

TITLE

USE OF PORTABLE OXYGEN DURING PATIENT TRANSFERS

SCOPE

Provincial: Acute Care

DOCUMENT

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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.

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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).

ELEMENTS

1. Oxygen Transfer Ticket

- 1.1 **Health care professionals** from the originating location must initiate an oxygen transfer ticket, which accompanies every patient being transferred on portable oxygen within Acute Care settings (see exceptions in section 1.2, 1.3 and 1.4 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 must remain visible to the accompanying provider (e.g., outside of the chart) for the entire time the patient is away from their originating location.
- 1.2 Patients moving from Critical Care Units and from Operating Rooms to Post-Operative Recovery must 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 must determine whether an oxygen transfer ticket is required as per section 3 below.
 - a) The above referenced health care provider must be compliant with all other elements of this policy.
- 1.3 Health care providers 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 health care providers must be compliant with all other elements of this policy.
- 1.4 Alternate processes to completion of transfer ticket:
 - a) Site Leadership may define alternate processes to completion of the Transfer Ticket only if the patient meets the low risk criteria (see section 3 below) and is:
 - (i) admitted to a smaller remote facility (excludes regional and larger sized rural facilities);
 - (ii) being transferred on the same floor; and
 - (iii) accompanied by the same health care professional throughout their transfer.

- b) Site leadership must periodically review the effectiveness of alternate processes based on site-level safety events and other site considerations.

2. Responsibilities and Training

- 2.1 The care and management of patients receiving portable oxygen therapy is restricted to health care professionals who demonstrate competency in portable oxygen management.
- 2.2 Education and training must be provided to all health care providers transferring patients with portable oxygen equipment, in accordance with their roles and responsibilities. This education must 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 must be assessed by a health care professional for their level of risk of respiratory decompensation during patient transfers.
- 3.2 Health care professionals in the originating location must, 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 health care provider to accompany the patient during transfer with a portable oxygen source.
- 3.3 Subject to the exceptions in sections 1.2, 1.3, and 1.4 above, health care professionals in the originating location must 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).

- 3.4 Subject to sections 1.1 and 1.2 above, a new oxygen transfer ticket must be initiated every time the patient leaves their originating location. Once the patient is returned to their final location, the form must not be reused.
- 3.5 Subject to section 3.5 below, the appropriate health care provider must be designated by a health care professional in the originating location (see section 3.2 above) 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 must accompany patients determined to meet the high risk patient criteria (see section 3.6 below) during a transfer.
- b) A trained health care provider competent with portable oxygen equipment should accompany patients determined to meet the low risk patient criteria (see section 3.7 below) during a transfer.
- 3.6 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 health care provider required to accompany the patient are:
- a) duration and distance of the transfer; and
- b) ability of receiving location(s)' health care provider to assume responsibility for the patient on arrival.
- 3.7 High risk patient criteria:
- 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 including altered cognition or decision-making capacity, or as determined by clinical care team or policy; or
- d) 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.
- 3.8 Low risk patient criteria include all patients who do not meet the high risk criteria.
- 3.9 Where a health care professional from the originating location is not available to transfer a patient meeting the high risk criteria, the MRHP must be notified, and either:
- a) the transfer must be delayed until such time as a health care professional is available to accompany the patient;

- b) a health care professional competent in management of a patient on oxygen is available from another area to perform the transfer; or
- c) specific instructions are obtained from the MRHP.

4. Responsibilities During Transfer

- 4.1 In the originating location, the health care professional preparing a patient for transfer must:
 - 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 health care provider.
- 4.2 During transfer, the accompanying health care provider (designated per section 3.4 above) must:
 - a) before departure, review the oxygen transfer ticket for completeness and verify with the originating location's health care provider;
 - b) accompany the patient:
 - (i) for patients considered high risk (see section 3.6 above), the health care professional must remain with the patient and monitor oxygen supply;
 - (ii) for patients considered low risk (see section 3.7 above), the health care provider must provide the oxygen transfer ticket to the receiving location's health care provider 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 patients considered high risk (see section 3.6 above):
 - (i) Treatment and care must 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 below; and
 - (ii) the receiving health care providers must verify and complete the oxygen transfer ticket upon arrival and prior to any subsequent transfers;
 - b) For patients considered low risk (see section 3.7 above):
 - (i) upon patient arrival, the receiving location's health care provider must 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 must assume responsibility for the patient as per site process;
 - 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 patients considered high risk) or health care provider (for patients considered low risk) must 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 patient's final location, the health care provider accompanying the patient must:
- 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 patient's final location, a health care professional from the patient's final location must 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 must 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*) must first be assessed by a health care professional for their need of oxygen therapy while mobile; use of oxygen in the vicinity of combustibles must be avoided at all costs.
 - (i) Health care providers who become aware that the patient may attempt to engage in smoking behaviours or be in proximity with those engaged in smoking behaviours should alert and seek guidance from their unit manager.
- 6.2 Patients who meet the high risk criteria (see section 3.6 above) and on a portable oxygen supply should not leave their room unless accompanied by a health care professional.
- 6.3 Patients who meet the low risk criteria (see section 3.7 above), accompanied or not, 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 as per site process which includes:
- 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;
 - d) the importance of communicating their oxygen therapy requirements to their health care providers; and
 - e) referral to the *Oxygen Therapy In The Hospital – A Guide For You and Your Family* patient care handout.
- 6.4 Patients with their own oxygen source must 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 must be documented in the patient's **health record**, including
- a) Any education provided in cases where:
 - (i) self-mobilizing patients meet the criteria for section 6.3 above; or
 - (ii) the health care team anticipates that the patient may disregard safety recommendations.
- 7.2 The oxygen transfer ticket must 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 health care provider to meet the patient's identified level of risk was not available (refer to AHS Recognizing, Responding To, and Learning From, *Hazards, Close Calls, and Clinical Adverse Events* Policy).
- 7.4 RLS submissions are the responsibilities of health care providers 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.

Site leadership means the individual(s) responsible for a specific facility of operation within AHS.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Oxygen Management Guideline (#HCS-111-01)*
 - *Recognizing, Responding To, and Learning From, Hazards, Close Calls, and Clinical Adverse Events Policy (#PS-95)*
 - *Tobacco and Smoke-Free Environments Policy (#1134)*
- Alberta Health Services Forms:
 - *Oxygen E Size Cylinder Transfer Ticket Form (#20738)*
 - *Liquid Oxygen Transfer Ticket Form (#20739)*
- Alberta Health Services Resources:
 - *Adult Oxygen Therapy Quick Reference Tool (Health Professions Strategy & Practice - Clinical Learning Resource)*
 - MyLearningLink quizzes for the learning modules:
 - *Oxygen Therapy Quiz for Allied Health Category 1 and 2*
 - *Oxygen Therapy Quiz for Allied Health Category 3*
 - 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*
 - *Oxygen Therapy in Acute Care Supplemental Information - Prudent Use of Oxygen Therapy (Frequently Asked Questions) (Health Professions Strategy & Practice – Clinical Learning Resource)*
 - *Reporting and Learning System (RLS)*
- Non-Alberta Health Services Documents:
 - *Oxygen Therapy In The Hospital – A Guide For You and Your Family Patient Care Handout (My Health Alberta – #404531)*
 - *Tobacco, Smoking and Vaping Reduction Act (Alberta)*

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