




**Department of  
Homeless Services**

PROCEDURE NUMBER 15-240

<b>Subject</b>	<b>Applicable To</b>	<b>Effective Date</b>
Oxygen Use in DHS Congregate Facilities and Programs	All DHS Directly Operated or Funded Congregate Facilities/ Programs Serving Homeless Individuals, and DHS Staff	June 10, 2015

<b>Administered By</b>	<b>Approved By</b>
Division of Adult Services Division of Family Services All DHS Funded Shelter Services Office of Health Care Policy and Administration	 Gilbert Taylor, Commissioner

**INTRODUCTION**

In healthy individuals, lungs absorb oxygen directly from the air during breathing. However, there are diseases and conditions that can impair the lungs' ability to absorb enough oxygen from the air, resulting in a need for Oxygen Therapy.

- Oxygen Therapy helps many patients to function better and be more active. It also may help;
- Decrease shortness of breath and fatigue (tiredness);
- Improve sleep in some people who have sleep-related breathing disorders; and/or
- Increase the lifespan of some people who have Chronic Obstructive Pulmonary Disease (COPD).

Oxygen is considered a medicine; it must be prescribed by a licensed Health Care Provider.

**PURPOSE**

To provide New York City Department of Homeless Services (DHS) directly operated or funded congregate facilities and programs direction about how clients safely use prescribed oxygen.

## **PROCESS**

### **A. Clients With Oxygen Concentrators**

1. Staff shall ask the client to provide a completed Health Care Provider Medical Verification Statement [signed and dated within the past six (6) months] to ensure that Oxygen Therapy has been appropriately prescribed. The form shall be scanned and uploaded into CARES.
2. Staff shall alert the Shift Supervisor and the on-site medical provider that a client with an Oxygen Concentrator has entered the facility.
3. An Oxygen Use Safety Flyer should be given to every client, prescribed Oxygen Therapy, either when entering the facility for the first time, upon request, or when deemed appropriate. A sample flyer can be found in Appendix B.
4. Staff shall assign the client to a dorm where an electrical outlet is readily available to plug in the Oxygen concentrator, and wherein, in the summer, air conditioning will be available.
5. Staff shall ensure that any rooms with clients who have Oxygen Concentrators have both “No Smoking” and “Oxygen in Use” signs posted on the walls, as well as a smoke alarm and a fire extinguisher. A sample flyer can be found in Appendix C.
6. In case of a power outage or failure, staff shall transfer clients with Oxygen Concentrators to another facility where electricity is available.

### **B. Tracking Clients' Use of Oxygen**

1. Facility staff shall keep a log, in a central location, of all clients who use oxygen concentrators, as well as their dorm locations and Health Care Provider Medical Verification Statements. This list must be available upon DHS inspections, inquiries or requests. On a monthly basis, this list must be sent to the DHS Program Administrator for the facility and to the DHS Office of Health Care Policy & Administration (fax: 917-637-7755).
2. In addition, use of an oxygen concentrator must be documented in the client's CARES Health Screen by answering “Yes” to the question, “Do you require portable oxygen?” Similarly, the use of oxygen by the client should be documented in CARES Case Notes. If the facility staff does not have authority to change this screen in CARES, staff shall reach out to the Program Administrator for assistance.

### **C. Clients Exiting DHS Facilities**

1. Upon departure from the Facility, a client must be reminded to take his or her oxygen concentrator and its supplies. If a client leaves the facility without notifying facility staff, that client's concentrator and its supplies must be bagged and stored in a safe place for a **maximum of seven (7) days**. If the client returns to the facility within seven (7) days, the concentrator and its supplies should be released to that client when a bed is assigned.
2. If a client doesn't return within 5 days, that client's Health Care Provider must be notified and asked what to do with the concentrator and its supplies. The shelter staff should follow the Health Care Provider's recommendations.
3. After seven (7) days of absence, a shelter provider is not obligated to store the client's oxygen concentrator and its supplies.

#### **D. Oxygen Delivery Systems Permitted in DHS Facilities and Programs**

*The only type of oxygen delivery system permitted in DHS congregate facilities and programs are oxygen concentrators. Oxygen tanks/cylinders of any size, containing liquid or compressed oxygen, are not allowed inside the facilities.*

An oxygen concentrator doesn't store oxygen. Rather, it continuously produces and distributes oxygen by pulling in the air around it and removing the nitrogen. The oxygen produced by concentrators is between 90-96% pure oxygen. About 80% of patients prescribed oxygen therapy use concentrators. The concentrator uses electricity/batteries, and consequently, is subject to power outages. The concentrator creates heat and produces noise (50 db). Finally, concentrators require maintenance visits, either quarterly or annually.

There are two types of concentrators on the market: Portable Oxygen Concentrator (weighing anywhere from 2 lbs to 30 lbs) and non-portable Oxygen Concentrator (average weight is 54 lbs – size of a nightstand) – both types are allowed in DHS congregate facilities and programs.

