

Version 1.0 30<sup>th</sup> March 2020 COVID-19

## BACKGROUND

**Oxygen is the mainstay of treatment with patients needing admission to hospital with COVID-19 infection.**

As such it is important that all clinical staff who prescribe and administer oxygen are familiar with safe prescribing and administration of oxygen as well as understand the key risks around managing both piped and cylinder oxygen.

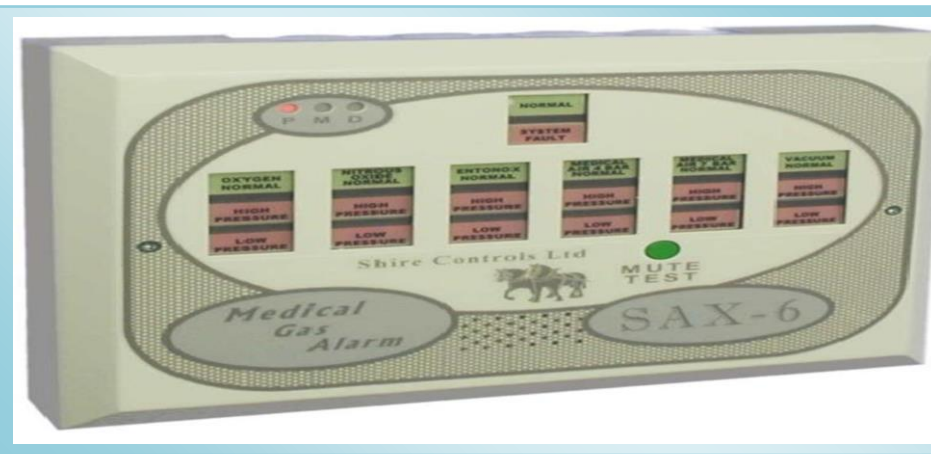
Given the amount of oxygen that will be potentially be in use we are critically dependent on piped oxygen. It is therefore important that staffs have an understanding of the alarm system in place for piped oxygen.

All ward and departments will have a medical gas alarm panel that will look similar to that below. In the event of an issue the alarm will activate. In normal operations the panel will have green lights indicating normal operation. If there is an issue the alarm states are as follows:

- a) High pressure
- b) Low pressure

Low or high-pressure alarms mean that there may be impact on the flow of oxygen and on devices connected to the supply, which may be dependent on adequate pressure to work correctly, so it is important that estates are notified immediately if the system alarms.

Cylinders should mainly be used to transfer patients and often in stressful clinical situations. Standard safety checks must still be done. Piped oxygen must be used where ever possible in patient treatment.



## Oxygen update – medical gas alarms and oxygen safety

### ACTION POINTS

#### For ward staff

1. **Identify where the medical gas alarm panel is in your area**
2. **In the event of alarm Estates must be contacted immediately**
  - a. **In hours call:**
    - i. **K&CH 722 3133 (also covers Folkestone & Dover)**
    - ii. **QEQMH 725 4293**
    - iii. **WHH 723 8431**
  - b. **Out of hours via the Clinical site manager**
- AWAIT ADVICE FROM ESTATES BEFORE TRANSFERRING THE PATIENT ONTO A CYLINDER**
3. **Ensure that all staff using devices that require to be plugged into the piped oxygen can differentiate between the oxygen outlets and medical air outlets**
4. **All clinical staff fully understand how to use cylinders safely.**
5. **Return any empty cylinders to the gas stores as soon as possible.**
6. **If clinical staff have not used oxygen recently revise your knowledge now.**

For further information please see:

Cylinder safety on the Trust intranet:

<https://www.ekhuft.nhs.uk/staff/clinical/drugs-and-therapeutics-committee/medical-gases/oxygen-cylinder-safety/>

EKHUFT Oxygen Cylinder Safety video

<https://video.ekhuft.nhs.uk/cumulusclips/videos/440/safe-use-of-oxygen-cylinders/>

See also the following patient safety alerts:

Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders: <https://www.england.nhs.uk/publication/failure-to-obtain-and-continue-flow-from-oxygen-cylinders/>

Reducing the risk of oxygen tubing being connected to air flowmeters:

<https://www.england.nhs.uk/2016/10/reducing-risk-oxygen-tubing-being-connected-air-flowmeters/>