

# **Covid-19 (CV-19) Oxygen (O2) Saturation Probe / Pulse Oximeter Distribution Scheme**

**South East London CCG**

**May 2020**

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# Background and principles

- Patients with CV-19 can have low oxygen saturations, without breathlessness / other respiratory signs. Therefore, the measuring and monitoring oxygen saturations (O<sub>2</sub> sats) is an important component of clinically assessing CV-19 patients. The ability to allow patients to self-monitor in primary care will allow for quicker intervention if required.
- SEL CCG is due to receive a delivery of pulse oximeters (also referred to as oxygen saturation probes) within the next few weeks to enable patients to self-monitor. This document sets out the SEL plan to distribute the pulse oximeters to local boroughs, the responsibilities at borough level, as well as considerations for the return of the pulse oximeters.

The following are the SEL key principles for the scheme:

1. **Pulse oximeters will be stored within suitable borough locations identified by the leads operating the COVID-19 response service locally. Leads will also identify the suitable location(s) for their pick-up and return.**
2. **Patients will be either identified by their local primary care COVID-19 service or by their GPs as suitable for the scheme, based on inclusion and exclusion criteria.**
3. **The monitoring responsibilities for patients will be determined based on the arrangements in place locally.**
4. **The primary care COVID-19 service locally will be responsible for the distribution, return and de-contamination of the pulse oximeters for their borough, as well as the reporting on the utilisation / uptake of scheme.**
5. **Each borough will determine the best local method to deliver pulse oximeters to patients who don't have a non-household member who can collect the pulse oximeter. For example this could be NHS volunteers, locally arranged bike or taxi couriers, pharmacy delivery services, etc...**

# Timescales for scheme delivery

Week	Activities
w/c May 4 <sup>th</sup>	<ul style="list-style-type: none"> <li>✓ Agree SEL guidelines, pathway and distribution process with task and finish working group*</li> <li>✓ Review with SEL COVID primary and community care commissioning lead (Sam Hepplewhite)</li> <li>✓ Identify primary care CCG and clinical leads in each borough to highlight borough-specific considerations</li> </ul>
w/c May 11 <sup>th</sup>	<ul style="list-style-type: none"> <li>✓ Share process and pathway with primary care and CV-19 service leads and understand borough-specific considerations</li> <li>✓ Share scheme update with wider PCC / Clinical Leads call</li> <li>✓ Pulse oximeters delivered to SEL CCG</li> <li>✓ CV-19 service support and clinical staff informed of process at boroughs</li> </ul>
w/c May 19 <sup>th</sup>	<ul style="list-style-type: none"> <li>✓ Distribute pulse oximeters to local sites identified by CV-19 service leads</li> <li>✓ Share scheme plans with SEL Respiratory Group</li> </ul>

\*SEL O2 Sat scheme task & finish group:

- Rachna Chawla GP, CES, KCH
- Joseph Mayhew GP, CES
- Irem Patel, KCH Respiratory Consultant
- Nicola Sirin, SEL CCG Infection Control Lead
- Liz Henderson, SEL CCG
- Monique Ferdinand, SEL CCG
  
- Including input from all borough-level primary care / COVID service leads

# Inclusion and exclusion criteria pulse oximeter distribution

## Inclusion criteria

- Primary care COVID-19 service identified moderate patients who are suitable as per the guidance included in the *London Clinical Network's Primary and Community Care Respiratory Resource Pack for COVID-19*
- Extremely vulnerable/housebound identified by their GP with suspected CV-19
- Care home/residential home patients identified by their GP with suspected CV-19

