

**NHS Golden Jubilee**

**Winter Plan 2022/23**

**Introduction**

This plan sets out the arrangements in place to deliver NHS Golden Jubilee (NHS GJ) key business objectives taking into account key pressures and risks during winter 2022.

The Winter Plan is supported by Business Continuity Planning Policy, Annual Delivery Plan, Workforce Plan and Financial Plan. Its development has been through joint working across the Board to ensure a whole-system multidisciplinary approach to winter planning.

**Period Affected**

This plan covers the winter period effective from 1 November 2022.

**Key Pressures**

* To achieve our Annual Delivery Plan targets we will pre-plan and model elective activity to maximise capacity. In the event of severe weather or a pandemic event impacting significantly on elective activity, appropriate communication will be initiated with the Scottish Government Access Support team to discuss arrangements for rescheduling activity and managing demand. Our activity is planned in line with our Annual Delivery Plan to support NHS Scotland.
* In the event of any further COVID-19 pandemic waves, it is assumed that NHS GJ will operate as a ‘Green’ or ‘COVID-light’ site to minimise the risks to patients undergoing complex surgery.
* It is recognised that volumes of emergency Cardiology day case patients (24-hour patients) presenting to NHS GJ may increase over the festive period. There are currently greater challenges repatriating these patients to in-patient beds across the region. We continue to work closely with referring Boards to manage these challenges.
* Winter pressures, significant influenza outbreak or future waves of COVID-19 will also reduce the ability for Boards to repatriate their patients. We will continue to work with Regional partners to deliver safe and sustainable pathways.
* NHS GJ has significant concerns about the lack of agreement (and required funding) to implement non-repatriation within Cardiology. This results in inevitable compromise to the delivery of planned care activity. Without this support NHS GJUNH cardiac services are impacted. It impacts our ability to provide flexible surge support to other boards and NHS Scotland generally.
* Flexible support provided to other Boards may impact activity in NHS GJ core specialties. Impact will depend on the nature of any request (service, duration, scale, finance and other enablers).
* We recognise that winter pressures, significant influenza outbreak or future waves of COVID-19 might impact on staff numbers. Availability of staff is included in each department’s Business Continuity Plan to ensure the ability to deliver safe services.
* Planned industrial action (within the NHS, impacting public transport and supply chain) which will impact workforce and supplies availability.
* Cost of living/energy crisis (potential energy ‘blackouts’) – while NHS sites are protected within the National Grid, staff and contractors working remotely may be affected by local power outages.

 **Key Objectives of the Winter Plan**

To communicate winter planning arrangements over this period in line with Board continuity plans, enabling the Board to:

* continue to provide planned elective activity where possible (in discussion with Scottish Government Health and Social Care Directorate and other NHS Boards) and emergency/urgent services
* continue to work with partners i.e. social services and primary care services to ensure effective discharge
* continue to work with referring Boards to ensure the effectiveness of the patient pathway for the repatriation of medical and cardiology patients
* enhance the ability of staff to face the challenges of the winter period efficiently, effectively, safely and with confidence.

The Board will continue to work within national guidelines set by the Scottish Government to minimise the risks associated with COVID-19.

 **Governance**

NHS GJ has returned to a ‘business as usual’ governance structure, but retains the option to return to the nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze). This structure allows for agile decision making at pace and allows for targeted communication to specific staff groups.

There is an ongoing need to ensure that patients are cared for in the most appropriate environment, with quality and safety of clinical care maintained throughout the winter period. There is heightened awareness of infection control procedures and application of infection control precautions, supported by organisational and clinical risk management arrangements.

Whilst it is anticipated that the Finance Delivery Plan will be achieved in line with resources detailed both within the NHS GJ Revenue Resource and Capital Limits, there still remains a high level of risk relating to outstanding allocations as well as finalisation of SLAs and clarification around the 2022/23 pay award offer. However, this will be guided by the Boards requirement to adapt to support local, regional and national pressures associated with winter, COVID-19, seasonal flu or other unforeseen events which may result in additional demands on beds and wider workforce challenges.

Resource risks will be reported via the formal Financial Performance review returns as well as the Quarter 2 and 3 review process in place with Scottish Government. Risks will also be discussed with Senior Management as appropriate during Finance and Performance governance meetings.

Every effort will be made to ensure that as far as possible, the needs of all patients are met and that there is equality of access during the winter period. An equality impact assessment for this plan has been carried out. Copies can be obtained from the Quality, Performance, Planning and Programmes Department.

