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Operational guide for the safe return of General Medical Practice Premises 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. This guidance concentrates on the return to a ‘new normal’ for General Medical Practice Premises (The Premises).

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

This document is intended to provide practical guidance on how these Premises can be reconfigured, where possible, 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. Although directed at hospital settings the general principles are applicable to Primary Care Premises.



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1.0 INTRODUCTION

Lessons learned from the Operating Procedures should be maintained

During the COVID 19 pandemic the operating procedures for General Medical Practices have changed considerably with some of the key principles being :

- **Remote Consultations**
Remote consultation has taken place wherever possible with much use being made of video and telephone during the process.
- **Appointments**
A strict appointment system has been maintained for non COVID-19 related illnesses, including any emergency appointments.
- **Practice Collaboration**
Where necessary practices have worked together to safely separate different patient cohorts such as Patients with symptoms of COVID-19, shielded patients and the wider population.
- **Staff**
Staff have been allocated to either patients with symptoms of COVID-19 or other patient groups where possible.
- **Risk Assessments**
In order to protect the workforce, **staff** have been **risk assessed** to identify those at increased risk from COVID-19.
- **Home Visits**
Dedicated home visiting services have been undertaken for **shielded patients**.
- **Urgent Care**
Access to urgent care and essential routine care has been maintained for all patients.



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- **Screening**

All patients without symptoms of COVID-19 booked for any face-to-face contact have been advised to inform staff if they develop symptoms, and rescreened prior to consultation.

These Operating Procedures, although forced upon General Medical Practice in the face of the COVID-19 pandemic, have improved the way that services are provided. This guidance is not intended to return services to the way they were delivered previously but to build upon the lessons that have been learned and therefore improve the delivery of General Medical Practice services to the General Public.

Many practices have been open during the recent COVID-19 pandemic on a restricted access basis or operating as hot/cold hubs. As services gradually begin to return to standard service, consideration will need to be given to the ongoing protection of patients and staff.

This guidance is focused upon ways in which existing GMS practices might be adapted or organised to minimise the risk of virus transmission.

Existing premises vary in age and design, some are easier to adapt than others. Independent contractors are responsible for the provision of suitable premises and the protection of staff and service users.

Transmission risk can be reduced through a combination of building adaptation, organisation and work flow management. This guidance will mainly focus upon the building, layout and fabric of Practice Premises.

Any alteration to premises must comply with planning and building control regulations and should not impede fire safety evacuation procedures.

Practice premises can be eligible for Improvement Grant works as set out in the NHS- (Premises Cost) (Wales) Directions 2015, subject to Welsh Government and Health Board budgetary constraints. Some works, particularly if related to infection control may be eligible for funding. GP contractors are advised to contact the commissioning Health Board to discuss. Improvement Grants require a contractor minimum contribution of 34%.



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This guidance is focused upon GMS surgery premises in a primary care setting and where solutions are reasonably quick to arrange or install. More complex arrangements, where physical works or alterations are required, may not be achieved within time to be of assistance during this pandemic, however works which improve practice premises are actively encouraged.

Premises Cost Directions possible eligible works might include:

- Reconfiguration of existing GMS areas to improve service provision
- Installation of automatic entrance doors (infection control)
- Transparent reception screening (infection barrier control)
- Installation of extractor fan/s
- Space converted to offensive healthcare waste stores
- Waiting room seating and flooring recover for infection control purposes
- Installation of approved clinical wash and hand basin/s with associated works (taps/splash backs) to replace non clinical equivalent/s
- Improvements which are necessary to meet infection control or decontamination requirements at practice premises, including the installation of specialist floor coverings in areas used for the treatment of patients (with the exception of fair wear & tear)

2.0 COMMUNICATION

Information should be clearly communicated to patients and visitors prior to arrival at the premises.

- Good communication with patients is essential and with a strict appointment system in place the objective is to limit the number of patients accessing the building.



