Proposed Revision to the National Patient Safety Goal (NPSG) Related to Oxygen Fires

Home Care Accreditation Program

Goal 15: The organization identifies safety risks inherent in its patient population.

**NPSG.15.02.01**

1 Identify risks associated with home oxygen therapy such as home fires.

**Rationale for NPSG.15.02.01:**

Many sentinel events reported by home care programs to The Joint Commission were due to a fire in the patient’s home. In each case, when patients were injured or killed as a result of a home fire, home oxygen was in use.

**Rationale for NPSG.15.02.01:**

A critical aspect of safe patient care at home relates to the use of oxygen. Oxygen administration presents a high risk for fire due to the acceleration of flame that oxygen causes in the presence of flammable substances (such as upholstery and clothing) and open flames (such as candles, gas appliances, and smoking materials). Smoking is a major reason for burn incidents involving home medical oxygen therapy. The Joint Commission has reviewed more than 40 sentinel events for home health care patients who were either injured or killed as a result of a fire in the home. A Sentinel Event Alert (#17) was issued on March 1, 2001 that outlines risk factors, root causes, and risk reduction strategies for this serious patient safety problem.

This NPSG addresses the importance of a home oxygen assessment that identifies potential safety risks in the environment. Patients and families need to understand and modify behaviors that could lead to a serious safety event. For that reason, home care agencies that interact with their patients have a responsibility to reduce risk by assessing the environment and educating the patient and family. Issues to consider in both the home risk assessment and in patient and family education include whether or not the patient lives alone, the patient’s cognitive ability, and whether individuals smoke in the home.

An oxygen safety risk assessment should be conducted when oxygen therapy is initiated. However, when more than one organization provides services in the home, it is the responsibility of each organization to assess potential fire risks when its staff enters the home.
1. Conduct a home oxygen safety risk assessment that addresses at least the following:
   - Whether there are smoking materials in the home
   - Whether there are other fire safety risks in the home, such as the potential for open flames
   - Whether or not the home has functioning smoke detectors
   Note: Further information about risks associated with home oxygen therapy and risk reduction strategies can be found in Sentinel Event Alert 17.

2. Conduct a home oxygen safety risk assessment when oxygen therapy is initiated that addresses at least the following:
   - Whether there are smoking materials in the home
   - Whether there are other fire safety risks in the home, such as the potential for open flames
   - Whether or not the home has functioning smoke detectors
   Note: Functioning smoke detectors can be verified with the patient or family or by testing the smoke detectors, if they are accessible.
   Document the performance of the risk assessment.
   (Refer to EQ.01.02.01, EP 4; EQ.01.02.01, EP 7; EQ.01.03.01, EP 3)

3. Reevaluate potential fire risks at intervals established by the organization. Evidence of potential patient and/or family noncompliance is considered when intervals are established. Document the reevaluation of potential fire risks.

4. Inform the patient and family/caregiver of the findings of the safety risk assessment and educate the patient and family/caregiver about the causes of fire, precautions that can prevent fire-related injuries, and recommendations to address the specific identified risk.

5. Inform and educate the patient, family, and/or caregiver about the following:
   - The findings of the safety risk assessment
   - The causes of fire
   - Precautions that can prevent fire-related injuries
   - Recommendations to address the specific identified risk(s)
   Document the provision of information and education.

6. Assess the patient’s level of comprehension of and compliance with identified risks and suggested interventions.

7. Assess the patient’s and/or family’s level of comprehension of and compliance with identified risks and suggested interventions during home visits. Document this assessment.

8. Implement strategies to address patient and/or family compliance with oxygen safety precautions when unsafe practices are observed in the home.
   Note: Strategies may include additional education, placing written reminders in specific locations, notifying the patient’s physician.
   Document the implementation of strategies to address compliance.