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# Operational guide for the transition of healthcare environments in preparation for Autumn/Winter 2021/22 incorporating COVID - 19 Measures.

The NHS in Wales is now moving towards the Autumn / Winter of 2021/22, with a successful COVID-19 vaccination programme in place, but with significant challenges to deliver non-COVID care and address waiting lists. Infection prevention and control measures remain a key component of practice to ensure the safe return of all healthcare services and the avoidance of nosocomial transmission of COVID-19 and other infections, such as influenza, RSV and norovirus.

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 delivering all the services it needs to and to protect services from the spread of infections including SARS CoV-2. This information should be read in conjunction with the following document, via the link below, which is regularly updated and should be referred to for the most current information:

[UK COVID-19 IP&C Guidance.](#)

This guidance supersedes:

- Operational guide to the safe return of healthcare environments to routine business following Covid-19 (dated July 2020)
- Operational guide for the safe return of General Medical Practice Premises to routine arrangements following the initial Covid-19 response (dated July 2020)



## 1.0 INTRODUCTION

### Best Practice from the COVID-19 pandemic Operating Procedures should be maintained

- 1.1 During the COVID 19 pandemic the operating procedures for health care including general medical practices have changed considerably. As we approach Autumn / Winter 2021-22 we need to ensure that best practice and effective measures for preventing spread of SARS CoV-2 (COVID-19) infection are maintained and applied to take into consideration other Autumn / Winter infection challenges.
- 1.2 The key principles for the management of COVID-19 risks alongside other Autumn / Winter infections and pressures are:
- **Infection Prevention and Control (IP&C) and Risk Assessed patient pathways**
    - UK COVID-19 IP&C guidance remains in place and will be reviewed and updated at this link ([COVID-19: infection prevention and control \(IPC\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-infection-prevention-and-control-ipc))
  - **Implementation of the hierarchy of controls in order:**  
*Elimination, substitution, engineering, administrative controls and the correct and appropriate use of personal protective equipment (PPE)*
- 1.3 **For the Acute Sector:**
- **Elimination**
    - Triage / screening into pathways.
  - **Substitution**
    - Use of virtual consultations where possible
  - **Engineering**
    - The importance of maintaining a good standard of ventilation in clinical areas, cannot be over emphasised
    - Standards for mechanical ventilation in acute settings must be adhered to and improvements considered for naturally ventilated areas.
    - Use of screens / separators to be continued.



- **Administrative controls**
    - Appointment scheduling; clear pathways for patients and visitors; safe staff spaces, minimise overcrowding.
  - **Personal Protective Equipment (PPE)**
    - ensure adequate supply,
    - training and education in its use, complying with HSE requirements for fit testing of Respiratory Protective Equipment.
- 1.4 **For General Medical Practice (GMS):**
- **Elimination:**
    - Triage / Screening
    - Consider “respiratory infection” separate areas / sessions
    - Screening for COVID-19 symptoms and advise patients booked for any face-to-face contact to inform staff if they develop any respiratory symptoms and rescreen prior to consultation.
  - **Substitution**
    - Virtual / Remote Consultations – continue to offer where possible / appropriate.
  - **Engineering:**
    - Ventilation - Specific ventilation requirements for GMS should be complied with and should ensure that the premises are well ventilated, and the risk of airborne transmission of SARS CoV-2 and other respiratory viruses is greatly reduced.
    - Use of screens / separators to be maintained.
  - **Administrative Controls:**
    - A strict appointment scheduling system to maintain separation of patient pathways, including for emergency appointments.
    - Staff allocation to those with respiratory symptoms / risk of COVID-19 or to other patient groups where possible.
    - Arrangements for home visits, including dedicated services for those deemed clinically extremely vulnerable.
    - Maintain access to urgent care and essential routine care through appointment scheduling and management of practice areas.
    - Practice Collaboration, has worked previously to safely separate different patient cohorts such as Patients with symptoms of COVID-19 or shielded patients away from wider population.



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## 2.0 INFECTION PREVENTION AND CONTROL

### Embedding the IP&C Measures and Practices that were successful in managing spread of COVID-19 into Autumn / Winter preparedness.

- 2.1 [The UK COVID-19 IP&C Guidance](#) remains in place.
- 2.2 The move to COVID-19 alert level 0 in Wales on August 7, 2021 changed the requirements for social distancing and self-isolation for the population of Wales. However due to the vulnerability of the populations managed within health and social care, a cautious approach to mitigate the risks of SARS CoV-2 infection is advocated.
- 2.3 Social distancing must continue to be observed within hospitals and healthcare facilities, in particular in pathways where patients are suspected of or confirmed to have COVID-19.
- 2.4 Physical distancing of **at least** 1 metre remains a key IP&C measure to reduce transmission of SARS-CoV-2 and this should be increased whenever feasible, especially in indoor settings. [WHO IP&C guidance for management of suspected and confirmed COVID-19](#)
- 2.5 Organisations may wish to retain the 2 metre markers located on floors reinforcing the message that in healthcare physical distancing / separation is still important, particularly in high-risk areas / services managing, or likely to manage cases of COVID-19 disease.
- 2.6 Health Boards may now risk assess reducing social distancing requirements in the “low risk” – elective care pathways, but other IP&C measures and the [hierarchy of controls](#) still need to be applied
- 2.7 Inpatient Bed Spacing: Advice on provision of in-patient beds and spacings in multi bed bay settings can be found in the following guide:  
  
