**North & Mid Hampshire**

**COVID Oximetry at Home**

Standard Operating Procedure



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##### Aim

To identify patients who are showing signs of early deterioration in the community and where clinically appropriate escalate their care to provide better outcomes

##### Background

COVID-19 has presented many challenges to health services including how to adapt services to reflect what we learn about this disease and how we can modify its course. Patients presenting with COVID can present with severe hypoxia and may not perceive themselves to be unduly unwell at that point and are often not demonstrating familiar symptoms of breathlessness and wheeze(1).

The concept of silent hypoxia has been described and presents a trap for patients and clinicians(2). This becomes significant as it is becoming clear that there are benefits to early intervention with Oxygen(3)and Dexamethasone(4).

In response to this concept, home oximetry supported by clinicians in the form of a COVID Oximetry at Home (CO@h) service has been developed in several areas in small scale pilot projects. The North & Mid Hampshire COVID Oximetry at Home service is larger in geography and scope than most of these.

North & Mid Hampshire covers 460,000 patients across a single merged Clinical Commissioning Group. These are served by a single acute hospital trust. The demographics of North & Mid Hampshire include areas of moderate deprivation and associated challenges. Our culture and values are such that we are committed to working together as a system and with our patients, providing a safe working environment for all concerned. We are committed to creating a working environment where we can learn together and share our learning, thus making improvements through rapid cycles of "plan do study act" and we are committed to improving outcomes for the people we serve.

##### North & Mid Hampshire Approach

To create a COVID Oximetry at Home service to which persons with COVID19 not unwell enough to need admission can have access to oximetry and close monitoring support for up to a 14-day period. Patients will be supported by nursing teams to report symptoms and act upon deterioration in oximetry using the InHealthcare platform which interfaces with EMIS.

The creation of the service requires the cooperation from a large group of stakeholders including GP PCNs, CCG, Practices, Acute Trusts, NHS Digital and NHS England, with support from the Wessex Academic Health Science Network and the IT Innovation Centre, University of Southampton. All adults over 40 years of age testing positive and not requiring hospital inpatient treatment at presentation will be offered access to the service. Those patient aged 18-39 years who are especially at risk from Covid-19 can be referred to the CO@h service via their GP practice.

Patients suitable for admission to CO@h will receive an oximeter and access to the service together with instructions and support after referral from a range of clinical and non-clinical sources. Patients on the CO@h service will have baseline demographic and, where practical, clinical assessment/physiological data collected. This will be entered into an EMIS clinical record system to improve access to clinical data across multiple locations and to improve communications with GPs.

Patents will report data via the InHealthcare platform; those who are unable to use InHealthcare will be supported by the nursing team to collect their readings. Overcoming access issues will be led by the ANP and Nurses working on the COVID Oximetry at Home service.

##### Key Clinical functions

The **COVID-19 Oximetry at Home** service allows us to monitor patients with known COVID-19 at risk of deterioration at home, to ensure early warning of deterioration, and to allow us to act promptly and reduce mortality from silent hypoxia.

Patients requiring baseline assessment for COVID-19 should be assessed initially within the Red area of the PCN following identification of a positive test to ensure monitoring via the CO@h service is clinically appropriate. Those requiring further clinical intervention should be referred appropriately for further assessment as required.

**COVID OXIMETRY AT HOME**

**Lead Nurse Manager : Alison Hullah**

**Full Address: Jameson House, Lutyens Close, Lychpit, Basingstoke, RG24 8AG**

**Weekday Telephone Number (9-5pm Mon – Fri )**

**Referral Email :** [**nhccg.virtualward@nhs.net**](mailto:nhccg.virtualward@nhs.net)

Please attach a brief EMIS summary & date of positive COVID PCR test.

**Operating hours : 08:30 – 7pm Monday to Friday Via NHUC /111 Weekends**

##### Operational Guidance – Patient Selection

Is the patient a resident in North or Mid Hampshire?

Yes

Is the patient over 40 or at high risk from Covid-19?

Yes

Is the patient COVID +ve or suspected COVID +ve (and awaiting swab result)?

Yes

Has the patient been referred via clinician or has the data been received via SEFT

Yes

Is monitoring in COVID Oximetry at Home is clinically appropriate?

Yes

Is the patient at high risk of silent hypoxia ? Consider Pulmicort as indicated.