#### **E. Oxygen as Fire Hazard**

While oxygen itself is not explosive, oxygen accelerates combustion and is, therefore, a fire hazard. It is well-documented that most thermal burn injuries related to supplemental oxygen use started while the patient was lighting a cigarette. Fortunately, almost all supplemental oxygen-related injuries were non-life-threatening (e.g., facial flash burns, which constitute nearly 90% of all such injuries). Burns caused by smoking while on Oxygen Therapy account for only a small percentage of overall thermal burn injuries.

#### **F. Harm Reduction Strategies**

Harm reduction is a model of treatment which seeks to lessen the impact of a negative behavior on the health of a person who will not abandon the behavior. Therefore, clients who are smokers and use oxygen should be given education and warning information, assessed for compliance with DHS' no- smoking policies, counseled for non-compliance and offered smoking cessation opportunities.

## **G. Forms for Oxygen Use**

- Health Care Provider Medical Verification Statement
- Oxygen Use Safety Flyer
- DHS Incident Report
- Oxygen User Log
- Oxygen in Use Sign
- No Smoking Sign

## **H. Related Procedure**

- DHS Reasonable Accommodation Procedure for Clients with Disabilities No.11-005
- No Smoking – Client Code of Conduct

## **I. Definitions**

**Facility** – DHS-operated or DHS-contracted facility or program providing temporary housing assistance (“THA”) and social services to clients. Facilities include congregate shelters, drop-ins, safe havens, and stabilization beds.

**Health Care Provider** – a licensed medical practitioner.

**Oxygen Therapy** – a treatment in which a Health Care Provider prescribes use of oxygen. Also known as supplemental oxygen.

**Oxygen Concentrator** – a machine used to deliver oxygen in Oxygen Therapy. This device is used by a patient who has been prescribed Oxygen Therapy by a Health Care Provider.

## APPENDIX A

### **A. Health Care Provider's responsibility when prescribing Supplemental Oxygen**

A Health Care Provider's prescription for supplemental oxygen follows a thorough evaluation of the Patient to ensure that the treatment the patient is receiving is otherwise optimal and that supplemental oxygen is actually required..

During the evaluation, patients are asked about their smoking status, which they must disclose. The Health Care Provider must inform his/her patient about the fire hazard, and must ensure that he/she agrees with the safety precautions. Only a Health Care Provider can decide to withdraw supplemental oxygen, once prescribed.

A Health Care Provider Medical Verification Statement must be completed, signed and dated for each shelter client using an oxygen concentrator in a congregate facility. A copy of this statement should be scanned and uploaded into CARES. Any change to the client's health around the use of an oxygen concentrator requires an updated Health Care Provider Medical Verification Statement.

### **B. Health Care Provider Medical Verification Statement (Sample Language)**

Example of Health Care Provider Medical Verification Statement (should be placed in the case record). Any change to the Patient's health that would amend the criteria, listed below, requires an updated Health Care Provider Medical Verification Statement.

*This letter is my verification that (name) requires the use of supplemental oxygen while staying in shelter, and this requirement can be met through the use of an approved oxygen concentrator. I further verify the following:*

*I verify that this patient has the physical and cognitive ability to see, hear, and understand the device's aural and visual cautions and warnings, and is able, without assistance, to take appropriate actions in response to those cautions and warnings.*

*I verify that the patient's use of the oxygen concentrator is medically necessary and that I have prescribed supplemental oxygen for this patient's.*

*I duly informed the patient about hazards of smoking, while using oxygen, and that the patient agreed to comply with all safety rules.*

*I verify that my patient understands that the oxygen concentrator is the patient's sole responsibility, and that DHS is not responsible for providing oxygen concentrator-related equipment.*

*Oxygen Concentrator's trade name and model number:*

*Licensed Health Care Provider's Name*

*License number*

*Contact Information and Date*

## APPENDIX B

# Oxygen Use Safety

- Never smoke while using oxygen.
- Use of matches or lighters for any purpose is prohibited.
- Notify staff if anyone is smoking in the room.
- Do not use extension cords for your oxygen concentrator.
- Do not use any flammable products like cleaning fluids, paint thinners, or aerosol sprays while using oxygen.
- Keep all grease, oil and petroleum products and flammable materials away from oxygen equipment.
- Use water-based lubricants on your lips and hands. Do not use petroleum-based creams or lotions.
- Oxygen therapy can cause complications and side effects. These problems might include a dry or bloody nose, skin irritation from the nasal cannula or face mask, fatigue (tiredness), and morning headaches. If these problems persist, tell your medical provider.
- To make sure you're getting the full benefits of oxygen therapy, visit your medical provider regularly.



APPENDIX C



**OXYGEN  
IN USE  
No Smoking**