[WHBN 00-04 – Circulation and Communication Spaces](#)
- 2.8 Sources of other guidance: Welsh Health Technical Memoranda (WHTM) and Health Building Notes (HBNs) provide comprehensive advice and guidance of the design, installation and operation of



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buildings and engineering used in healthcare settings. They detail requirements relevant to bed spacing, healthcare setting infrastructure and ventilation which should still be adhered to. The guidance may be found here:

[Welsh Health Technical Memoranda \(WHTMs\) & Health Technical Memoranda \(HTMs\) - NHS Wales Shared Services Partnership](#)

[Welsh Health Building Notes \(WHBNs\) & Health Building Notes \(HBNs\) - NHS Wales Shared Services Partnership](#)

- 2.9 Use signs and posters to continue promoting awareness of good handwashing technique, the need to increase handwashing frequency, avoid touching the face and to cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available.
- 2.10 Hand sanitation facilities should be provided prior to entry into the building, within entrance lobbies or immediately on entering the building.
- 2.11 Hand sanitation facilities to be provided at regular points throughout corridors but especially at entry and exit from departments.
- 2.12 Regular cleaning should be undertaken especially of frequently touched surfaces such as door handles, support rails etc.
- 2.13 Frequent cleaning of work areas and equipment between uses, using your usual cleaning products.
- 2.14 Frequent cleaning of objects and surfaces that are touched regularly, such as door handles and keyboards, and making sure there are adequate disposal arrangements.
- 2.15 Clearing workspaces and removing waste and belongings from the work area at the end of a shift.
- 2.16 Clear and obvious signage should be located at all wash hand basins regarding hand washing good practice.



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## 3.0 VENTILATION

### One of the key Engineering measures to minimise spread of respiratory viruses including SARS CoV-2

- 3.1 The risk of transmission of respiratory viruses is greater in areas that are [poorly ventilated](#).
- 3.2 Guidance on ventilation in healthcare settings including the use of associated technology is set out in HTM 03-01 Specialist ventilation for healthcare premises which was recently updated in 2021.  
[WHTM 03-01 Specialised Ventilation For Healthcare Premises](#)
- 3.3 The Welsh Government's Nosocomial Transmission Group in conjunction with NWSSP- Specialist Estates Services has also provided updated guidance on ventilation in general hospital areas in Wales under cover of a Special Estates Services Notification SESN 21/16: COVID 19 and mitigating airborne transmission in healthcare settings: Ventilation Guidance Updates.  
[SESN 21/16: COVID 19 and mitigating airborne transmission in healthcare settings: Ventilation Guidance Updates](#)
- 3.4 This guidance is to inform organisations of the suite of estates and facilities documents released to date to be considered in respect of ventilation in areas. The links in the SESN will receive regular updates as and when new advice becomes available.
- 3.5 In addition, Health Boards and Trusts have Ventilation Safety Groups in place comprising of specialists from estates, clinical leads, Infection Prevention and Control and the Authorising Engineer advising on and monitoring the safe management of the ventilation systems in the healthcare environment.
- 3.6 For all settings including primary and social care premises to ensure maximum workplace risk mitigation, organisations should undertake local risk assessments based on the measures as prioritised in the hierarchy of controls. The risk assessment should include evaluation of



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the ventilation in the area, and prevalence of infection/new variants of concern in the local area including considering improving ventilation by opening windows (natural ventilation) if mechanical ventilation is not available.

- 3.7 The HSE has produced a useful guide on ventilation and air conditioning during the coronavirus (COVID 19) pandemic which includes guidance on improving natural and mechanical ventilation, and around the use of on air cleaning and filtration units link as below  
[Ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic \(hse.gov.uk\)](https://www.hse.gov.uk/ventilation-air-conditioning-during-covid-19-pandemic/)
- 3.8 At the moment there is very little (if any) evidence in the form of independent peer reviewed trials to confirm that the air cleaners / scrubbers are effective in reducing COVID-19 airborne transmission. That said, they are thought to be beneficial, because they can be effective at removing some airborne particles, droplets and aerosols in a room – providing they are sized and installed correctly and properly maintained.
- 3.9 For the above reasons' organisations should make every effort to improve fresh air ventilation to comply with existing regulations and guidance and only consider installing air cleaners as a final option, when all other options have been exhausted. Air cleaners **should not** be installed as an alternative to ventilation.
- 3.10 Specific ventilation requirements in GMS are set out in the following guides:
- [Welsh Health Building Note 36: General medical practice premises in Wales](#) (2017) – Refer to Table 1 in Appendix 2 of this document for recommended room mechanical ventilation rates.
  - [CIBSE - Emerging from Lockdown](#): CIBSE COVID-19 Ventilation guide (version 5, dated July 2021) – Refer to this guidance for areas of the building that are naturally ventilated, such as consulting rooms and admin areas.
- 3.11 The guidance given in section 4.1 and section 5 in the CIBSE COVID-19 guide is particularly important and should be followed rigorously to ensure that adequate natural ventilation is maintained in all naturally ventilated areas, by opening and adjusting windows and doors all year



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round to promote good fresh air ventilation.

