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Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



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To: Chief Executives Health Boards & Trusts

3 June 2020

Dear colleagues

Operational guide for the safe return of healthcare environments to routine arrangements following the initial Covid-19 response

The NHS in Wales is moving towards a new phase in the response to the pandemic. In addition to providing a high standard of care to patients with Covid-19 and maintaining essential services, there is a need to provide a variety of other routine services, including planned surgery and routine diagnostic procedures.

Infection prevention and control will be a hugely important component of this next phase where the avoidance of nosocomial transmission of Covid-19 will be key.

As services resume, both users of, and clinical staff who deliver those services must have confidence that the facilities and environment within which they are delivered are safe.

To support this, the Nosocomial Transmissions Group (NTG) has been established, jointly chaired by the Deputy Chief Medical Officer and the Chief Nursing Officer. The purpose of the group is to advise, support and provide direction on the actions needed to minimise nosocomial transmission and enable the safe resumption of services.

Attached is one of the first documents to issue from the NTG, 'Operational guide for the safe return of healthcare environments to routine arrangements following the initial Covid-19 response'. It is important that all NHS organisations follow this guidance as we must do all we can to minimise nosocomial transmission of COVID-19.

The document contains practical guidance on how hospitals and healthcare facilities can be reconfigured to ensure a swift and safe resumption of healthcare services.

The document offers guidance on the adaptation and reconfiguration of healthcare buildings and reshaping of environments using principles of communication, social distancing, signage and rigorous infection prevention and control measures.

This guidance has been developed by the NHS Wales Shared Services Partnership Specialist Estates Service (NWSSP-SES) and is based upon the Public Health England 'Reducing the risk of transmission of COVID-19 in the hospital settings' document and webpages.

Whilst the overriding principles contained in this document will be relevant for all healthcare providers, I understand that local solutions will be required to reflect the particular estate and circumstance.

Thank you to you and your teams for the work you are doing to restore services and maintain essential services in these challenging circumstances.

Yours sincerely



Dr Andrew Goodall CBE

cc: Medical Directors, Health Boards & Trusts
Directors of Nursing, Health Boards & Trusts
Chief Operating Officers, Health Boards & Trusts



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Operational guide for the safe return of healthcare environments to routine arrangements following the initial Covid-19 response

The NHS in Wales is now moving towards the reintroduction of non-COVID-19 patients back into healthcare facilities. Infection, prevention and control will be a hugely important component of this next phase where the avoidance of nosocomial transmission of the coronavirus disease will be key.

One important part of operational planning will be the adaptation and reconfiguration of healthcare buildings. Whilst the overriding principles to be followed will be relevant for all healthcare providers, local solutions will tend to be specific to the particular building.

This document is intended to provide practical guidance on how hospitals and healthcare facilities can be reconfigured to provide public confidence, and allow the NHS to return to a “new normal”. This information should be read in conjunction with the following document:

“COVID-19 infection prevention and control guidance.”
[updated 27th April 2020]

The above reference guidance was issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS), Public Health Scotland, Public Health England and NHS England as official guidance.

This guidance can be found on the following Government web site which is regularly updated [Reducing the risk of transmission of COVID-19 in the hospital setting](#) and should be referred to for the most current information.



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1.0 COMMUNICATION

Information should be clearly communicated to patients and visitors prior to arrival at the hospital or healthcare facility.

- Clear information to be provided on the Health Boards website regarding operational changes to address COVID-19
- Clear information to be provided on appointment letters to Patients attending for outpatient clinics or elective procedure regarding COVID-19 operational changes.
 - Social distancing requirements
 - Patient only attendance (with carer support)
 - Site Entry
 - Car parking arrangements
 - Building entry points
 - One way systems within the building
 - Facilities for beverages
 - Hospital staff will be wearing PPE
 - Any specific expectations of them due to the nature of the appointment
- Appointment times should be clearly stated, with the earliest arrival time clearly indicated. This is intended to maintain social distancing in waiting areas and avoid large numbers arriving at similar times.
- Consideration to be given for separate entry points for COVID-19 patients and staff.
- Consideration to be given to locating COVID-19 patients within clearly identifiable separate areas of the building.



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- Staff should be dedicated to COVID-19 patients and should not mix with staff from other departments within the hospital.

2.0 SIGNAGE

Signage should be clear and obvious

- Signage regarding COVID-19 should be clear and obvious at the entry to the hospital / health facility site. This should be clear on all signage whether arriving by car, public transport or on foot. Clear signage should state the main COVID-19 procedures such as large pictorials indicating the 2 metre social distancing requirement, together with the importance of regular hand washing / hand sanitisation.
- Clear pictorial signage at the entry to the building indicating the location of the isolated COVID-19 areas, together with pictorial directions on how to navigate the building safely.
- Consideration should be given to the use of coloured directional arrows located on the floor or walls ensuring that it is clear and obvious how patients and visitors should navigate the building.
- All signage to be bi-lingual and follow the guidance within “WAYFINDING” effective wayfinding and signing systems – guidance for healthcare facilities. Available from the NWSSP-SES website.