Yes

Patient is suitable for the COVID Oximetry at Home Service

**Patient Referral Process**

Patients will access COVID Oximetry at Home using several different entry points. At each of these points, the patients must have had a positive COVID swab taken and be seen by a clinician at their point of access if clinically indicated. If the patient is low risk & feeling well they can be referred following a telephone call or text exchange as a face to face encounter would be unnecessary. If the patient fulfils the criteria above, then they are suitable for entry to COVID Oximetry at Home. Additionally the CO@H receives SEFT data from the Central testing database

* Red Hub within each PCN in North & Mid Hampshire – Direct referral to the COVID Oximetry at home service via Email address – [nhccg.virtualward@nhs.net](mailto:nhccg.virtualward@nhs.net). Please attach a brief EMIS summary including date of positive test & any dates of COVID vaccination.
* Amber Hub - If a patient has been referred to the Amber Hub on AAU or A&E, and following further investigations, does not require admission (or only requires an overnight stay of (<24hrs), they can be directly referred to COVID Oximetry at Home using the email address – [nhccg.virtualward@nhs.net](mailto:nhccg.virtualward@nhs.net)
* Home Visiting Teams within PCN’s – Direct referral to the COVID Oximetry at Home via Email address – [nhccg.virtualward@nhs.net](mailto:nhccg.virtualward@nhs.net). Please note that the patient must have had a swab & seen for clinical assessment before referral.
* SCAS - if a patient has been seen by SCAS or spoken to 111, and fulfils the criteria above, they can be booked into CO@h using the email address – [nhccg.virtualward@nhs.net](mailto:nhccg.virtualward@nhs.net). Please note the patient must already have had a swab & a baseline set of observations taken. This is not a service that the COVID Oximetry at Home will provide.
* Urgent Community Response Team - if a patient has been seen by the UCR team, and fulfils the criteria above, they can be referred into CO@h using the email address – [nhccg.virtualward@nhs.net.](mailto:nhccg.virtualward@nhs.net) Please note that the patient must already have had a swab and a set of baseline observations taken. This is not a service that COVID Oximetry at Home will provide.
* Out of Hours – NHUC will have full access to the COVID Oximetry at Home database & Inhealthcare portal so will be able to admit people to COVID Oximetry at Home directly
* If referring by email, the following information will be helpful please if you do not have

access to an EMIS brief summary

|  |  |  |  |
| --- | --- | --- | --- |
| * **Demographic** | | | |
| * **Forename** |  | * **Family Name** |  |
| * **Date of Birth** |  | * **Age** |  |
| * **Address** |  | | |
|  | * **Postcode** |  |
| * **Mobile Phone Number** |  | * **Home Phone Number** |  |
| * **GP Name** |  |  |  |
| * **GP Surgery** |  |  |  |
| * **Gender** |  |  |  |
| **Ethnic Group** |  |  |  |
| **Preferred language** |  |  |  |
| **Access Issues identified** |  |  |  |
| **Baseline O2 Saturations** |  |  |  |
| **Baseline NEWS2 Score** |  |  |  |

##### Referral and Admission to COVID Oximetry at Home

Email Booking

Patient seen in Amber Hub/ED and requires COVID Oximetry at Home monitoring

Email Booking

Patient seen in GP Practice and requires COVID Oximetry at Home monitoring

Patient referred via SEFT data requires CO@H monitoring

Email Booking

**Notification received by COVID Oximetry at Home Lead Nurse.**

**Patient to be admitted to CO@h pathway**

Patient seen by SCAS and requires COVID Oximetry at Home monitoring

Patient seen by UCR team and requires COVID Oximetry at Home monitoring

Patient seen by OOH and requires COVID Oximetry at Home monitoring

Email Booking

Email Booking

Email Booking

Call patient and introduce yourself



Explain reason for call

****

Explain process for taking readings and recording them

****

Explain how the InHealthcare message service works



**No**

**Record that patient has been admitted onto CO@h in teams spreadsheet and consents to daily contact and monitoring of saturations**



Arrange delivery/collection of Pulse Ox pack and supporting information

**Patient will be monitored for 14 days**



**Yes**

**Explain next steps and check understanding**

Set patient up InHealthcare database and set up three times daily submission of observations

Establish support needed. Referral to Care Coordinator to organise needs. May require daily phone contact instead. Set patient up in InHealthcare database

##### Monitoring Process for COVID Oximetry at Home

Patients will be asked to record their observations three times daily and record them on the COVID Oximetry at Home paper spreadsheet at home. **If their home observations are deteriorating, they will be asked to follow the advice on the patient leaflet and action, as necessary.** They will also then be asked to submit their data three times daily onto the InHealthcare platform. This will take place 7 days a week. They will be monitored by the Lead ANP, Nurse or OHH Service.