The following actions are based on the NHS Scotland Winter Preparedness Checklist for NHS Boards:

1. **Resilience Preparedness**

Business continuity management plans are in place and regularly reviewed, exercised and updated across the organisation. Plans are in accordance with CCA 2004 Category 1 and 2 and other guidance. Operational Leads from across all Divisions are involved in business continuity management and winter preparedness to ensure that local and site level continuity plans contain the processes to be followed in terms of staffing, service delivery, equipment and all critical activities across the Board in response to adverse weather, clinical system outage and any possible Winter pressures.

Every effort has been made to ensure that business continuity management plans have identified all potential disruptive risks to service delivery and associated mitigation responses. These include lessons identified from previous winters and risks such as adverse weather and pandemic events.

Current risks such as power outage, supply chain issues, adverse weather, pandemic flu and COVID-19 are captured within the Board’s Corporate Risk Register. The risk of industrial action has not been mandated as an area for consideration within each Departments’ continuity plan. However, consideration is being given within the imminent review of plans with the intention of ensuring that mitigation processes have been developed to allow critical services to continue in the event of industrial action.

An Estates business continuity plan is in place which includes the impact of national, local or planned power outages. Essential areas of the site have generator back up and these are regularly tested. The level of fuel to power the generators is also regularly checked to ensure a maximum supply on site.

Risk assessments take into account staff absences and link to a business impact analysis to ensure that essential staff are in place to maintain key services. All critical activities and actions required are included on the corporate risk register; they are actively monitored by the risk owner and the Executive Team.

An agreement in principal is in place with NHS Greater Glasgow and Clyde (NHSGGC) that we will provide Category II support in the event of an incident. Our continuity management plans have been reviewed to ensure they are complementary with those of NHSGGC.

As part of West of Scotland (WoS) mutual aid arrangements, access to NHS GJ capacity will be in line with agreed protocols. Escalation plans within clinical divisions describe the processes for managing clinical activity during periods of winter and/or pandemic pressure.

NHS GJ continues to work with referring Boards to ensure smooth repatriation of patients. In working collaboratively, we aim to ensure that both the upstream and downstream pathways are maximised, minimising any potential surge impacts. As part of national planning and the West of Scotland Critical Care Group, in the event of a pandemic event we would explore all options for access to our critical care and theatre capacity.

NHS GJ will provide (where possible) flexible and responsive support to NHS Scotland Boards in response to system wide surge and demand pressures. However, the continuation of support provided in previous years to neighbouring Boards through the non-repatriation of NSTEMI patients raises concerns in relation to the lack of formal agreement, funding and the ability to offer this support without compromising delivery of planned care activity.

To ensure the effective communication of information to staff NHS GJ has:

* Board wide and department specific business continuity plans
* A Senior Duty Manager rota to deal with out of hours’ operational issues
* 24-hour Senior Nurse cover including a Hospital at Night Service
* Bed Management and Discharge Coordination
* A twice daily hospital huddle
* An external communications plan, managed by the NHS GJ Director of Strategic Communications and Stakeholder Relations, with appropriate out of hours’ arrangements.

The Internal Incident Escalation Procedure (Appendix 1) will be used in emergency situations.

The Communications Department will co-ordinate and respond to any press enquiries over the winter period. Key messages to patients and service users for issues impacting patient care during the winter period will also be overseen by the Communications Department.

Escalation arrangements are in place to ensure that the Scottish Government Health and Social Care Directorate receive appropriate and timely notification of winter pressures.

Exception reporting of events that are likely to or will significantly reduce the NHS GJ’s ability to manage waiting lists, will be made known to Scottish Government by the Nurse Director or delegated Executive Director. As part of ongoing bed management we also provide this information on a rolling basis through the year. Exception reports will include:

* Closure of a hospital to emergencies for any reason
* Unplanned closure of a ward or a number of beds
* Cancellation of elective procedures because of a lack of capacity
* Significant outbreak of infection
* Significant increase in expected demand

Our critical care bed availability is reported on an automated basis via Wardwatcher providing Scottish Government Health and Social Care Directorate with up to the minute access to bed status across Scotland.

Health Protection Scotland issue influenza updates and norovirus ward closures to the NHS during the winter period.

Daily returns relating to the COVID-19 pandemic situation will continue to be made to the Scottish Government and Public Health Scotland in line with reporting requirements.