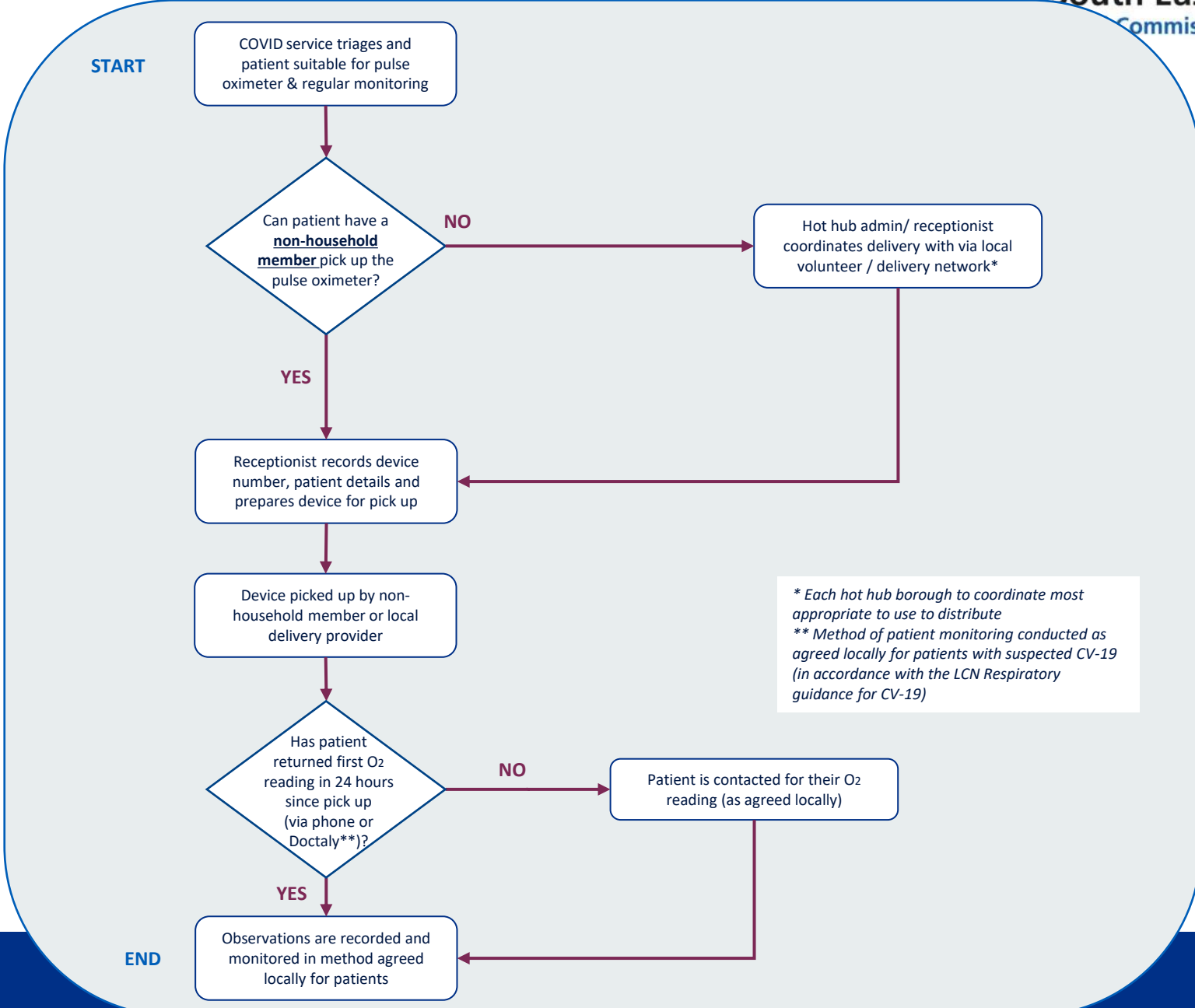
## Exclusion criteria

- Children under 16 years old
- End of life / Palliative care pathway
- In-patient hospital discharges

# SEL pulse oximeter delivery pathway

Moderate patient identified via primary care CV-19 service patient list

GP identified suspected CV-19 patient in community which meets inclusion criteria



# Pulse oximeters return and decontamination considerations

## Who can drop off the pulse oximeter:

1. Non-household member
2. Patient or household member who is no longer symptomatic and they and/or their household is no longer self-isolating as per national guidelines

## Practice and location considerations for pulse oximeter return receptacle:

- Keep a lidded and clearly labelled plastic receptacle near the entrance, but within eyesight of reception staff where possible
- Receptacle will need to be cleaned with chlorine detergent disinfectant (1000 ppm), and left to air dry at least daily when in use. PPE should be worn as per PHE guidance and manufacturer's instructions referred to for the use of chlorine.