3.0 SOCIAL DISTANCING

Social distancing of 2 metres must be maintained, including while arriving at and departing from hospitals and healthcare facilities including navigating between departments within the building

- Social distancing must be observed within hospitals and healthcare facilities. Patients, visitors and staff must observe the 2 metre distancing rule.
- Consideration should be given to providing 2 metre markers located on the floor indicating the 2 metre distance.
- Consideration should be given to introducing one way systems within car parks to ensure that visitors, patients and staff enter the building at designated entry points.
- Consideration should be given to physical separation within hospital corridors to ensure patients, visitors and staff travelling in opposite directions are kept separate. This could be provided by a clear screen material. This can only be considered in major hospitals where main hospital corridors are wide enough to all physical separation to be provided.
- Lifts should be used by single occupants, if possible. Otherwise clear demarcation areas should be located on the floor clearly indicating where patients or visitors should stand.
- Clear travelling protocol should be developed for the use of stairs. Patients and visitors should not cross on the stair itself but wait on landings allowing as much clear distance as possible for passing.
- Consideration to be given to deploy Volunteers, porters and security staff throughout circulation routes to re-inforce the social distancing message.



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4.0 INFECTION CONTROL

Infection Control instructions should be clear and obvious

- Using signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, avoid touching your face and to cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available.
- Hand sanitation facilities should be provided prior to entry into the building, within entrance lobbies or immediately on entering the building.
- Hand sanitation facilities to be provided at regular points throughout corridors but especially at entry and exit from departments.
- Regular cleaning should be undertaken especially of frequently touched surfaces such as door handles, support rails etc.
- Frequent cleaning of work areas and equipment between uses, using your usual cleaning products.
- Frequent cleaning of objects and surfaces that are touched regularly, such as door handles and keyboards, and making sure there are adequate disposal arrangements.
- Clearing workspaces and removing waste and belongings from the work area at the end of a shift.
- Toilets should be accessed by one person at a time. This should be observed for toilets with more than one W.C. or urinal.



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- Clear and obvious signage should be located at all wash hand basins regarding hand washing good practice.

5.0 GENERAL AREAS

Reception desks and Waiting Areas

- Install transparent screens at reception desks to protect reception staff.
- Introduce a strict appointment system with earliest allowable arrival times to enable the control of numbers within the waiting area.
- Movable seating to be re-arranged to ensure 2 metre social distancing is in place. Fixed seating to be taped off to prevent seats being used.
- Directional signage located on floors to be use to ensure circulation promotes social distancing.
- COVID-19 infection control messages should be clear and visible wherever seated.
- Hand sanitisers should be provided at regular intervals, especially outside toilets, baby feeding and baby changing facilities. This will allow door handles to be wiped on entry and exit.



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6.0 STAFF AREAS

Staff areas / break out areas / rest areas / restaurant areas

- Staggering break times to reduce pressure on break rooms or places to eat.
- Using safe outdoor areas for breaks.
- Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions.
- Tables to be physically marked with yellow tape to indicate seating areas which are to be left vacant. Seating to be removed. Clear directional signage on the floor to direct safe movement.
- Encourage patients, visitors and staff to bring their own food. This does not apply to inpatients.
- Regulating use of locker rooms, changing areas and other facility areas to reduce concurrent usage.
- Encouraging storage of personal items and clothing in personal storage spaces, for example, lockers and during shifts.
- Provide appropriate signage in common areas to restrict access when social distancing is not possible / practical
- Where shower and changing facilities are required, setting clear use and cleaning guidance for showers, lockers and changing rooms to ensure they are kept clean and clear of personal items and that social distancing is achieved as much as possible.



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7.0 OFFICE AREAS

Administration areas

- Review layouts and processes to allow people to work further apart from each other.
- Using floor tape or paint (subject to Health & Safety recommendations) to mark areas to help workers keep to a 2m distance.
- Only where it is not possible to move workstations further apart, arranging people to work side by side or facing a way from each other rather than face-to-face.
- Only where it is not possible to move workstations further apart, using screens to separate people from each other.
- Managing occupancy levels to enable social distancing.
- Avoiding use of hot desks and spaces and, where not possible, for example, call centres or training facilities, cleaning workstations between different occupants including shared equipment.
- Provide hand sanitisers at regular intervals within the office space.



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8.0 FIRE PROTECTION

Fire Alarm and Fire Escape following physical changes to the environment in response to COVID-19

- Any physical changes to the environment must only be carried out following consultation with the Health Board fire officer, NWSSP-SES Authorising Engineer – Fire and the Fire Authority.
- The fire alarm system and fire escape routes must maintain full integrity following any physical changes.

These guidelines are suitable for Outpatient and elective procedures however, it is understood that they may not be easily applied within Accident and Emergency areas. Within A&E's There will be a greater reliance upon PPE, However the general principles around social distancing, Hand Washing, Hand sanitisers, circulation control, physical separation, single point of entry etc. should be adopted wherever possible.