1. **Urgent and Unscheduled Care**

NHS GJ Cardiothoracic Services provide emergency, urgent and unscheduled care service with rapid access to clinical decision makers and a named Surgeon of the Day Monday to Friday with on call consultant available out of hours, weekends and over the Public Holidays.

Daily Multi-Disciplinary Team meetings provide effective communication between clinical departments. Escalation procedures ensure any system pressures are highlighted to senior management as they emerge. A daily urgent cardiac patient (virtual) review with administrative scheduling and cardiology teams is also held.

Twice daily safety-huddles focus on the current status, activity and available capacity across the hospital, with consideration also given to predicted theatre and bed management issues.

Cardiology services will continue the existing repatriation service model this winter. A non-repatriation model was successfully implemented in 2021/22 however, following discussion with the region, there is not the financial support or workforce available to do so again this year. The service will maintain its current bed footprint throughout the winter whilst accepting this will be a challenging period for referring hospitals.

Existing arrangements are in place for NHS GJ respiratory patients who are part of the SPVU service to receive unplanned care at NHS GGC Queen Elizabeth University Hospital.

1. **Intermediate / Step Down Care**

Not applicable to NHS GJ

1. **Primary Care**

Not applicable to NHS GJ

1. **Primary Care Out of Hours**

Not applicable to NHS GJ

1. **Planned Care**

In managing our waiting lists both practice and performance are subject to ongoing local review within departments and at Board level. Reports are provided to the wider management and leadership teams at Executive meetings, Finance and Performance Committee, Performance Review Groups, and ultimately to the Board.

Performance against Waiting Times standards and local stage of Treatment Guarantees will be closely monitored throughout the winter period to ensure no unnecessary delays to patient pathways and the ongoing delivery of waiting times standards.

Seven-day discharge is embedded as standard practice at NHS GJ. In line with this, criteria led discharge and planned day of discharge monitoring will ensure clinically appropriate patients will continue to be discharged over weekends and on bank holidays. NHS GJ will work proactively with the Scottish Ambulance Service and Social Services to facilitate these discharges where required.

Pathways for onward referral have been optimised through regular multidisciplinary meetings with Cardiac and Cardiology input helping to provide professional to professional advice. Additionally, NHS GJ has access to liaison psychiatry for all patients should it be required.

Discharge planning arrangements will begin on admission or at pre-admission assessment to minimise delays for patients admitted over the festive period. On-going engagement with the Scottish Ambulance Service (SAS) will also be undertaken to effectively plan patient transport when it is known, or anticipated, that patients will require transport home or to another care setting.

Engagement with social care services will be made at an early stage, allowing maximum time for care packages to be sourced. We have named contacts within most local authorities. Winter guidance advises territorial Boards that refer their patients to NHS GJ to ensure that their local authorities make available adequate resources during the winter period. Where available or appropriate for individual patients, discussions with local authority partners, referring Health Boards, and/or primary care services around options for utilisation of community hospital capacity will be pursued.Most social work services have cut-off points for referrals over the festive period but this varies from area to area. Although the team will try to facilitate timely discharge wherever possible there is a risk that some patient discharges will be delayed during this time.

The discharge lounge remains available, with guidelines for use revised for COVID-19.

The effectiveness of discharge strategies will be actively monitored throughout the winter period through twice daily reviews of the number of boarding patients, admissions and discharges at the hospital huddles.

Future admissions and theatre sessions are reviewed on a regular basis across a series of scheduled meetings. Admissions are planned approximately six weeks in advance thus allowing for detailed clinical capacity planning, and also accommodation of any late changes due to clinical demand or changing patient needs.

Elective cardiac surgery will pause over the festive period due to the availability of blood products. It is anticipated that elective cardiac activity will recommence with careful case selection on Wednesday 4 January 2023, subject to confirmation from the Blood Transfusion Service. All other elective surgical services are expected to run as normal between the Christmas and New Year public holidays.

Daily elective cancellations, admissions and discharge numbers are monitored via the hospital huddles, ensuring patient needs are met with real time responses to demand surges. The hospital’s electronic reporting systems will be used to monitor demand trends and produce a daily situation report, allowing for informed planning throughout the period.

Local procedures are in place to ensure we do not exceed 80% capacity within the mortuary.