* Patients who have submitted data in the **Red** category should be tracked as a priority by contacting the patient directly, and using ICE requests to see if patients have presented to ED. In the event of non-attendance at ED a further oximetry reading should be taken, and the assessment pathway recommendations followed.
* Patients who have submitted data in the **Amber** category should be tracked and a remote consultation made by the Lead ANP, Nurse or OOH Service monitoring the CO@H. They will also receive text instruction from the Inhealthcare platform giving advice on repeat readings or accessing healthcare or OHH. Where a face-to-face assessment is deemed preferable or more clinically appropriate then this must be arranged in the patient’s own practice using a COVID secure face to face appointment or via the Amber Unit. The patients will remain monitored under CO@h for 14 days unless agreed with the patient otherwise.
* Patients who have submitted data in the **Green** category, will receive a text from the InHealthcare platform reassuring them that readings look stable and reminding them to continue to submit three times daily.
* Patients who have submitted observations which are deteriorating should be tracked and a remote consultation carried out, with the aim to escalate if appropriate.

Patients who have not submitted data in the previous two readings will be sent a reminder via InHealthcare and this followed with a telephone call should no data be forthcoming. If the patient is still not contactable, then clinical judgement must be used. Options include escalation to the home GP or requesting a Welfare Check from Emergency Services if significant concern.

##### Out of Hours

COVID Oximetry at Home will run seven days a week and NHUC will provide the Out of Hours element. The InHealthcare IT solution allows all parties full access. This will also allow NHUC to admit patients to COVID Oximetry at Home from NHUC hot hub or other OHH provider if clinically indicated.

##### Palliative Care

One of the lessons learned from the first wave was the need to identify and support those patients who are actively dying from COVID19. The aim is to avoid patients dying in the ED so the Palliative Care team are keen to be involved. For those patients who are not suitable for escalation, home saturations monitoring might feed anxiety, so key areas of focus here would be to ensure:

* Respect forms are up to date
  + Ensuring patients have Just in Case medication available and access to O2 for palliation if required
  + Close communication with the HV and Palliative Care teams – HV access to grab bags for commonly used drugs for symptoms control.
  + Palliative Care team are working on pathways to speed patients to an EOLC ward bypassing ED completely, for those patients either without adequate support at home, or who were very symptomatic. There is evidence that patients who were very agitated at end of life had encephalitis or stroke.
  + Access for the Palliative Team to COVID Oximetry at Home list via Teams, and attendance at the weekly or daily huddle to feed in as needed.

##### Active Monitoring Process for COVID Oximetry at Home



COVID Oximetry at Home List

Look at InHealthcare list– have No readings been submitted ?

Yes Ring Patient

Are they OK?

Yes

InHealthcare notification to patient.

reassuring that readings look stable and reminding them to enter them 3 x daily

Yes

Are the readings in Green (normal) range and stable?

No

No

Remind

patient to enter readings three times daily

Sats 93-94% and NEWS2 3-4 and deteriorating from baseline

**Sats 92% or less NEWS2 ≥5**

Refer to Amber Unit for CXR/Bloods and consider admission

**Is escalation**

**appropriate for the** No

**patient?**

Depending on outcome, if admitted, discharge from COVID Oximetry at Home. If not Monitor

Yes

**Advise patient to call 999 for an ambulance**

Early Palliative Care involvement.

Consider Just in Case medication and possible Overton Unit admission if actively dying

After Day 14 send AccuRx message to patient discharging them from CO@h.

Advise patients with safety netting and ask them to return Pulse Oximeter in envelope. Summary of admission sent back to Home GP practice to enter in EMIS database.

