

SUBMITTAL: TxO₂[®] Automated First Aid Oxygen unit

Provide supplemental oxygen for victims of cardiac arrest with this convenient, refillable oxygen unit.. Easy to Use - Up to 45 minutes of oxygen automatically flows to the CPR mask when handle is pulled. This lightweight unit features waterproof and rust-proof aluminum construction and can be wall-mounted or ordered with an alarmed cabinet .

SPECIFICATIONS:

Construction: Cradle & pull handle are 1/8" aluminum, cylinder is billet aluminum and gauges & flow indicator are Lexan®.

Dimensions: 20-1/4" x 5-11/16" x 6" including handle.

CPR Mask: For breathing or non-breathing victims (provides barrier against infectious pathogens). Automatically deploys when handle is pulled. O₂ is delivered through mask.

Contents: 320 Liters OXYGEN U.S.P. @ 1 atmosphere @ 70°F @ 2650 PSI service pressure

Weight (cylinder & components): 8.0 lbs., filled to 2650 PSI

Weight (in cradle): 12.1 lbs. filled to 2650 PSI

Flow: 6 1/2-LPM nominal - up to 45 minutes when filled to 2650 PSI. Red Off, Green On.

Gauge: Indicates flow time remaining in (5) five minute increments.

OPTIONAL FEATURES AT ADDITIONAL COST:

Surface or Recessed Cabinet with Alarm: 1600

Combination AED & Oxygen Cabinet with Alarm: 1900, 1600, 7900

(See Photos at Right, and use separate submittal)

NOTES:

No prescription required. The FDA does not require a prescription for emergency medical oxygen units which meet their criteria. (FDA re. Sept 1996)

Liability Insurance: None required TxO₂ is covered under most existing policies as "first aid equipment" - Good Samaritan Laws apply.

Refills/Service: Locally through Airgas, others. Mail order refill service available through GTS-Welco division of Praxair.

OSHA: Meets OSHA requirements for compressed gas safety.

TxO₂[®] is a registered trademark of Progressive Medical Applications Corporation.



TxO₂[®] Unit



1600 Oxygen Cabinet



7900 AED/Oxygen Cabinet



1900 AED/Oxygen Cabinet

 JL INDUSTRIES	 ACTIVAR INC. <small>www.activarcpg.com</small> Construction Products Group	Distributor:	Quantity:
		Contractor:	Approved By:
		Model #:	Architect:
		Project:	Date:
HEADQUARTERS & CUSTOMER SERVICE: 4450 WEST 78 TH ST CIRCLE, BLOOMINGTON, MN 55435-5416 PH: 800-554-6077 FAX: 952-835-2218 EMAIL: SALES@JLINDUSTRIES.COM WWW.ACTIVARCPG.COM ACPG SOUTHEAST (THOMAS ENTERPRISES): FT MEYERS, FL ACPG WEST COAST (SAMSON): COMMERCE, CA WAREHOUSES: DALLAS TX, LANCASTER PA, ATLANTA GA, CHICAGO, IL, SEATTLE WA 1-25-2011			

21 Common Questions About Emergency Oxygen

1.) Why is supplemental oxygen so important during a medical emergency?

Life-threatening medical emergencies are usually accompanied by low tissue oxygen levels (not enough oxygen to tissue and organs). If this progresses, the brain will begin to die first, with other organs following. Additionally, low oxygen levels to the heart may lead to cardiac arrest. After AIRWAY, supplemental oxygen is the most important first step in treatment.

2.) Who should receive emergency medical oxygen?

ANY victim of a potentially life-threatening illness or injury – without exception.

3.) How is emergency oxygen employed?

For the victim who is breathing, emergency oxygen via a mask increases the oxygen concentration of the inhaled air. For the victim who requires rescue breathing, emergency oxygen fed into a CPR mask enriches the oxygen concentration of the breath being blown into the victim by the rescuer. In either case, the amount of oxygen available to the victim is greatly increased.

4.) When should emergency oxygen be started?

Oxygen should be started IMMEDIATELY AFTER a clear and open AIRWAY is established. However, if there is a delay retrieving the oxygen unit and CPR is required, conventional mouth-to-mouth (or mouth-to-barrier) rescue breathing should be performed until the oxygen unit is available.

5.) Can oxygen ever be harmful during a medical emergency?

Oxygen is NEVER harmful during a medical emergency. It increases the likelihood of a better outcome for the victim. The potential harmful effects of oxygen occur after prolonged use (more than 5 hours). The medical literature and publications now state that oxygen DOES NOT suppress respiratory drive (in COPD), and is important to almost all victims of sudden life-threatening illness or injury.