NHS GJ operates a range of vehicles to deal with transport requirements of our patients. All patient transport drivers have undergone basic first aid courses. Two dedicated ambulances, operated by SAS, are based at NHS GJ to facilitate the transfer of cardiothoracic and cardiology patients to NHS GJ and back to their base hospital. This will continue to be available over the winter and festive period. In the event of extreme pressures, we will review options for the use of our vehicles to assist with the repatriation of medical patients back to NHSGGC.

1. **COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing**

As the NHS faces uncertainty over the impact of winter pressures, the potential for a significant flu outbreak, or further pandemic waves, NHS GJ will be part of mutual aid and collaboration arrangements across the West region.

Between 2010/11 and 2021/22 NHS GJ has had no ward closures due to norovirus. To maintain preparedness, the Board has a Norovirus Policy that is updated annually to reflect the latest guidance issued by Health Protection Scotland (HPS). This ensures that the Board is optimally prepared and has raised awareness within the Board of the Norovirus Preparedness Plan.

NHS GJ routinely monitor PHS weekly publications, showing the current epidemiological picture on COVID-19, RSV, Norovirus and influenza infections across Scotland to help detect early warnings of imminent surges. In addition, fortnightly meetings are held with Antimicrobial Resistance and Healthcare Associate Infection (ARHAI).

Any outbreaks of norovirus resulting in ward or bay closures will be included within the weekly reports that are sent to HPS. There is no requirement to report single cases. NHS GJ’s Communication team will consider how to inform the public about any visiting restrictions which may arise as a result of a norovirus outbreak.

The Board remains vigilant to the challenge of norovirus and respond to national media releases by HPS as required. The Board will continue to utilise national norovirus publicity materials and seasonal reminders to communicate the key messages around norovirus to patients and staff.

Adequate resources are in place to manage all potential Covid-19 outbreaks, including possible new variants with increased severity. Consideration has also been given to the occurrence of the outbreak of Covid-19, RSV or seasonal flu in conjunction with norovirus, severe weather and festive holiday periods. Infection Control Nurses are on call 24/7 and in the event of a Problem Assessment Group (PAG) required this would be co-ordinated by the Infection Control Team and the Duty manager.

The transition back to the National Infection Prevention and Control Manual (NIPCM) sees a move away from respiratory and non-respiratory pathways associated with the Winter Respiratory Infections Prevention and Control addendum. It returns to patient placement based on an assessment of risk alongside application of routine Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) in line with pre-pandemic infection prevention and control practices. Any local increase would be managed via our PAG/IMT process. A change in variant would have implications for NHS Scotland and national advice would be followed.

Patient management, bed management, staff redeployment, the use of bank and agency staff and the alternative use of existing estate are contained within contingency plans to offset pressures of any significant outbreaks.

Following any significant outbreak, debriefs and outbreak reports will be provided to all appropriate governance groups to ensure system modifications to reduce the risk of future outbreaks.

The Prevention and Control of Infection team work closely with housekeeping regarding environmental decontamination. Patient infection assessments and care standards are completed to inform any additional requirements for patient movement. Out of hours and public holiday access to Prevention and Control of Infection nurses through on call arrangements are in place. Links with NHS GGC Infection Control teams are in place if there was a requirement to optimise resource and response to a rapidly changing norovirus situation.

In the event of a COVID-19 outbreak the Infection Prevention and Control COVID-19 Outbreak Checklist (Appendix 2) would be used. In the event of an outbreak of COVID-19, norovirus or influenza our setting provides sufficient single room capacity for isolation.

NHS GJ is committed to increasing the flu vaccination uptake each year and will be actively engaged in this year’s campaign.Vaccination clinics have been arranged for eligible staff to receive the COVID-19 booster and seasonal flu vaccine in a single appointment. An appointment booking portal has been shared with all staff to allow them to book a time most suitable for them.

1. **Workforce**

Rota planning for the festive period will be undertaken for all staff groups during October 2022 to ensure staff are available during peak activity times, allowing teams to effectively manage predicted activity and discharge over the festive period.

It is recognised that winter pressures could impact on staffing levels, workforce availability will be closely monitored to ensure ongoing safe delivery of services.

Staff turnover is regularly reviewed with appropriate steps taken to support the recruitment and retention of staff including enabling staff who have retired to return to work on a part time basis should they wish to do so.

A number of local and national wellbeing resources are available to staff. These include local initiatives available through the NHS GJ Wellbeing Hub.

