I. **Title**

*Medical Gas Cylinder Storage, Use and Transport.*

II. **Policy**

This policy applies to all departments and areas where medical gases are used stored or transported for patient care activities. Respiratory Care supplies oxygen for the transport of patients who require continuous oxygen therapy.

III. **Scope**

Nurses, Respiratory Care Practitioners, Patient Care Technicians, and Radiology/Transportation personnel trained to transport patients requiring continuous oxygen.

IV. **Definitions**

- **Combustible**—anything capable of undergoing combustion.
- **Nonflammable Gas**—a gas that does not support combustion. Examples include nitrogen, carbon dioxide, compressed air, oxygen and helium.
- **Oxidizing Gas**—a gas that supports combustion. Examples include oxygen and nitrous oxide.
- **Medical Gas**—specialized gas or gas mixtures used for patient care. Medical gas includes oxygen, medical air, nitrous oxide, nitrogen, carbon dioxide and other mixtures.
- **Full Cylinder**—cylinders that are unused and full on the pressure gauge (1800-2200 psig).
- **Empty Cylinder**—cylinders found in empty rack that are red on the pressure gauge (0 psig-500psig).
- **E Size Cylinder**—smaller cylinders containing 23 cubic feet of gas.
- **H Cylinder**—larger cylinders containing 337 cubic feet of gas.
- **Partial Cylinder**—a cylinder that has been used but is not in the red zone on the gauge (500-1800 psig).

V. **Relevant Federal and State Statutes**

- 2015 NFPA 99 Health Care Facilities Code
- 2016 NFPA 55 Compressed Gases and Cryogenic Fluids
- Joint Commission Environment of Care Standards, EC.02.01.01 and EC.02.06.01

VI. **Requirements**

Compressed gas cylinders have the potential to create a hazardous work environment if not handled, stored and used properly. Improper handling of compressed gas cylinders can potentially turn a cylinder into a lethal projectile. Improperly segregated cylinders can put patients at risk if a cylinder is accidentally used that does not contain an adequate supply of medical gas.

A. **Medical Gas Cylinder Storage**

When storing medical gases, in all cases the following applies:

1) Cylinders ‘in use’ are not counted in the aggregate volume calculation.
2) If Valve Protection Caps are provided, they must be in place and secured when cylinder is no longer in use. These are typically found on the H size cylinders.

3) Cylinders shall be physically supported by being secured in a rack, on a cart or in an enclosure designed for such cylinders at all times. Unsecured cylinders could fall, break the valve and become a projectile.

4) Freestanding cylinders should be properly chained or supported in a proper cylinder stand or cart.

5) Cylinders must be segregated and separated by Full/Partial and Empty so that staff select the proper cylinder during emergency situations.

6) Smoking, open flame, electric heating elements and other sources of ignition are prohibited within medical gas storage locations.

7) Cylinders must be kept away from heat and flammable materials. Temperatures cannot exceed 125°F.

8) Nitrous oxide and carbon dioxide cylinders shall not reach temperatures lower than manufacture recommendations or -20°F.

9) Oxygen cylinders, containers, and associated equipment are protected from contamination, damage, and contact with oil and grease.

**Less than 12 E size cylinders (less than 300 cubic feet) of nonflammable gas:**

1) Cylinders will not be required to be stored in enclosures.

2) Individual E size cylinders available for immediate use in patient care areas shall not be considered in storage.

**Storing more than 12, but less than 120, E size cylinders (300 but less than 3,000 cubic feet) of nonflammable gas:**

1) The storage locations should be outdoors in an enclosure or within an enclosed interior space constructed of non- or limited-combustible material.

2) Enclosure must have door (or gates outdoors) that can be secured. Room is not required to have a self-closing device and is not considered ‘hazardous’.

3) Oxidizing gases are not to be stored with flammables and are separated from combustibles by 20 feet (5 feet if building is sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2-hour fire protection rating.

4) In rooms used to store oxygen or medical air, doors shall be labelled:
   - **CAUTION:**
   - **OXIDIZING GAS(ES) STORED WITHIN**
   - **NO SMOKING**

5) Signs shall be located on storage room doors/fence and be visible from a distance of 5 ft.

**Storing more than 120 E size cylinders (more than 3,000 cubic feet) of nonflammable gas:**

1) The storage locations should be outdoors in an enclosure or within an enclosed interior space constructed of non- or limited-combustible material.

2) Enclosure must have door (or gates outdoors) that can be secured. Storage room doors much be self-closing.
3) Interior rooms used to store compressed gases shall be separated from the rest of the building by walls and floors having a one hour fire resistance rating with ¾ hour rated doors.

4) Oxidizing gases are not to be stored with flammables and are separated from combustibles by 20 feet (5 feet if building is sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2-hour fire protection rating.

5) In rooms used to store oxygen or medical air, doors shall be labelled:
   CAUTION:
   OXIDIZING GAS(ES) STORED WITHIN
   NO SMOKING

6) In rooms used to store positive pressure gases other than oxygen or medical air, doors shall be labelled:
   Positive Pressure Gases
   NO Smoking or Open Flame
   Room May Have Insufficient Oxygen
   Open Door and Allow Room to Ventilate Before Entering

7) Signs shall be located on storage room doors and be visible from a distance of 5 ft.

8) Indoor rooms used for compressed gas storage shall have mechanical exhaust ventilation or natural ventilation. Exhaust must not be recirculated.