##### Leaving the COVID Oximetry at Home service

* + - Patients who do not show signs of deterioration within 14 days of admission should be discharged. They will be supplied with leaving information, safety netting and advice on how to return the oximeter
    - Patients who remain symptomatic at that point will be contacted by the CO@H team and a follow up plan discussed. This is likely to be further assessment with their own GP, and a phone call from the CO@H to the GP to discuss this would be helpful.
    - Patients who choose not to remain on under CO@h and do not wish to submit data should be asked to return the oximeter. They will be given advice and guidance on red flags, and recovery from symptoms.
    - Patients who leave CO@h due to being admitted to hospital should be recorded by the CO@H team in order that they can be followed up, outcome details can be obtained, and the patient journey understood. A notification should be sent to their own GP within 48hrs

On leaving CO@h the coded outcome and physiology will be recorded in EMIS. A summary of the admission is sent to the home GP practice to become part of the core medical records.



Discharge from the COVID Oximetry at

Home Service

Self-Discharge

Assessment in

Amber Unit in ED

Patient has completed 14 days on CO@h

Notification to GP

within 24hrs

Acute Admission

under Medics

CXR and Bloods

satisfactory: admission not required

Incomplete

Recovery

Arrange for

equipment to be returned

Support with

transfer of care

Can continue on

COVID Oximetry at

CO@H team

contact patient and advise they will be discharged

CO@H team

contact patient to review on-going symptoms

Notification to GP

within 48hrs

Home when home

Advice and

guidance on red flags and recovery from symptoms

Follow discharge

process once at day 14

Arrange collection

of equipment

FTF Appt arranged

With own GP

Advice and Phone Call to own

guidance given on GP to handover continued care and identify

recovery and need for further

rehabilitation assessment

Notification to GP

within 48hrs

Notification to GP

within 48hrs

Recovery

##### Evaluation

The evaluation and monitoring of CO@h will be established by the Clinical Governance Group in combination with colleagues from CCG, NHS England and Wessex AHSN.

These will include metrics that cover CO@h safety including

* Incident reporting
* Complaints
* Qualitative Patient experience
* Quantitative Patient experience
* Qualitative Clinician experience
* Cost / Resource utilisation

This data will be reviewed by the Clinical Governance group and the CO@h management team

##### Staff Selection and employment

The staff utilised to run CO@h will be seconded from one of the network GP practices using their existing HR and staffing policies. All staff will receive training on the principles and processes involved in operating CO@h and supporting staff

This will consist of

* Training in the use of the InHealthcare platform
* Training in the principles and clinical assessment of patients with COVID in particular the relevance of oximetry and exercise oximetry.

##### Information Technology

Records should be:

* + Accurate
  + Clear
  + Contemporaneous
  + Complete
  + Avoid jargon
  + Include a clear management plan
  + Include clear documentation of communication with patient

The policies followed should be those of the individual’s employing practice. All clinicians must ensure appropriate coding for COVID-19 is used. This is essential to ensure that patients are traceable if required to return for further testing as governance guidance may change and patients may need to be recalled.

This is governed by an MOU between the Ten PCNs who are providing staff to the COVID Oximetry at Home. This is available on request.

##### CO@H Leadership Team

* GP Clinical Lead for CO@H – Dr Caroline O’Keeffe
* Lead Nurse Manager for CO@H – Alison Hullah (ANP)
* Operations Lead for CO@H – Becky Rogers - NHCCG

##### Weekly Update

This is a new service that has been set up urgently during a pandemic. This service has now been commissioned to continue at present until September 2021. It will need closely monitoring in terms of staffing levels, patient journey and other learning. This will be carried out via a weekly Teams meeting at 11.30 on a Friday between the CO@H Leadership Team and NHCCG.

The frequency of these meetings will be reviewed and amended as required as the service beds in. Any significant events will also be discussed at this meeting as well as daily statistics in terms of numbers of patients in the COVID Oximetry at Home service

##### Significant Events

All Significant Events must be reported to the Lead Nurse Manager and will be logged. These will then be reviewed by the CO@H Leadership Team and will be discussed at the Weekly CCG Update to ensure learning is captured and shared with the wider system. This will allow us to be responsive and agile as we develop the service. These logs and learning outcomes will be stored at the CO@h service.

##### Weekly Huddle

As above, there will be weekly Clinical Huddle Teams call on a Monday at 13.30 which can be joined by the CO@H Leadership Team, the Palliative Care Team and Community Nursing Team and by individual practices/One Teams to run through those patients on the COVID Oximetry at Home pathway and to update on their progress. This will allow early recognition of deterioration and allows communication back to individual practices. These meeting will be reviewed and amended according to the number of patients using the service.