## How patients / public should drop off pulse oximeter at practice or specified location:

- Place pulse oximeter into a small sealed bag or container to transport to drop-off location
- Remove pulse oximeter from its bag or container and **place pulse oximeter only** into the labelled receptacle identified at practice
- Ensure lid of the receptacle is closed afterwards

## How to clean pulse oximeter (and receptacle):

- Wear appropriate PPE as per PHE guidance for primary care
- Take the receptacle and/or pulse oximeters collected to a designated decontamination area within the practice for cleaning
- Use a **Clinell Universal disinfectant wipe** to clean pulse oximeter(s). Ensure all surfaces of the oximeter are covered and leave to air dry on a clean surface
- Receptacle will need to be cleaned with chlorine detergent disinfectant (1000 ppm) and left to air dry, ideally at the end of day

# Appendices

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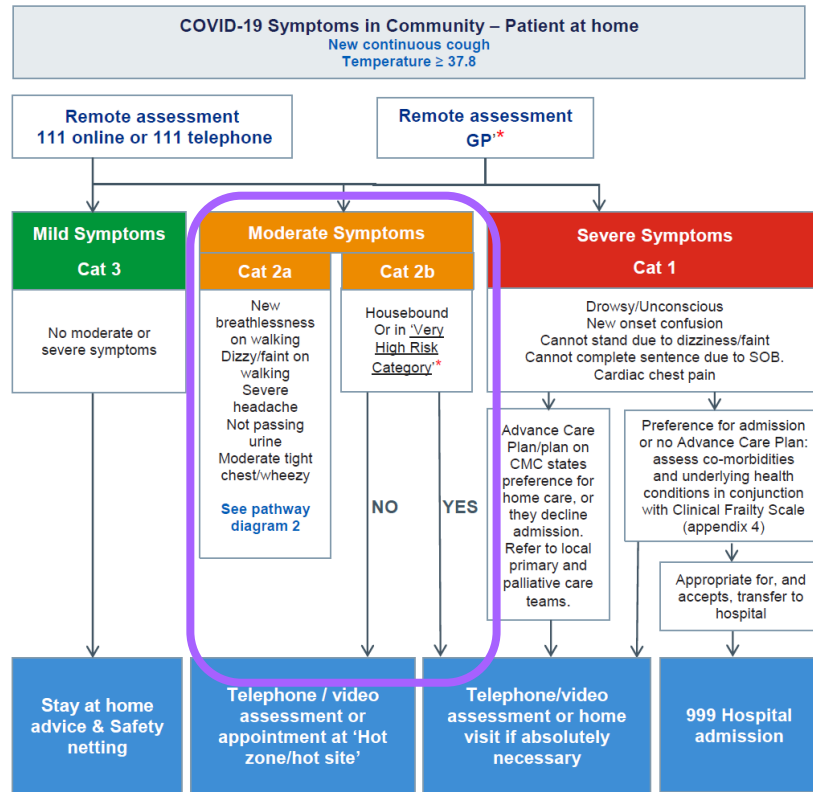


# Clinical pathway diagrams for moderate CV-19 patients

Source: NHS London Clinical Network

Primary Care and Community Respiratory Resource pack for use during COVID-19 as of 13-May-2020 (V5)

