

Good Practice Guidance

Oxygen Use in Care Homes

Purpose of this guidance:

This guidance aims to support care home staff on how to store, handle and document the use of medical oxygen safely and securely within a care home setting.

What is Oxygen?

Oxygen is a medical gas and should be treated as a prescribed medicine. It involves breathing air that contains more oxygen than normal air from a cylinder or machine called a concentrator.^[1] Oxygen should be treated as a medication and recorded on the MAR chart/eMAR system and reference made to any oxygen chart used. The resident should have an oxygen care plan in place. Oxygen must only be prescribed by a specialist after a clinical review. This would usually be a respiratory health care professional. [General Practice can order oxygen in exceptional circumstances i.e. same day oxygen for end-of-life care (West Essex GPs can also order oxygen for non-respiratory conditions).]^[3]

Oxygen therapy:

Long term oxygen therapy (home oxygen) can be given via a:

- tube positioned under the nose (nasal cannula)
- face mask placed over the nose and mouth
- mask attached to an opening in the throat (tracheostomy) ^[1]

Refer to: [BNF Oxygen Treatment](#) for detail.

Oxygen Policy: Each care home should have a policy in place for oxygen use. It should include the following information:

- Local supplier information available for staff detailing information on appropriate cleaning of oxygen equipment and a process of maintenance which includes reporting faulty equipment and arranging replacements. Concentrators are serviced 6 monthly^[3].
- A risk assessment form and how often a review must happen (annually and when changes happen).
- Fire evacuation plans highlighting where oxygen is stored.
- Contact details of the local UK power network. Care home should contact their local network operator and provide details of their oxygen requirements.^[1] This ensures the network is aware of special needs and can prioritise reconnection in case of power



outages. Backup oxygen cylinders should be readily available in case of power failure. Refer to [Energy Networks Association](#)

- Appropriate written information for each resident or relative regarding risks associated with oxygen. Refer to: [Baywater Adult Oxygen Use Leaflet](#)
- Referral to self – administration policy if resident is self-administering the oxygen. Refer to: [HWE ICB Self-Administration GPG](#)
- Plan for ongoing training in safe oxygen storage and use for all staff involved in use of oxygen. Training should be documented. Contact local oxygen provider Baywater for training.^[3]

Record keeping:

Individual resident's care plan must detail:

- Clinical reason for the oxygen
- Named prescriber
- Prescribed flow rate
- Duration and device used
- Monitoring plan
- Normal oxygen saturations for the resident, both on air and on their usual oxygen therapy - this should be monitored in line with the care plan
- Details of target oxygen saturations
- Escalation plan in the case of clinical deterioration
- Details of the risk assessment including what date the risk assessment was done
- Personal emergency evacuation plan (PEEP)
- Named clinical respiratory team contact details.

Risk assessment should include the risks associated with:

- Smoking (including risks with electronic cigarettes)
- Heat sources (such as heaters in bedrooms)
- Flammable liquids (such as aerosols)
- Petroleum based products and other emollient products. Refer to: [Emollient and Risk of severe and fatal burns](#)
- Using electronic devices (such as laptops)

Patient Safety Alert:

Care home staff should be familiar with Patient Safety Alert 'Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders'. Refer to : [patient safety alert from January 2018](#).

Storage:

- Follow the manufacturer's advice on how to store oxygen.



- Store oxygen cylinders:
 - securely locked to prevent the cylinder from falling.
 - away from areas that would block escape routes or fire exits.
 - in well-ventilated areas.
 - away from heat and light sources.
 - in an area that is not used to store any other flammable materials.
 - away from combustible material (such as paper, cardboard, curtains). Ensure they are not covered by objects or items of clothing.^[1]
- Store oxygen concentrators:
 - upright and plugged directly into the mains. Do not use an extension lead. If they are not in use, ensure they are switched off.
 - in adequately ventilated areas around the concentrator.
- Place statutory hazard notices in areas where oxygen is stored. This includes the resident's bedroom.
- Ensure that fire alarms and smoke detectors are working.

Holding stock for emergency use:

If a care home hold supplies of oxygen for emergency use, appropriate equipment and storage should be available. The care home must have a written policy outlining how and when emergency oxygen is to be used. Staff must be regularly trained in emergency oxygen use and in the details of the policy.

Staff training:

All staff involved in the use of oxygen must have appropriate and ongoing training in safe oxygen storage and use including how to access and use an oxygen saturation probe.

See: [Primary care medicines support for people living in care homes](#)

Disposal:

Oxygen cylinders have an expiry date. Check the dates to make sure staff do not use out of date cylinders. If oxygen equipment is no longer needed or is out of date, contact the oxygen provider to remove it.^[3]



References:

- [1] Care Quality Commission (CQC): [CQC Managing Oxygen Care Homes - accessed online March 2025](#)
- [2] National Institute Clinical Excellence : [NICE SC1 - checklist for care home medicines policy - accessed online March 2025](#)
- [3] Herts and West Essex ICB Prescribing FAQ and Baywater Healthcare provider contact details: [HWE Oxygen contact details](#)

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