NHS GJ utilises an extensive network of volunteers across a range of patient/family facing support, and advisory roles. Volunteers provide much valued support to patients while also freeing up core staff capacity. NHS GJ will continue to consider opportunities to maximise the contribution of volunteers. NHS GJ encourages student nurses/medical staff to undertake placements at NHS GJ, offering student nurses’ roles in positions such as Health Care Support Worker whilst they are studying.

NHS GJ arrangements for business continuity in the event of adverse weather will be consistent with national arrangements. Business Continuity Plans set out minimal levels of safe staffing cover in the event of adverse events, including weather. The Golden Jubilee Conference Hotel is available in the event that staff and patients require overnight accommodation in the event of adverse weather disruption to travel.

Plans are in place to provide information for staff on how to access services during the period and to ensure that they are offered flu vaccination in a timely manner.

The Board has HR policies and guidance in place that cover:

* What staff should do in the event of severe weather hindering access to work
* How the appropriate travel advice will be communicated to staff and patients

The Board website and social media channels will be used to indicate advice on travel to hospital appointments during severe weather or in the event of other issues such as industrial action impacting the availability of public transport.

The impact of planned industrial action is being managed through the organisational Resilience Group. Local Business Continuity arrangements make provision for safe levels of staffing. The impact of industrial action, board-wide and in individual services, will be managed in consultation with the relevant staff trades unions.

While NHS sites are protected within the National Grid, and will not be affected by potential winter energy outages, it is recognised that staff and contractors working off-site (such as working from home) may be affected. This includes work related disruption and the personal impact, for example care responsibilities. Efforts will be made within individual teams and departmental business continuity arrangements to minimise the impact of this disruption, and may include staff working flexibly to balance on/off site working.

1. **Digital and Technology**

The equipment to enable home working is available and distributed to all staff who have a need or capacity within their role to work from home.

The use of NHS NearMe was introduced at pace during the initial stages of the COVID-19 pandemic, and remains a flexible option for remote patient consultation should this be required due to patient geography, adverse weather or clinical need.

The Digital Maturity Process is being addressed as part of the new Digital Strategy which is currently in development, to be approved early next year. A Digital Maturity roadmap will form part of the strategy and detail at what points we will move through the Digital Maturity gateways. NHS GJ expects to reach level 2 during Q1 to Q3 2023 depending on funding.

All programmes of work fully consider digital requirements. Resources have been allocated at the outset, with expertise and support put in place rapidly in the event of a cyber-attack.

**NHS Golden Jubilee**

**November 2022**

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**Appendix 1:**

**INTERNAL INCIDENT MANAGEMENT FLOW CHART**

**Does the incident have potential to cause major**

**disruption beyond your immediate area of work?**

**Report/Manage**

**using incident**

**reporting process**

**as per guidance**

**in Incident**

**Guidelines**

**In working hours:**

**Contact Duty**

**Out of hours:**

**Contact Senior Nurse**

**who in turn will call**

**Duty Manager**

**Can be managed**

**locally**

**Yes**

**No**

**Incident has**

**occurred**

**Duty Manager contacts core team**

**and exec directors.**

**Incident group report to Incident**

**Room and manage incident**

**Will incident have longer**

**term impact on business**

**No**

**Yes**

**Incident Closed.**

**Stand down is called by Duty**

**Manager**

**Debrief and event reviewed**

**at next Resilience Group**

**for lessons learned**

**Business**

**Continuity**

**Plans**

**arrangements**

**initiated**

**Yes**

**No**

**Incident assessed**

**by duty manager**

**as major**

**Does the incident have potential to cause major**

**disruption beyond your immediate area of work?**

**Report/Manage**

**using incident**

**reporting process**

**as per guidance**

**in Incident**

**Guidelines**

**In working hours:**

**Contact Duty**

**Out of hours:**

**Contact Senior Nurse**

**who in turn will call**

**Duty Manager**

**Can be managed**

**locally**

**Yes**

**No**

**Incident has**

**occurred**

**term impact on business**

**No**

**Yes**

**Incident Closed.**

**Stand down is called by Duty**

**Manager**

**Business**

**Continuity**

**Plans**

**Yes**

**No**

**Incident assessed**

**by duty manager**

**as major**

**Manager via**

**switchboard**

**Appendix 2: COVID-19 Outbreak Checklist**

**Infection Prevention and Control COVID-19 Outbreak Checklist**

**(Refer to the National Infection Prevention and Control Manual (NIPCM) for further information** [**http://www.nipcm.hps.scot.nhs.uk/**](http://www.nipcm.hps.scot.nhs.uk/) **)**

