TOPIC: Emergency Oxygen Administration

We have received numerous questions regarding the use of supplemental oxygen in emergency situations, such as “Should we? Can we? How do we? What if we don’t?” The first answer is easy, at least morally and ethically…OF COURSE. The question’s legality aspect falls under “Can we?”

That answer is a little more complex. In general the FDA (Food Drug Administration) considers U.S.P. (United States Pharmacopoeia) oxygen to be a prescription drug to be administered by a physician. That means that normally we cannot legally administer oxygen. An exception is recognized for equipment that:

1. can deliver U.S.P. oxygen at a rate of at least 6 liters per minute for a minimum of 15 minutes;
2. is labeled FOR EMERGENCY USE ONLY WHEN ADMINISTERED BY PROPERLY TRAINED PERSONNEL FOR OXYGEN DEFICIENCY AND RESUSCITATION. FOR ALL OTHER MEDICAL APPLICATIONS, RX ONLY; and
3. is utilized in a manner consistent with its labeling.

The lack of definition of terms creates some ambiguity. Certainly a person needing CPR (cardiopulmonary resuscitation) qualifies as an emergency. Other instances of acute respiratory need may involve some judgment, but since EMERGENCY USE is undefined and oxygen is not lethal, it is certainly wiser to err on the side of use than non-use.

The statute (not the label), does not define PROPERLY TRAINED PERSONNEL per se, but does say “as authorized, certified, or licensed by state authorities.” Thus, some states may have adopted legislation that requires specific training or otherwise restricts authorization. Lacking that, however, there is no legal impediment to administering emergency oxygen by those who have been trained to utilize the equipment on hand.

Once past the “Can we?” the “How do we?” is again pretty easy…we use it as we have been trained.

Included in the “What if …” category must also be the query “What if we do, and something goes wrong?” In many jurisdictions non-medical personnel are protected under Good Samaritan statutes if they have acted within the scope of their training. At the present time there is no legal requirement for us to have available or to administer oxygen to individuals in need. That will not keep us out of court, however, and the time appears to be coming where the standard of care (if not the law) will be that we must have oxygen available to administer if needed. Should we elect not to make such a provision and an oxygen-deficient emergency occurs in our facility, we may find ourselves to be the precedent-setting case that establishes emergency oxygen administration as the standard of care in our area.

For more information on this subject please also see AEDs and Oxygen in Aquatic Environments.

Please call us at 800-463-8546 to discuss this or any other risk management safety tip, or visit our web site at www.redwoodsgroup.com to learn more about YMCA risk management issues.