This will be facilitated by access to a single shared TEAMS list, which can be visible in real time. Assess to this will be made available to the CO@h leadership team, clinicians from each of the member practices (suggest one lead GP, one lead nurse and the PM), NHUC, Palliative Care and Community Nursing team.

##### Whistleblowing – Freedom to Speak Out

Please see the whistleblowing policy, which is available in the CO@H room. The Freedom to Speak Up Guardian will be the Lead GP, but of course please do come and discuss any concerns with any members of the team. If you do not feel able to approach any of the CO@H team, please do discuss with your own line manager.

All Complaints must be reported in writing to the Lead Nurse Manager for CO@H and will be logged. These will then be reviewed by the CO@H Leadership Team and will be discussed at the Daily CCG Update to ensure learning is captured. These logs and learning outcomes will be stored with the CO@H team.

##### Safeguarding

West Hampshire CCG guidelines on safeguarding during the pandemic are found in **Appendix F. Clinical Guidelines and support**

A pack of useful guidelines will be provided within the service rooms, these will include:

* Useful Contact telephone numbers
* Palliative care guidelines
* COVID pathways and Respiratory guidelines

##### Caring for our Staff

The Lead Nurse Manager and the Lead GP for CO@H will ensure a regular ‘check in’ with all visiting clinicians. The service encourages actively discussing cases where clinicians feel unsure on decisions or are upset about morality of decisions not to admit and providing support after witnessing single or serial traumatic events.

The Lead Nurse Manager acts as an easily accessible person to discuss these difficult cases.. The GP Clinical Lead and all GPs are available to provide support and supervision for all staff. The clinical leads will also have a regular check in with each other. We will also ensure easy access to direct phone lines between the CO@H, NHUC, the Community teams, Hospice and HHFT.

The development of the COVID Oximetry at Home pathway has been a genuinely collaborative effort.

With thanks to:

* North and Mid Hampshire CCG
* North & Mid Hampshire PCN Clinical Directors and member practices
* HHFT Leadership Team
* Dr Matt Inada-Kim, National Clinical Lead – Sepsis and Deterioration, NHSE (I)
* HHFT SDEC, Acute Medical Team, and Palliative Care Team
* RECOxCARE Project Leadership Team and NHSX
* Wessex Academic Health Science Network
* Professor Michael Boniface, IT Innovation Centre, University of Southampton
* Dr Nigel Watson, Chief Executive, Wessex LMC
* Dr Matt Hammerton, Wessex AHSN Digital Primary Care Clinical Lead
* South Central Ambulance Service
* Southern Health NHS Foundation Trust
* North Hampshire Urgent Care

##### Appendix B - References

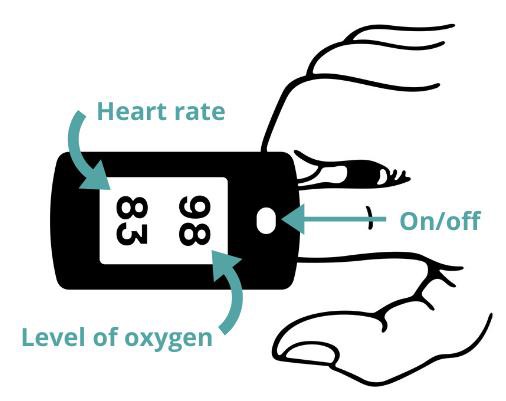
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Adult pulse oximetry remote monitoring

Covid-19 diary

Your doctor has given you, or your carer, this **diary** and **pulse oximeter** because you have symptoms of COVID-19. COVID-19 is a viral illness, which for most people is mild, but for a few, it can become serious, sometimes quickly. This means that together, we need to keep a close eye on you - particularly your breathing, how fast your heart is beating and the level of oxygen in your blood. Keep a record of these measurements in the diary – it will help you and your GP/111 decide on the best treatment for you.

Pulse oximeter for heart rate and blood oxygen level

A pulse oximeter helps you to monitor how fast your heart is beating and the level of oxygen in your blood. This blood oxygen level is the most accurate way of keeping an eye on your progress with COVID-19. An ideal oxygen level in the blood is between 95 and 99%. An ideal heart rate is between 50 and 90.

