognized that patients may require portable oxygen in order to move around or outside of their room.

a) Portable oxygen equipment should not be removed from an AHS facility.

b) Any patients given special consideration to use combustible products on AHS property (in accordance with the AHS Tobacco and Smoke-Free Environments Policy) shall first be assessed by a health care professional for their need of oxygen therapy while mobile; use of oxygen in the vicinity of combustibles shall be avoided at all costs. Health care providers who become aware that the patient may attempt to engage in smoking behaviours or be in close proximity with those engaged in smoking behaviours should alert and seek guidance from their unit manager.

6.2 Patients categorized as high risk (see section 3.6) and on a portable oxygen supply should not leave their room unless accompanied by a health care professional.

6.3 Patients categorized as low risk (see section 3.7), who may or may not be accompanied, may move around on a portable oxygen source, per facility
practice, and without an oxygen transfer ticket, providing they (and their alternate decision maker, if applicable) are educated in:

a) the use of portable oxygen;

b) oxygen safety, including the dangers of combustibles such as cigarettes, e-cigarettes and cannabis;

c) the maximum safe duration they should be away from their originating location; and

d) the importance of communicating their oxygen therapy requirements to their health care providers.

6.4 Patients with their own oxygen source shall be provided with AHS’ portable oxygen source for the duration of their hospital stay.

7. Documentation

7.1 All assessments, treatments, interventions and observations performed by health care providers shall be documented in the patient’s health record.

Note: In cases where it appears the patient may disregard safety recommendations: include discussions regarding risk.

7.2 The oxygen transfer ticket shall be retained in the patient’s health record upon completion of a patient transfer.

7.3 The AHS Reporting and Learning System (RLS) is recommended to report any safety concerns specific to transferring patients on portable oxygen including, but not limited to:

a) close calls;

b) adverse events;

c) delays in treatment; and

d) situations in which the appropriate level of personnel to meet the patient’s identified level of risk was not available (refer to AHS Reporting of Clinical Adverse Events, Close Calls and Hazards Policy).

7.4 RLS submissions are the responsibilities of health care providers and health care professionals with access to the reporting system.

DEFINITIONS

Alberta Health Services (AHS) facility means any facility, property, or ground owned, operated, leased or funded by AHS.
**Emergency situation** means a circumstance which requires health care that is necessary to preserve life, to prevent serious physical or mental harm, or to alleviate severe pain.

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* or the *Health Professions Act*, and who practises within scope or role.

**Health care provider** means any person who provides goods or services to a patient, inclusive of health care professionals, personnel, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

**Health record** means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

**Most responsible health practitioner (MRHP)** means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s), within the scope of his/her practice.

**REFERENCES**

- Alberta Health Services Governance Documents:
  - Oxygen Management Guideline (#HCS-111-01)
  - Reporting of Clinical Adverse Events, Close Calls, and Hazards Policy (#PS-11)
  - Tobacco and Smoke-Free Environments Policy (#1134)
  - Alberta Government Tobacco Reduction Act
- Alberta Health Services Forms:
  - Oxygen E Size Cylinder Transfer Ticket Form (#20738)
  - Liquid Oxygen Transfer Ticket Form (#20739)
- Alberta Health Services Resources:
  - Oxygen Management Learning Modules
    - Oxygen Therapy for Acute Adult Inpatients Learning Module for Category 1 and 2 Personnel
    - Oxygen Therapy for Acute Care Inpatients Learning Module for Category 3 Personnel
  - MyLearningLink quizzes for the learning modules:
    - Oxygen Therapy Quiz for Allied Health Category 1 and 2
    - Oxygen Therapy Quiz for Allied Health Category 3
  - Reporting and Learning System (RLS)

**VERSION HISTORY**

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<tr>
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