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- A strict appointment system will not only limit numbers but will also impose a discipline upon patients and staff. Indiscipline on using the appointment system will create a risk to all that use the facility.
- First contact with the General Medical Practice should be made by telephone. The enquiry will initially be taken by an experienced NHS navigator who will triage the enquiry. The NHS navigator will then determine the correct NHS professional to deal with the enquiry. This may be GP, Pharmacist, Practice Nurse, Physiotherapist, Occupational Therapist, Optometrist, Dentist, Podiatrist, Health Visitor or Social Care Workers.
- A telephone or video appointment will then be made with the most appropriate professional. The most appropriate professional will then contact the patient to determine whether the issue can be dealt with remotely or whether a face to face appointment is required.
- If a face to face appointment is necessary:
- COVID-19 patients should be seen within clearly identifiable separate areas of the building.
- Clear instructions will need to be given by the practice regarding expectations of the patient on arrival.
- Clear information to be provided on websites regarding operational changes to address COVID-19.
- Appointment times should be clearly communicated, with the earliest arrival time clearly stated. This is intended to maintain social distancing in waiting areas and avoid large numbers arriving at similar times.
- There should be clearly marked external areas for queuing two metres apart.
- Consideration of using call /alert system to advise patients when it is their turn so as to avoid congestion inside buildings.



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- Consideration of flexible appointment duration so as to avoid congestion inside buildings.
- Consideration to be given to whether temperature recording on entry is appropriate.
- Clear information to be provided either over the telephone, on appointment letters or SMS where possible to Patients attending for appointments regarding COVID-19 operational changes as follows:
 - Social distancing requirements including Entry and Exits procedures
 - The wearing of face coverings
 - Patient only attendance (with carer support)
 - Site Entry
 - Car parking arrangements
 - Building entry points including dedicated entry for COVID-19 patients
 - Isolation Areas
 - One way systems within the building
 - Practice staff will be Social Distancing and wearing PPE
 - Any specific expectations of them due to the nature of the appointment
 - Temperature Readings may be taken

3.0 SIGNAGE

Signage should be clear and obvious

- Signage regarding COVID-19 should be clear and obvious at the entry to the Premises. This should be clear on signage on arrival by car whether arriving by car, public transport or on foot. Clear signage should state the main COVID-19 procedures such as large pictorials



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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. Practices may utilise the translation service offered by the Local Health Board for this purpose.

4.0 SOCIAL DISTANCING

Social distancing of 2 metres must be maintained, while arriving at and departing from the premises including navigating within the building

- Social distancing must be observed within the Premises etc. 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 both inside and outside the building.



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5.0 HYGIENE AND CLEANING

Hygiene 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.
- Where alcohol based hand rubs (ABHR) are referred to within the document, the preference would be for hand washing where the facility is available.
- Patients and staff should wear face coverings in accordance with the most recent Welsh Government guidance.
- Consideration to be given to whether temperature recording on entry is appropriate.
- ABHR facilities should be provided and clearly signed prior to entry into the building, within entrance lobbies or immediately on entering the building consider reinforcement by reception staff.
- ABHR facilities to be provided at regular points throughout corridors but especially at entry and exit from rooms..
- Regular cleaning of surfaces should be undertaken, touch points in public areas such as lifts and corridor handrails; and electronic equipment, including mobile phones, desk phones and other communication devices, tablets, desktops, and keyboards (particularly where these are used by many people), should be decontaminated at least twice daily with 70% ethyl alcohol or product as specified by the manufacturer



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- After cleaning with neutral detergent, a chlorine-based disinfectant should be used, in the form of a solution at a minimum strength of 1,000ppm available chlorine. If an alternative disinfectant is used within the organisation, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses.
- Clearing workspaces and removing waste and belongings from the work area at the end of a shift.
- Toilets for both staff and patients should be accessed by one person at a time. This should be observed for toilets with more than one W.C. or urinal.
- Clear and obvious signage should be located at all wash hand basins regarding hand washing good practice.
- Waste Management and Disposal should be carefully managed with consideration to COVID-19 waste (offensive healthcare waste) being stored separately.
- Consideration should be given to reducing the cross contamination of cleaning products and equipment.

6.0 THE PATIENT JOURNEY

The physical environment will need to be modified to allow for social distancing

If a face to face appointment is absolutely necessary the following physical changes to the environment will be necessary



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6.1 Arrival

- Whether arriving by motor vehicle, public transport bicycle or on foot signage must be clear and obvious that Social Distancing must be adhered to and face coverings should be worn in accordance with Welsh Government guidance.