6.) Will emergency oxygen substitute for rescue breathing?

NO! In the non-breathing victim, application of oxygen without rescue breathing will not benefit the victim. It must be coupled to the rescue breathing via a CPR mask.

7.) Is oxygen still needed after the arrest victim revives from CPR?/AED?

YES! Oxygen should be continued until the EMS arrives. Maintaining oxygen on the revived victim may prevent relapse into cardio-respiratory arrest.

8.) Is oxygen still needed after the victim who is breathing improves or “recovers”?

Yes, Oxygen should be continued until the EMS arrives. Maintaining oxygen on the apparently improved or recovered victim may prevent lapse into cardio-respiratory arrest.

9.) Will emergency oxygen substitute for the Heimlich Maneuver ?

No. The airway must be cleared of the obstructing food or object. Oxygen alone will not help the victim. Once the obstruction is cleared (A=AIRWAY), oxygen should be applied to aid in recovery.

10.) If I am not sure whether the victim is breathing, should I perform rescue breathing or should I put the oxygen mask on the victim and wait and see what happens?

If it is unclear whether or not the victim is breathing, start rescue breathing (preferably with emergency oxygen). By responding in this manner, you will not harm the person if he/she is breathing. Do not just put the oxygen mask on and “wait and see”. If they are not breathing or breathing inadequately they may deteriorate to full arrest without rescue breathing.

11.) If the victim has not had a respiratory or cardiac arrest but appears to have difficulty breathing, should I apply emergency oxygen?

YES. If the victim has labored breathing, applying emergency oxygen is one of the most important responses you can make to potentially prevent an arrest.

12.) If the victim cannot tolerate the oxygen mask on his/her face, what should I do?

Hold the mask just adjacent to the face. Most of the oxygen will still get into the victim’s mouth and nose.

13.) Does emergency oxygen require a doctor’s prescription?

NO. Oxygen is a drug when it is given in concentrations beyond what is in ambient air and when used for medical treatment. The Food and Drug Administration ([FDA](#)), the regulating government agency for medical oxygen, requires a prescription, but has EXEMPTED this requirement for emergency applications IF the user has had training in its use. Since September 1996 the FDA requires all medical oxygen sold in the U.S. to bear the following statement on the label: “For emergency use only when administered by properly trained personnel for oxygen deficiency and resuscitation. For all other medical applications, Rx Only”. In order to be considered as an over-the-counter (OTC) device, i.e., “non-prescription”, the oxygen delivery system must provide a minimum flow rate of 6 liters per minute for a minimum of 15 minutes.

14.) Who can provide emergency oxygen?

Anyone properly instructed in its use (as stated in the above [FDA](#) labeling requirement). [FDA](#), [OSHA](#), and other concerned agencies have not yet determined what constitutes proper training. Providers should be familiar with the manufacturer’s directions and instructional materials. A course in first aid oxygen administration is encouraged.

15.) What are the legal requirements for maintaining an emergency oxygen unit?

Federal regulations (under the DOT) regarding refillable oxygen cylinders require hydrostatic testing of the cylinder every five (5) years, but only if and when the cylinder is refilled. This is accomplished by the refilling agency. Unless you are a certified refilling site, you should NOT refill your own cylinders. Periodic (5 yrs.) confirmation of the regulator flow parameters is also required and can be done at the same time.

16.) Is oxygen dangerous? Can't it catch fire and explode?

Oxygen does not “catch fire” or explode. It supports and accelerates existing combustion. It is contained and compressed in a high pressure cylinder with safety features built-in. Oxygen is perfectly safe when properly handled and used for life saving.

17.) How much oxygen should I have on-hand?

A good rule of thumb is to determine what the average EMS response time is to your facility and have enough to last twice as long as the response time. In most circumstances, a 30 to 45 minute supply is sufficient.

18.) Does OSHA have any specific regulations regarding emergency oxygen?

NO. It must be stored and handled in compliance with all compressed gases. There are no special instructions or record keeping required.

19.) What about the OSHA Bloodborne Pathogen policy (CFR Title 29. part 1910.1030)?

Although it is not specifically a part of the standard, it is important to follow the standard should your unit or its components (i.e., CPR mask) become contaminated with blood or other potentially infectious materials, and dispose of or clean as required.

20.) Is oxygen covered under the Good Samaritan laws?

Yes, emergency oxygen administration is considered first aid and is therefore covered under the Good Samaritan Laws.

21.) If I am not sure whether to give emergency oxygen, what should I do?

GIVE IT! It is far better to over-use it than to under-use it and miss an opportunity. Remember, it is not harmful and may save a life and/or a brain!