9) Mechanical exhaust ventilation should be continuous and provide negative pressurization of enclosure. Ventilation must comply with the 2012 version of NFPA 99, section 9.3.7.

10) Enclosures housing oxygen cylinders at this quantity may not be used for any other purpose.

11) Electrical devices must be physically protected, either by the use of a protective barrier around the device or by locating the electrical devices at or above 5 feet above the finished floor, to prevent the possibility of the cylinders or container from coming in contact with the electrical device so as to avoid damaging cylinders or containers.

B. Medical Gas Cylinder Handling and Transport

1. Cylinders must be secured during transport in a rack, cart or in an enclosure designed for such cylinders, at all times.

2. Cylinders may not be place on a bed with a patient during transport. Cylinders must be secured in an appropriate cylinder holder on or under the bed.

3. Cylinders and associated equipment are protected from contamination, damage and contact with oil and grease.

4. Cylinders should not be draped with any materials such as hospital gowns, masks or caps.

5. Personnel handling cylinders should be trained on the hazards of compressed gas cylinders and proper handling techniques.
C. Medical Gas Cylinder Use
1. For emergency transport, use cylinders from ‘Full/Partial’ racks and ensure the gauge is full and following the UTMB Respiratory Care Services Procedure 7.3.35: Portable Oxygen Transport.
2. Use of the cylinders should be arranged so that they are used in the order received from the supplier.
3. Cylinders are considered in use if they are: being used by a patient, secured to equipment or located in a patient room ready for immediate use.
4. Adaptors or conversion fittings are prohibited.
5. Compressed gas cylinders, as well as any assemblies included with cylinders, shall not be present in the same room with MRIs unless it is proven to be non-magnetic or suitable for use in an MRI.
6. Cylinder labels shall not be defaced, altered, or removed and connecting fittings shall not be modified.
7. For each transport request, staff will use charts posted in storage locations to determine the length of time the cylinder will support the liter flow required for that case. Cylinders reading below 500 psi will not be used. Additional information can be found in UTMB Respiratory Care Services Procedure 7.3.35: Portable Oxygen Transport.
8. UTMB no longer uses liquid oxygen. Liquid Oxygen transfilling is prohibited in patient care areas.

VII. Roles and Responsibilities
A. Nursing:
1. Ensure no orphaned/unsecured cylinders exist.
2. If an orphaned/unsecured cylinder is found, it must be immediately placed in a rack or transported to one of the appropriate storage rooms. Locations of storage rooms can be found in Appendix.

B. Respiratory Care
1. Manage the cylinder program.
2. Pick up cylinders from storage locations and replenish stocks of full cylinders.

C. Transportation
1. When transporting patients with gas cylinders, the used cylinders must be left with patient in appropriate holder, returned to the original location or secured in a rack in any location.
2. Comply with this policy and UTMB Respiratory Care Services Procedure 7.3.35: Portable Oxygen Transport.

D. Environmental Health and Safety
1. Maintain Medical Gas Cylinder Policy.
2. Evaluate policy compliance during Environmental of Care Tours and other safety inspections and evaluations.
3. Report instances of noncompliance to appropriate individuals.
VIII. Related UTMB Policies and Procedures
UTMB Respiratory Care Services Procedure 7.3.35: Portable Oxygen Transport

IX. Appendix

Gas Cylinder Storage Room Locations

**Galveston Main Campus**
- John Sealy 2nd floor Burn unit clean storage 2.544
- John Sealy 4th floor O2 storage room next to the elevators 4.106
- John Sealy 4th floor Cath Lab clean storage 4.224
- John Sealy 9D PICU clean storage 9D8
- Emergency Department 2.914
- TDCJ O2 storage on 4th floor 4C52
- TDCJ Sally port 1st floor GA08
- CSW Transportation 2nd floor 2.504
- CSW Respiratory Care 5th floor tank room 5.300B
- Jennie Sealy 8, 9, 10 and 11th floor racks in staff elevator lobby’s
- Jennie Sealy 8th floor Jennie ABG lab 8.128
- Jennie Sealy 8D tank storage 8.722
- Jennie Sealy 4th OR 4.412
- McCullough 2nd floor Radiology 2.332
- Clinical Sciences Building 4th floor Endoscopy 4.224

**League City Campus**
- Emergency Department 1.424
- Respiratory Care Services 1.604
- PACU 1.312K
- Medical Surgery Unit 2.420
- ICU 2.830A

**Angleton Danbury Campus**
- PACU Recovery Room
- Operating Room Area
- Emergency Department 1.150
- ICU 2.131
- Respiratory Care Storage 2.116
- Med Surg South 2.246
- Labor and Delivery Nursery 2.320
- Radiology
Clear Lake Campus
Emergency Department : 1.142
Radiology Interventional : 1.325
Cath Lab : 2149
Or (Pre/Op) : 3.018
PACU : 3.434
ICU : 4.311
Med/Surg : 4.118
L&D : 5.218
Med/Surg : 6.203
ICU : 7.304
Med/Surg : 8.203

X. Dates Approved or Amended
Include origination date, dates of major or minor revisions and dates reviewed without changes.

<table>
<thead>
<tr>
<th>Originated: 07/20/2018</th>
<th>Reviewed with Changes</th>
<th>Reviewed without Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/26/2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>