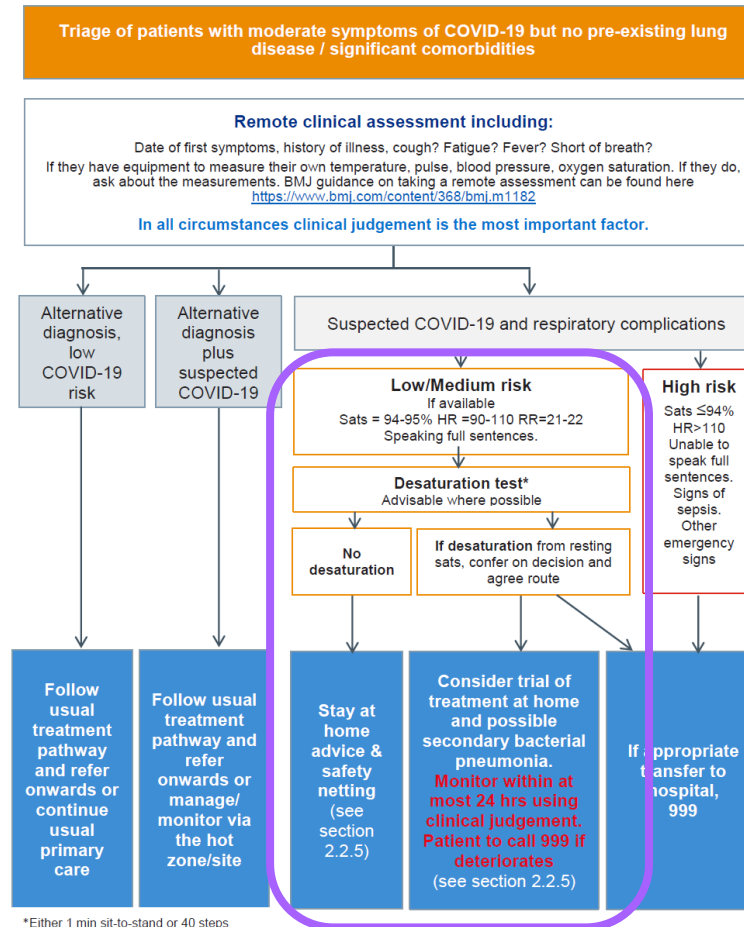
2.2.2. Pathway diagram 1. Categorising patients with COVID-19 symptoms in the Community



\* Consideration should be given to making reasonable adjustments with telephone and videoconferencing for people who may find these interactions challenging. These groups may include people with Learning Difficulties, autism, dementia, and those for whom English is not their first language. Where possible it is suggested that interactions are supported by people who know the individual well such as the local Community Learning Disability Service, carers and relatives.

For advice re: mild or moderate symptoms, patients / carers should be directed to the link below: <https://www.nhs.uk/conditions/coronavirus-covid-19/>. Categories 1, 2a, 2b and 3 relate to the national categorisation being used by 111 services.

Pathway diagram 2. Triaging patients with moderate symptoms of COVID-19 but NO pre-existing lung disease or significant comorbidities



\*Either 1 min sit-to-stand or 40 steps

## Section 2.2.5

### Box 2. safety netting guidance for GP monitoring of Category 2a/2b patients:

- **Low risk** - General advice and call NHS 111 if symptoms deteriorate
- **Medium risk** - Follow up with daily phone call via hot sites or GP – assess change in level of breathless at rest and with usual activity. Daily pulse oximetry (either supply patient with pulse oximeter or set up Mobile pulse oximetry service ensuring decontamination between patients). Refer to secondary care with deteriorating saturations or if desaturating with exertion after conferring with colleagues (1 min sit-to-stand or 40 step walk - <https://www.cebm.net/covid-19/what-is-the-efficacy-and-safety-of-rapid-exercise-tests-for-exertional-desaturation-in-covid-19/>)

Discharge from follow up if symptoms improving and oxygen saturations stable or improving over 48 hours and treat as low risk