6.2 Car Parking

- Consideration should be given to introducing a one-way system within the car parking area. This will allow safe passage of vehicles but also indicate to those arriving that a change in procedures have been introduced. Where possible consider social distances between parking spaces.
- Where electric charging points have been provided, ABHR facilities should be available to enable hand cleansing prior to and after use of the facility.

6.3 Main Entrance

- All Patients and Staff entering the building may be expected to wear face coverings dependant on Government updates. Staff examining suspected COVID-19 patients will be wearing medical grade PPE, while support staff will be expected to wear face coverings as directed by Welsh Government.
- Most Practices are operating a locked door policy, with controlled entry via intercom or similar.
- Consideration should be given to automatic opening doors, if not already in-situ.
- A Cleansing Station should be provided – hand washing facilities / Wipes / Gel (auto preferably) either within the lobby area or



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immediately on entering the building with clear large signage instructing staff and patients to use the facility.

- Social distancing markers must be evident on entry to the building together with signs indicating direction of travel.
- Consider separate entrance and exit to avoid patients passing in close proximity.

6.4 Automated Booking Point

- Patients will be expected to use the automated check-in system (if one exists). Social distancing markers should be provided on the floor indicating the 2 metre distance requirement.
- ABHR facilities must be provided at the automated check-in point to allow patients to sanitise their hands after checking in for their appointment.

6.5 Reception

- Social distancing and staff protection must be observed when patient contact takes place.
- Floor markers indicating 2 metre distance must be displayed.
- Receptions or patient contact points must be protected with clear screens.
- ABHR facilities must be provided at reception for use by patients, visitors and staff for use following hand contact with any surface.
- If surfaces have been touched by either staff or patients during the interaction then surfaces must be cleaned with a surface disinfection wipes prior to the next staff / patient interaction.



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- A foot operated waste receptacle must be provided behind reception for the disposal of surface disinfection wipes
- 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. Fixed seating could be used providing 2 metres apart and clearly identified. Seating will be required for Patients and Carers or Patients and family member to sit together. This will require strict management to prevent unauthorised use.
- 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.

6.6 Interview Rooms

- Interview rooms at reception should only be used if absolutely necessary. Every staff patient interaction introduces a risk to both parties.
- Both patient and practice representative will be expected to wear face coverings in accordance with Welsh Government guidance. The practice representative may also be wearing additional PPE depending upon the situation.
- ABHR facilities must be provided on entry to the room from both patient side and staff side.
- The layout of the room is now critical and must ensure social distancing.
- The design will normally provide entry for staff from the clinical area, while entry for the patient will normally be from the waiting area. Therefore, it is now more critical that a desk or working surface



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separates both parties. Also, ideally seating will be secured either side of the work surface to ensure a 2 metre distance.

Although the layout of the room is important to ensure social distancing such a formal arrangement may not be suitable for certain patient groups therefore flexibility will be needed to allow professional judgement regarding room layout with these patient groups.

- Following interaction between staff and patient all surfaces touched by each person must be cleaned with an anti-bacterial wipe.
- A foot operated waste disposal receptacle must be provided within the room to dispose of the anti-bacterial wipe.

6.7 Waiting Area

- Social distancing must be observed within the waiting area. If movable seating is used then seats must be repositioned to allow a 2 metre distance to be maintained. However, if fixed seating is used then markers identifying seats that cannot be used must be displayed to ensure a 2 metre distance. Consideration needs to be given to patients that arrive with a carer or family member seating will need to be provided to allow carers and family members to sit together. This arrangement will need to be managed to ensure that patients outside this group do not occupy the seats.
- Floor signs indicating direction of travel must be displayed on the floor to ensure that patients or staff do not pass within 2 metres.
- COVID-19 infection control messages should be clear and visible wherever seated.
- ABHR facilities must be located within the waiting area with large signage easily viewed requesting patients to frequently sanitise their hands



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- Ideally with a strict appointment system patients will not need to use the waiting area as every time a patient uses the waiting area all surfaces touched will need to be cleaned with an anti-bacterial wipe before another patient can use the space
- Seating should be wipe down vinyl covered.
- Flooring should be vinyl covered.