How to use a Pulse oximeter

Follow these instructions to make sure the pulse oximeter gives an accurate reading:

* + Remove any nail polish or false nails and warm your hand if cold.
  + Make sure you have been resting for at least five minutes before taking your measurement.
  + Your hand should be resting on your chest at the level of the heart and held still.
  + Switch the pulse oximeter on and place it on your finger. It works best on your middle or index finger (shown in the diagram). It should not be

used on your ear.

Image courtesy of Denis Barbulat

* + The reading takes time to steady. The pulse oximeter should be in place for at least a minute, or longer if the reading is not stable.
  + Record the highest result once the reading has not changed for 5 seconds.
  + Be careful to identify which reading is your heart rate and which is your oxygen level.

Write the information in the attached diary. Start writing from the line that says baseline and record 3 times a day after that. Take your measurements at the same time each day. Take them when you would normally eat breakfast, lunch and dinner. Take extra measurements if you feel there is a change in your health.

**Ring 999 if**

* You are **unable to complete short sentences at rest** due to breathlessness
* Your **breathing suddenly worsens** within an hour

#### Your oxygen level is consistently **less than 93%** (more than once within an hour)

**OR**

**Ring your GP/111 as soon as possible if**

* Your oxygen level is consistently **less than 95%** when sitting or lying down
* You slowly start feeling **more unwell or more breathless** for 2 or more hours

#### You are having difficulty breathing when getting up to go to the toilet, or similar

It is useful to keep track of your temperature if you are able to. However, as long as your oxygen level and breathing are normal, you do not need to contact your GP/111 if you have a temperature. Other symptoms, such as cough, muscle aches, tiredness, and change in taste or smell are less worrying. Paracetamol and regular fluids can help and most people will get better by themselves within 2-3 weeks. Remember to follow Government self- isolation advice via the NHS website (www.nhs.uk).

Remember some people with COVID-19 infection may develop other problems or have other causes for their symptoms. If you develop other concerning symptoms, the NHS website provides helpful advice on when to contact your GP/ 111.

Returning the pulse oximeter

We only have a limited number of pulse oximeters to loan out. If you no longer need it, it is essential that you (or a friend if you are shielding) return it to your GP surgery. This should be in the bag provided so that it can be safely cleaned and given to other patients. This is likely to be after day 14 of your illness - assuming you have started to improve. We see some patients feeling unwell again after the first week of symptoms so please keep the oximeter until 14 days have passed. **Please return the diary along with the pulse oximeter so you can help the NHS learn how best to help other patients with COVID.**

#### First Name Surname Date of Birth Age NHS Number Live alone ☐ Carer at home ☐

Please record these three times a day

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Days since first symptoms** | | **Date** | **Pulse** | **Oxygen level**  **%** | **Temperature**  **\*** | **Feeling: Better/same/ worse** | **Breathing: Better/same/ worse** |
| **Day** | **Time** |
| Baseline reading | |  |  |  |  |  |  |
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i.e. if you start recording pulse oximetry 5 days after your first symptoms started, record ‘5’ under Day

\* Fill in temperature if you have a thermometer

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Days since first symptoms** | | **Date** | **Pulse** | **Oxygen level**  **%** | **Temperature**  **\*** | **Feeling: Better/same/ worse** | **Breathing: Better/same/ worse** |
| **Day** | **Time** |
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Requirement

Aim to reduce the risk of Covid-19 from patient to patient and from patient to staff cross- contamination due to use and handling of pulse oximeters and paper diaries.

Pack:

* + The remote monitoring pack contains
    - a 2-page paper diary
    - patient information leaflet
    - unboxed pulse oximeter within a clear zip-lock bag.

Collection of pack:

* + Verbal explanation of use of diary to occur remotely.
  + Collection either via non-isolating patient contact or volunteer.
  + If neither of above appropriate, for direct delivery to patient’s address
  + ID of pack along with patient details recorded (via EMIS or separate Excel spreadsheet) Return of pack:
  + For return of pack at 14 days since start of symptoms or when patient condition has

resolved, whichever is later?

* + Pack to be returned as pulse oximeter +/- paper diary within the zip-lock bag, by the patient or non-isolating patient contact. If patient unable to return, to organise for volunteer or practice staff collection.
  + Member of staff receiving the pack to wear gloves and wash their hands after cleaning the pulse-oximeter and disposing of non-reusable contents1.
  + If the paper diary is included, member of staff to obtain images of the paper diary for health record and dispose of diary in the clinical waste bin.
  + Pulse oximeter to be cleaned with ActiChlor solution and placed in a new zip-lock bag with a new patient diary. The returned bag should be disposed of in the clinical waste bin.
  + Pack to be recorded as returned (EMIS or separate Excel spreadsheet).