- 3.12 Care obviously needs to be taken during the colder winter months to prevent excessive heat losses and cold air draughts through open windows and the rooms becoming too cold and uncomfortable for the occupants.





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## 4.0 COMMUNICATION

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

- 4.1 Clear information to be provided on the Health Boards website regarding operational changes put in place to manage risks of Autumn / Winter infections including SARS CoV-2 (COVID-19)
- 4.2 Clear information to be provided on appointment letters to Patients attending for outpatient clinics or elective procedure regarding these operational changes:
- Patient only attendance (with carer support), or with single accompanying adult. Aim is still to keep numbers attending down, but restrictions have eased at alert level 0. Health Boards and Trusts to risk assess what levels of attendance works to minimise overcrowding.
  - Timed appointments, limited waiting times.
  - Site Entry
  - Car parking arrangements
  - Building entry points
  - One-way systems within the building
  - Facilities for beverages
  - Hospital staff will be wearing PPE
  - May still be a requirement for patients / visitors to wear face coverings when attending out-patients / community healthcare or GP surgeries. Use of masks for in-patients also where tolerated.
  - Any specific expectations of them due to the nature of the appointment
- 4.3 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.
- 4.4 Consideration to be given for separate entry points for patients with respiratory symptoms including symptoms of COVID-19 (persistent new cough, fever and loss of taste and smell).



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## 5.0 SIGNAGE

### Signage should be clear and obvious

- 5.1 Signage regarding where patients with respiratory symptoms, including those of COVID-19 are to be assessed and managed, should be clear and obvious at the entry to the hospital / health facility site.
- 5.2 This should be clear on all signage whether arriving by car, public transport or on foot. Clear signage should state the main measures in place to manage the risks of respiratory infections including COVID-19.
- 5.3 These could be in the form of large pictorials indicating the physical distancing requirements / segregated pathways together with the importance of regular hand washing/ hand sanitization and clear indication of expectation of face covering use by patients / visitors in the healthcare facility.
- 5.4 Clear pictorial signage at the entry to the building indicating the location of any designated respiratory infection / COVID-19 areas, together with pictorial directions on how to navigate the building safely.
- 5.5 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.
- 5.6 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.



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## 6.0 FIRE PROTECTION

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

- 6.1 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.
- 6.2 The fire alarm system and fire escape routes must maintain full integrity following any physical changes.



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## 7.0 GENERAL AREAS

### Reception desks and Waiting Areas

- 7.1 Install transparent screens at reception desks to protect reception staff.
- 7.2 Introduce a strict appointment system with earliest allowable arrival times to enable the control of numbers within the waiting area.
- 7.3 Directional signage located on floors to be used to ensure circulation promotes social distancing.
- 7.4 Infection prevention and control messages, related to preventing spread of infections such as influenza (catch it, bin it, kill it) and COVID-19 should be clear and visible wherever seated.
- 7.5 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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## 8.0 STAFF AREAS

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

- 8.1 The move to alert level 0 in Wales does provide for relaxation in measures in restaurants and coffee shops in general. Healthcare organisations should risk assess the appropriateness of making similar relaxations to arrangements in staff communal areas and may wish to continue with some of the measures previously in place to minimise transmission of infection between staff members.
- 8.2 Staggering break times to reduce pressure on break rooms or places to eat.
- 8.3 Using safe outdoor areas for breaks.
- 8.4 Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions.
- 8.5 Regulating use of locker rooms, changing areas and other facility areas to reduce concurrent usage / minimise overcrowding.
- 8.6 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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## 9.0 OFFICE AREAS

### Administration area

- 9.1 At alert level 0 it is appropriate for healthcare organisations to manage office areas in line with other general offices / workplaces and conduct a risk assessment for this area.  
[Alert level 0: guidance for employers, businesses and organisations \[HTML\] | GOV.WALES](#)
- 9.2 Review layouts and processes to allow people to work further apart from each other.
- 9.3 Consider the use of screens to separate people from each other where it is not possible to move workstations further apart.
- 9.4 Managing occupancy levels to minimise overcrowding and encourage awareness of the importance of good ventilation.
- 9.5 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.
- 9.6 Provide hand sanitisers at regular intervals within the office space.