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26 June 2020

Dear Colleague

COVID-19 GUIDANCE FOR BED-SPACING IN HEALTHCARE SETTINGS

We have been discussing the impact of the nosocomial transmission of COVID-19 on acute hospital settings recently, particularly in terms of safety and capacity planning. This letter sets out the guidance that has been developed by the Nosocomial Transmission Group to advise on bed/trolley/cot spacing in hospital settings.

Minimizing nosocomial transmission of COVID-19 presents a challenge, particularly in light of the variety of symptoms COVID-19 positive patients present with and the potential for admission of asymptomatic patients into 'green' or COVID free zones/wards.

Social distancing between all inpatients is important during an ongoing outbreak, particularly when there is sustained community transmission of the virus. However this needs to be seen as part of a whole systems approach to preventing infection, including the reinforcement and facilitation of hand hygiene, appropriate use of personal protective equipment (PPE) and environmental cleaning and disinfection. Physical distancing alone will not prevent transmission.

Sars-CoV-2 virus is not considered as an airborne infection (except in circumstances where aerosols are generated) and there is much debate still on the definitive distance the viral droplets can travel but health boards/Velindre Trust should be aiming to maintain a 2 metre distance between patients and between patients and visitors.

Bed-spacing

Extant guidance and best practice on spacing around inpatient beds and other care environments is contained within Welsh Health Building Note 04-01 – 'Adult in-patient facilities' (2014) https://www.gov.uk/government/publications/adult-in-patient-facilities

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WHBN 00-03 – 'Clinical and clinical support spaces' (2013)
https://www.gov.uk/government/publications/design-and-layout-of-generic-clinical-and-clinical-support-spaces

The current recommendation for a clear bed space is 3.7m (length) x 3.6 m (width). Where two spaces adjoin/abut, there should be 3.6m from middle of bed to middle of bed. This should provide for 2 m distancing between patients if adhered to in conjunction with rearrangement of bedside furniture (to ensure bedside chairs are not adjacent) and patient advice.

Predating these publications, bed spacing of 3.0m (length) x 2.7m (wide) was recommended. Some of the clinical space within the NHS Wales estate may still reflect this in the absence of any upgrade or refurbishment. This will present greater challenges in maintaining adequate distance between patients.

Local risk assessments should be undertaken and consideration given to mitigating actions where these best practice recommendations cannot be achieved. Consideration will need to be given to mitigations such as the erection of temporary screening, or the removal of beds (physically or by clearly marking as out of use with tape) as a last resort. Individual risk assessments will need to be undertaken as ward layouts differ significantly between and within hospitals.

An overall organisational assessment should be carried to estimate the number of beds potentially lost to comply with the 3.6m x 3.7m minimum bed space and a plan developed to mitigate where possible the loss of inpatient beds. This will need to be balanced against the counter operational risk of lost capacity.

Social/Physical Distancing in Hospital Settings

As well as inpatient areas, social or physical distancing measures should be seen in the context of outpatient areas; office or administration; and general areas – clinical and non-clinical as previously advised.

With the support of Welsh Government and Public Health Wales, health boards/Velindre Trust are already engaged in putting up signage and prompts around hand hygiene; social distancing; and the use of face coverings and masks within healthcare environments https://gov.wales/keep-wales-safe-work This messaging should extend into clinical as well as non-clinical areas.

Influencing patient and visitor behaviour to reduce the risk of patient-to-patient spread remains crucial. This includes hand washing/gels and social distancing.

Whilst during a period of sustained community transmission of the virus staff will be wearing appropriate PPE when within 2 m of patients, they should be reminded of the need to maintain their social distance when outside of the clinical area and when not wearing PPE, and their role in modelling behaviour.

Screens

If temporary screens between beds/trolleys are being proposed, a multi-disciplinary risk assessment should consider the impact on ventilation; lighting; heating; safe patient

observation; smoke detection and fire escape access; along with ongoing compliance with the Equality Act (2010) e.g. patients with difficulty hearing or impaired sight may be disadvantaged by the use of additional barriers.

Erection of any partitioning is likely to interfere with ventilation as designed, including direction of air-flow, potentially creating spaces within bays with less effective ventilation or pockets of recirculation. The unintended consequences of partitioning could result in reduced air changes and dilution in some areas directly affecting how quickly the virus remains suspended and 'falls out' onto surfaces. These screens should be transparent, as solid screens obscure natural light and make you feel claustrophobic, also that they are 300 mm off the floor and 600 mm from the ceiling which allows for natural and artificial lighting and ventilation.

Risk assessments should include input from infection prevent teams; estates & facilities staff (including the Authorised Person for Ventilation) and health and safety advisors:

- Furniture around bed spaces may need to be rearranged to optimise space between patients
- Duration of proximity is a factor in social distancing. There is less risk of transmission in brief passing e.g. in a corridor, passing the end of a bed on route to the toilet than there is in sustained contact or face to face communication so it's important that bedside chairs between two beds are not adjacent
- The addition of temporary partitions can make already tight spacing unworkable and the use of floor markings may be more appropriate to indicate 'boundaries' between bed spaces
- Alternative venues to facilitate visiting – indoor or outdoor – will need to be identified where space around the bed is limited and/or visiting strictly staggered between patients. . (Please refer to the hospital visitor guidance)
- Where two people inhabit the bed space, e.g. mother and child, the patient zone would include both parties who would be considered one entity and additional spacing accounted for
- It is important that all visitors seek agreement from the ward sister/charge nurse before travelling.
- In clinical areas, common waiting areas or during transportation and where tolerable and appropriate, symptomatic patients may wear a surgical face mask.
- As per WG policy, some patients attending out-patients or for day case appointments / investigations as well as their accompanying carers may choose to wear a face covering. Those in the "shielded" group are advised to wear a medical mask if they need to attend. However it must be noted that patients may not be able to tolerate a face covering or mask for long periods of time

The use of face coverings or masks should not be seen as an alternative strategy to adequate bed spacing.

<u>Environmental decontamination</u>

- Any partitioning should be cleanable with non-porous surfaces.
- Additional time for cleaning of partitions should be factored into provision of enhanced cleaning hours
- All non-essential items should be removed from the clinical environment to maximise space and minimise the need for surface cleaning.

- Equipment that cannot be relocated, out with 2 m, may require an increased frequency of cleaning and/or be cleaned prior to use.

Aerosol Generating Procedures

Ideally aerosol generating procedures (AGPs) should be carried out in side rooms or appropriately ventilated treatment areas. In-patients requiring regular AGPs as part of their care should be prioritised for allocation of a single room. However in some areas e.g. respiratory wards / ICU where there are large numbers of cases of COVID-19 positive patients being managed it may not be possible to always use side rooms for AGPs. Appropriate PPE and environmental IPC measures must be in place for undertaking AGPs.

Further advice on the IP&C measures required and AGPs can be found at: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#ppe-guidance-by-healthcare-context

and

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/reducing-the-risk-of-transmission-of-covid-19-in-the-hospital-setting

The Use of Fans

- The use of fans in clinical areas with patients with COVID-19 or suspected COVID-19 is not recommended https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/reducing-the-risk-of-transmission-of-covid-19-in-the-hospital-setting
- Advice on the use of fans in healthcare environments is outlined in an Estates and Facilities Alert - EFA/2019/001 issued in January 2019 http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/WG%20EFA%202019%20001
- Whilst it has been suggested that the use of fans could be used to direct air towards air extract vents, the movement of air in healthcare environments is complex and this practice is not evidence based or advised.

Yours sincerely

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