1https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/877533

/Routine\_decontamination\_of\_reusable\_noninvasive\_equipment.pdf

##### Appendix E– Safeguarding Guidance

**Safeguarding Guidance for Hampshire CCGs Primary Care During the COVID-19 Pandemic**

Dear Colleagues,

In the current climate where many families are self-isolating, schools and childcare settings are closed and the most vulnerable children within our society are less likely to be seen by professionals, it is vital that we, as frontline practitioners remain mindful of the increased vulnerability for many of the families we work with and the need for us to remain vigilant of indicators of abuse. Please find the RCGP guidance on safeguarding which has helpful advice on safeguarding when consulting remotely and useful national resources. [https://elearning.rcgp.org.uk/pluginfile.php/149180/mod\_resource/content/2/COVID-](https://elearning.rcgp.org.uk/pluginfile.php/149180/mod_resource/content/2/COVID-19%20and%20Safeguarding%20%286%29.pdf) [19%20and%20Safeguarding%20%286%29.pdf](https://elearning.rcgp.org.uk/pluginfile.php/149180/mod_resource/content/2/COVID-19%20and%20Safeguarding%20%286%29.pdf)

In addition, please find useful information on Hampshire safeguarding arrangements below:

Making a referral to Children’s Services: This need to be completed via the inter-agency referral form which can be **found here**

For referrals using the bruising protocol or when you have reason to suspect that a child is at immediate risk of significant harm then please call Hampshire Children’s Services Professionals Line on 01329 225379 or the police if necessary. Out of Hours telephone no: 0300 555 1373.



1. HIPS LSCPs Bruising Protocol Sept

##### For general safeguarding advice from the Hampshire 5 CCG team

Advice line is operational as usual and we can be contacted on **02380 627645** during office hours or you can email [WHCCG.SafeguardingChildren@nhs.net](mailto:WHCCG.SafeguardingChildren@nhs.net)

##### Female Genital Mutilation (FGM):

Health practitioners are habitually asked to be more vigilant at holiday times when women and girls may present either before or after an extended holiday and either make a disclosure of possible impending FGM or requesting health care after it has happened. For advice specific to primary care settings and a reminder about mandatory reporting duty please see document.



5

fgm-pocket-guide-v5-

Remember that although travel is currently limited, FGM does occur in the UK and occurrence could potentially be higher at this time due to current border restrictions.

##### Domestic Abuse:

Stop Domestic Abuse is the service commissioned to provide domestic abuse support across Hampshire. They are phasing out F2F contacts but are still providing support.

* Email: [advice@stopdomesticabuse.uk](mailto:advice@stopdomesticabuse.uk)
* Secure email: [advice.hampshire@stopdomesticabuse.cjsm.net](mailto:advice.hampshire@stopdomesticabuse.cjsm.net)

 Telephone: 033 0016 5112

* Advice Line opening hours: 11:30am – 14:30pm Monday – Friday.
* Core service hours: 9.30am - 5.30pm Monday-Thursday, 9.30am - 5.00pm Friday.



6 Stop Domestic Abuse Update 24 Mar

Also attached advice from Hampshire Constabulary regarding COVID-19 and domestic abuse. Please download this poster for display in your surgeries and the associated leaflet for sharing with patients if required. Remember to ask about domestic abuse if you are able to

7 Covid\_19 DA Leaflet A4 Colour.pdf

Covid\_19 DA Leaflet

A5.pdf

**Food Banks:**

Patients may be asking you for support with food bank vouchers as it is anticipated that more people than usual will be experiencing financial hardship and may be struggling to access food. We have this information about food banks operating across Hampshire.



Finally, thank you so much for your support in keeping Hampshire’s most vulnerable children and young people safe during this time and please be assured that our team remain committed to supporting you with any safeguarding information and advice that you require.

With our very best wishes and thanks for your support

The 5 CCG’s Safeguarding and Looked after Children Team. Email: [WHCCG.SafeguardingChildren@nhs.net](mailto:WHCCG.SafeguardingChildren@nhs.net)

Tel: **07880 423547** and **07880 423542 /** Twitter: @WHCCGsgchildren