



Team Name: Regional PCH Program Team Team Lead: Directors – PCH Approved by: Regional Lead – Community & Continuing Care	Reference Number: CLI.6410.PL.026 Program Area: Personal Care Homes Policy Section: General
Issue Date: March 15, 2023 Review Date: Revision Date:	Subject: Oxygen Therapy in Personal Care Homes

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POLICY SUBJECT:

Oxygen Therapy in Personal Care Homes (PCH)

PURPOSE:

Standardizing the processes related to oxygen therapy to ensure resident safety.

BOARD POLICY REFERENCE:

- Executive Limitation (EL-2) Treatment of Clients
- Executive Limitation (EL-3) Treatment of Staff
- Executive Limitation (EL-7) Asset Protection & Risk Management

POLICY:

Southern Health-Santé Sud is committed to resident safety and well-being, as well as risk reduction. Therefore, standardized processes related to oxygen therapy, equipment and care of equipment required to provide oxygen therapy have been developed.

CRITERIA FOR INITIATING OXYGEN THERAPY:

Oxygen therapy may be initiated if the resident experiences:

- Shortness of breath
- Discomfort, distress or anxiety which is relieved by administration of oxygen
- Hypoxemia
- Low oxygen saturation rates with related discomfort, distress or anxiety
- Respiratory distress related to a terminal illness/condition

IMPORTANT POINTS TO CONSIDER:

Oxygen is to be delivered primarily by nasal cannula. A simple face mask should be considered only for residents who are palliative or those who are to be transported to acute care.

Oxygen must be transported, stored and utilized in a safe manner according to the oxygen supplier's instructions.

If a resident is suffering from nasal dryness or epistaxis, a water-soluble lubricant may be helpful.

PROCEDURE:

Considerations when making admission decisions for applicants requiring oxygen therapy:

- The resident must meet Manitoba Health panel requirements.
- The resident must meet the eligibility criteria outlined by Manitoba Health: Home Care Program Administrative Manual - Policy HCS 207.7, Home Oxygen Concentrator Program.
- Decisions relative to the ability to admit a resident to a PCH must be made on a case-by-case basis and in consultation with the receiving PCH Leader, Home Care Case Coordinator and Prescriber.
- A Prescriber's order is required and must specify the dose (L/min).
- The complexity of respiratory care can be managed in the PCH.
- The necessary equipment is available in the PCH. Maximum flow rate for most oxygen concentrators in PCHs is 5 liters per minute. The ability to admit a resident with flow rates above that would be made on a case by case basis after consultation with Site Leadership, and the Prescriber.
- The required respiratory therapy/treatments are available and can be safely provided in the PCH.
- Acute care admission or re-admission is not anticipated or required at time of personal care home admission.

Managing a resident who requires oxygen therapy:

- If the resident presents with acute respiratory distress, pulse oximetry readings shall be measured and the prescriber shall be contacted. If it is deemed necessary, the resident may be transported to an acute care facility.
- Residents who are on long term oxygen therapy shall have a pulse oximetry reading completed and documented at quarterly review and as deemed medically necessary by the health care team.
- Residents who are palliative may be given oxygen for dyspnea/cough at 2-3 litres/minute by nasal prongs if SAO₂ is less than 90%, titrated to promote comfort, in accordance with Palliative Care Standard Orders.

The PCH managing a resident receiving oxygen therapy shall ensure:

- Appropriate staff receive ongoing education relative to the management of chronic respiratory diseases, respiratory assessment skills, indications for/appropriate use of oxygen therapy, identification/early intervention for exacerbations, and safe operation of all oxygen equipment.
- Timely clinical assessment is available for changes in resident condition.
- There is a concentrator available for the administration of short and long-term oxygen therapy.
- Appropriate infection control practices are followed in the safe utilization of the oxygen equipment (e.g. concentrator, tubing, humidification, etc.).
- There is an appropriate emergency back-up system in place for all oxygen dependent residents (e.g. H-cylinder tanks).
- All equipment is maintained by the PCH staff. The PCH will follow all minor maintenance (e.g. filter changes) and cleaning schedules as recommended by the manufacturer and records shall be maintained.
- All equipment is to be inspected regularly by Biomed as part of the regional contract.
- All nasal cannulas and tubing shall be changed once per month.
- The interdisciplinary team will review the need for and effectiveness of oxygen therapy as part of the resident's quarterly medication review. More frequent re-assessment may be required depending on the resident's condition.
- As part of the ongoing medical management of the resident receiving oxygen therapy, room air arterial blood gases may be required.
- If during the review, it is determined that a resident no longer requires oxygen therapy, the therapy will be discontinued.
- If the care requirements of the resident can no longer be met in the PCH, the resident will be assessed for transfer to another care facility.

Emergency Supply:

- Examples of appropriate back-up systems may include:
 - Emergency generator power
 - Wall oxygen system (non-electric)
 - H-cylinder

Portable Oxygen:

- Portable oxygen shall be provided by the personal care home for occasional use only.
- Those residents, who require portable oxygen for outings other than approved recreation programs, will be required to purchase their own in accordance with the Manitoba Health and Healthy Living Policy HCS 205.5 "Insured and Non-Insured Personal Care Services."
- Portable oxygen can be provided in a number of ways, including:
 - Liquid oxygen
 - E-cylinder tanks
 - Extended tubing
 - Portable oxygen concentrator

Humidification of Oxygen Therapy:

- Routine humidification of oxygen below 5 L/min via nasal cannula is not necessary and therefore humidification will not be provided. Humidifiers have a minimal impact at these flow rates, but significantly increase the risk of bacterial contamination of the oxygen equipment. The contamination potential requires a much higher frequency of equipment changes and requires the use of sterile distilled water only.

REFERENCES:

Manitoba Health Policy HSC 205.5, *Insured and Non-Insured Personal Care Services*

Manitoba Health Policy HSC 207.7, *Home Oxygen Concentrator Program*

Winnipeg Regional Health Authority (2006) *PCH Oxygen Therapy, Short Term 110.130.030*

Winnipeg Regional Health Authority (2006) *PCH Oxygen Therapy, Long Term 100.130.040*

CLI.5910.PL.007.FORM.01 Southern Health-Santé Sud (2016) *Palliative Care Standard Orders Forms*