|  |
| --- |
| **This COVID-19 tool is designed for the control of incidents and outbreak in healthcare settings.****Definitions: 2 or more confirmed or suspected cases of COVID-19 within the same area within 14 days where cross transmission has been identified.****Confirmed case: anyone testing positive for COVID-19****Suspected case: anyone experiencing** [**symptoms**](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice) **indicative of COVID (not yet confirmed by virology)** **This tool can be used within a COVID-19 ward or when there is an individual case or multiple cases.** |
| **Standard Infection Control Precautions;****Apply to all staff, in all care settings, at all times, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.** |
| **Patient Placement/Assessment of risk/Cohort area Date**  |
| Patient placement is prioritised in a suitable area pending investigation such as for a single case i.e. single room with clinical wash hand basin and en-suite facilities  |  |  |  |  |  |
| Cohort areas are established for multiple cases of **confirmed** COVID-19 (if single rooms are unavailable). Suspected cases should be cohorted separately until confirmed. Patients should be separated by at least 2 metres if cohorted. |  |  |  |  |  |
| Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure). |  |  |  |  |  |
| If failure to isolate, inform IPCT. **Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout patient stay.** |  |  |  |  |  |
| Patient placement is reviewed as the care pathway changes. NB: Patients may be moved into suspected or confirmed COVID-19 cohorts or wards to support bed management.  |  |  |  |  |  |
| **Personal Protective Clothing (PPE)** |
|  1. PPE requirements: PPE should be worn in accordance with the **COVID 19 IPC addendum** for the relevant sector:* [**Acute settings**](https://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-infection-prevention-and-control-addendum-for-acute-settings/)
* [**Care home**](https://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-care-home-infection-prevention-and-control-addendum/)
* [**Community health and care settings**](https://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-community-health-and-care-settings-infection-prevention-and-control-addendum/)

2. All staff should wear a FRSM in accordance with the updated guidance on face coverings, which can be found [**here**](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/06/coronavirus-covid-19-interim-guidance-on-use-of-face-coverings-in-hospitals-and-care-homes/documents/interim-guidance-on-extended-use-of-face-coverings-in-hospitals-and-care-homes/interim-guidance-on-extended-use-of-face-coverings-in-hospitals-and-care-homes/govscot%3Adocument/guidance-face-masks.pdf). |  |  |  |  |  |
| **Safe Management of Care Equipment** |
| Single-use items are in use where possible. |  |  |  |  |  |
| Dedicated reusable non-invasive care equipment is in use and decontaminated between uses. Where it cannot be dedicated ensure equipment is decontaminated following removal from the COVID-19 room/cohort area and prior to use on another patient. |  |  |  |  |  |
| **Safe Management of the Care Environment** |  |  |  |
| All areas are free from non-essential items and equipment. |  |  |  |  |  |
| **At least twice daily** decontamination of thepatient isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.). |  |  |  |  |  |
| **Increased frequency** of decontamination (at least twice daily) is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g. “frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails. |  |  |  |  |  |
| **Terminal decontamination** is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious. |  |  |  |  |  |
| **Hand Hygiene** |
| Staff undertake hand hygiene as per WHO 5 moments: using either ABHR or soap and water |  |  |  |  |  |
| **Movement Restrictions/Transfer/Discharge**  |
| Patients with suspected/confirmed COVID should not be moved to other wards or departments unless this is for essential care such as escalation to critical care or essential investigations.Discharge home/care facility:Follow the latest advice in [COVID-19 - guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings](https://hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-stepdown-of-infection-control-precautions-and-discharging-covid-19-patients-from-hospital-to-residential-settings/).  |  |  |  |  |  |
| **Respiratory Hygiene** |
|  **Patients are supported with hand hygiene and provided with disposable tissues and a waste bag**  |  |  |  |  |  |
| **Information and Treatment** |
| Patient/Carer informed of all screening/investigation result(s). |  |  |  |  |  |
| [Patient Information Leaflet](https://www.gov.scot/publications/coronavirus-covid-19-clinical-advice/) if available or advice provided? |  |  |  |  |  |
| Education given at ward level by a member of the IPCT on the [IPC COVID guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)? |  |  |  |  |  |
| Staff are provided with [information on testing](https://www.gov.scot/publications/coronavirus-covid-19-getting-tested/pages/overview/) if required |  |  |  |  |  |