****

**Measurement of Oxygen Saturation Using a Pulse Oximeter**

This document is uncontrolled when downloaded or printed.

Copyright © Care4Quality Ltd. All rights reserved.

|  |  |
| --- | --- |
| Reference Number  | **REGCP12** |
| Version  | 1  |
| Author  | D. Martin |
| Owned by:  |  |
| Date ratified:  |  |
| Ratified by: (Signed) |   |
| Issue Date  |  |
| Review Date(Signed) |  |
| Target Audience  | Registered Managers, Registered Nurses, Care Team |

|  |  |
| --- | --- |
| **1** | **Purpose and Application** |
| **2** | **Responsibilities**  |
| **3** | **Legislation and Regulation** |
| **4** | **Pulse Oximetry: Policy & Procedure** |
| **5** | **Equality Impact Assessment** |

 **Contents**

1. **Purpose and Application**

This policy has been developed to provide guidance and information about how to use a pulse oximeter.

**What is a Pulse Oximeter?**

**How a pulse oximeter works**

**Procedure on how to use the oximeter**

**Oximeter readings and how to interpret them**

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy.

**Any care staff** that have had a competency assessment in using a pulse oximeter, understanding the procedure and understanding the readings.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. They do not have to serve a Warning Notice before prosecution.

1. **Pulse Oximetry: Policy & Procedure**

Oxygen is carried around in red blood cells by a molecule called haemoglobin. Pulse oximetry measures how much oxygen the haemoglobin in the blood is carrying. This is called the oxygen saturation and is a percentage (scored out of 100). Pulse oximetry can rapidly detect even small changes in how efficiently oxygen is being carried to the extremities furthest from the heart, including the legs and the arms.

**What is a Pulse Oximeter?**

The pulse oximeter is a small, clip-like device that attaches to a body part, like toes or an earlobe, but is most commonly put on a finger. The purpose of pulse oximetry is to check how well the heart is pumping oxygen through the body and may be used to monitor the health of individuals with any type of condition that can affect blood oxygen levels.

These conditions include, but are not exclusive to: chronic obstructive pulmonary disease (COPD), asthma, heart attack or heart failure.

**How it Works**

During a pulse oximetry reading, a small clamp-like device is placed on a finger, earlobe, or toe. Small beams of light pass through the blood in the finger, measuring the amount of oxygen. It does this by measuring changes of light absorption in oxygenated or deoxygenated blood and will be able to register oxygen saturation levels along together with the heart rate.

**Procedure Steps**

Most commonly, a clip-like device will be placed on the finger, earlobe, or toe. There may be a small amount of pressure felt, but there is no pain or pinching. Nail polish will interfere with the reading and if it is being attached to a finger then the fingernail polish will need to be removed.

The monitor will remain on place for as long as needed to monitor the pulse and oxygen saturation. Once the reading is obtained, remove the oximeter and document the result.

**Pulse Oximetry Readings**

Pulse oximetry is a fairly accurate test. Typically, more than 89 percent of a person’s blood should be carrying oxygen. This is the oxygen saturation level needed to keep the body healthy. While having an oxygen saturation below this temporarily is not believed to cause damage, repeated or consistent instances of lowered oxygen saturation levels may be damaging. An oxygen saturation level of 95 percent is considered normal for most healthy individuals. A level of 92 percent indicates potential hypoxemia or deficiency in oxygen reaching tissues in the body. If the reading is noted to be below the guidelines, the GP must be contacted for advice and guidance and further treatment may be required at the discretion of health professionals.

***Ensure that you record pulse oximetry readings accurately and legibly in the appropriate section of the care documentation.***

**Photographs used in this policy may differ from ones in use by different organisations and is featured only as an example.**

|  |
| --- |
| **Service Specific Information**  |
| Where are oximeters stored?  |   |
| Do staff know where to record the readings?  |   |
| Do staff know when to summon medical assistance when oxygen levels are outside of a safe range?  |  |

**5. Equality Impact Assessment**

|  |  |  |
| --- | --- | --- |
| **Equality Impact Assessment Checklist** | **Yes/No?** |  **Comments** |
| **1.** | Does the procedural document affect one group less or more favourably than another on the basis of: |  |  |
| * Race?
 | No |  |
| * Ethnic origins (including gypsies and travelers)?
 | No |  |
| * Nationality?
 | No |  |
| * Gender?
 | No |  |
| * Culture?
 | No |  |
| * Religion or belief?
 | No |  |
| * Sexual orientation, including lesbian, gay and bisexual people?
 | No |  |
| * Age?
 | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | N/A |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? | N/A |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? | N/A |  |
| **7.** | Can we reduce the impact by taking different action? | N/A |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.