

**OLIVE VIEW-UCLA MEDICAL CENTER  
RESPIRATORY CARE SERVICES - ADULT  
POLICY & PROCEDURE**

**NUMBER: 823  
VERSION: 1**

**SUBJECT/TITLE: EMERGENCY PLAN FOR HOSPITAL OXYGEN SYSTEM**

**POLICY:** The following procedure will be followed to restore the oxygen flow to the affected areas.

**PURPOSE:** To standardize the procedure in shutting off the oxygen system should the need arises during an emergency and restoring oxygen flow in an event that a partial or complete failure of the hospital oxygen system.

**Call the BEE's Room (ex. 6308) and report the failure.**

**DEPARTMENTS: RESPIRATORY CARE SERVICES**

**DEFINITIONS:**

**PROCEDURE: Respiratory Care Practitioner along with the Charge Nurse are responsible in shutting off the oxygen flow in an affected area should the need arises during an emergency.**

**5B North and 4B North ICU's:**

The two emergency shut off valves for the area are turned off and 2 "H" oxygen cylinders with wall quick connects are plugged onto the wall oxygen outlets and turned on at beds 1 and 12. All flowmeters in the area must be checked to ensure they are turned off unless they are delivering oxygen to a patient. The "H" cylinders must be continually monitored and changed as needed. Respiratory Care Services and or Facilities are responsible for retrieving and replacing the "H" cylinders as needed. Extra "H" cylinders are kept in the tank room on the loading dock, east exit first floor.

**5B South and 4B South ICU's:**

The two emergency shut off valves for the area are turned off and 2 "H" cylinders with wall quick connects are plugged into the wall oxygen outlet at beds 1 and 6 and are turned on. All flowmeters in the area must be checked to ensure they are turned off unless they are delivering oxygen to a patient. The "H" cylinder must be continuing monitored and changed as needed. Respiratory Care Services and or Facilities are responsible for retrieving and replacing the "H" cylinders as needed. Extra "H" cylinders are kept in the tank room on the loading dock, east exit first floor.

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**3C 105 NICU:**

The emergency shut off valve for the area is turned off and 1 “H” cylinder with a wall quick connect is plugged into the wall oxygen outlet at any bed and is turned on. All flowmeters in the area must be checked to ensure they are turned off unless they are delivering oxygen to a patient. All blenders not in use must be disconnected. The “H” cylinder must be continually monitored and changed as needed. Respiratory Care Services and or Facilities are responsible for retrieving and replacing the “H” cylinders as needed. Extra “H” cylinders are kept in the tank room on the loading dock, east exit first floor.

**3B and 3C Operating rooms:**

All Anastasia machines have a built in back up “E” cylinder oxygen tank. The Anastasia machine must be disconnected from the wall oxygen, not the nitrous oxide, and the auxiliary tank must be turned on. The “E” cylinders must be continually monitored and changed as needed by each Anesthesiologist. An oxygen cart containing 12 full “E” cylinders is kept in the 3B-tank room. Additional “E” cylinders are kept in the tank room on the loading dock and in the Respiratory Care Department and can be retrieved by Facilities and or Respiratory Therapy.

**All other floors:**

Any floor patients on oxygen will need a “E” cylinder, which are located on all gurneys and wheelchairs. Additional tanks are located in the Respiratory Care Department (6B102) and facilities. Each tank must be monitored and changed as needed.

References:	
Approved by: Edward Richard Lind (Chief of Respiratory Therapy), Nikhil Barot ()	Date: 07/11/2017
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Distribution: Respiratory Care
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