6.8 Toilets, Baby Changing and Baby Feeding Rooms

- Toilets, baby change and baby feeding rooms are designed with 10 air changes per hour. It is therefore very important that the ventilation systems are maintained to ensure that the designed ventilation rate is provided. It is recognised that many primary care properties will not have ventilation systems, this guidance does not suggest that in these cases ventilation systems should be installed. However, where ventilation systems do exist regular maintenance should take place.
- Toilets must be single occupancy only. The majority of toilets within General Medical Practice Premises are single use, however, where multiple toilets or urinals are used these are also to be single occupancy. Either a sign can be used on the outside of the toilet to identify if vacant or engaged or a lock can be introduced on the inside of the main access door to prevent entry to a second potential occupier.
- ABHR facilities must be located outside the toilet with clear signage instructing use prior to entry.
- Surface disinfection wipes to be provided within the toilet with large clear instructions to wipe down surfaces prior to use and after use.
- A foot operated waste receptacle to be located within the toilet with instructions that used surface disinfection wipes to be disposed of within the receptacle rather than flushed down the toilet.



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6.9 Changing Place Rooms

- A changing place room is a facility for the use by learning disability adults and their carers. These rooms are Welsh Government policy and should be provided within all facilities funded by Welsh Government Capital.
- The room consists of a large changing table lifting hoist either mobile or ceiling fixed, a wash hand basin and a disabled toilet.
- Access to the room is strictly controlled with key or key code access only. The key or code being provided by staff at the reception point.
- Access is strictly limited to patient and carer(s).
- ABHR facilities are required on entry to the room changing area and within the disabled toilet to enable surfaces to be wiped down prior to and after use.
- Surface disinfection wipes to be provided within the changing area and within the toilet area to enable surfaces to be wiped down prior to and after use.
- Clear and obvious signage should be used to request that surfaces are cleaned with surface disinfection wipes prior to and after use with wipes being disposed of within the foot operated waste receptacle. Signs should also instruct users to wash their hands prior to leaving should also be visible.
- A foot operated waste receptacle will also be necessary for disposal of wipes and any other waste material.
- Although clear instructions are provided regarding cleaning surfaces prior to and after use, a strict cleaning regime will still need to be in place to ensure a clean environment is maintained.



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- A changing Place rooms together with disabled toilet is designed with 10 air changes per hour. It is therefore very important that the ventilation system is maintained to ensure that the designed ventilation rate is provided. It is recognised that many primary care properties will not have ventilation systems, this guidance does not suggest that in these cases ventilation systems should be installed. However, where ventilation systems do exist regular maintenance should take place.

6.10 Corridors

- Consideration should be given to introducing a one way system within the building where space allows.
- Most General Medical Practice Premises will not be large enough to introduce separate routes therefore directional markers should be used to indicate the direction of travel.
- A keep left look, left policy should be adopted. All patients and staff should be wearing face coverings, depending upon Welsh Government policy, however when two people pass each other within a corridor the keep left, look left policy will provide some protection with individuals physically separated but also looking away from each other.
- Clear and obvious signage should be used to explain the reason for the keep left, look left policy.
- ABHR facilities should be located along corridors at regular intervals however automated hand sanitisers are essential outside each room, each toilet and on entry and exit from staircases.

6.11 Lifts

- Lifts should be single occupancy only.
- Single occupancy will include individuals but also members of the same family living together or a patient with a carer.



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- If the lift is large enough to accommodate more than one person while complying with the social distancing requirements then clear floor markings are to be indicated on the floor determining where people should locate themselves.
- If the lift is large enough to accommodate social distancing in this way then clear signage should be located within the lift instructing occupants to turn away and not face each other.
- ABHR facilities should be located on entry and exit from the lift.

6.12 Stairs

- Staircases will not be large enough to ensure total physical separation. Therefore, directional signage should be used on stair providing directions of travel.
- Clear instructions must be visible on entry and exit from the stair together with signage within the stairwell instructed patients and staff on how to use the staircase, ensuring social distancing at all times.
- Ideally staircases should only be used by one individual at a time to ensure that crossing does not take place. An individual being a single person or as family that share the same household or patient with carer. However, this will not always be practical therefore crossing should only take place at landing areas where larger space is available.
- All patients and staff should be wearing face coverings, dependant upon Welsh Government policy, however the keep left, look left instruction should be adhered to at all times. Patients and staff physically separating themselves from each other but also looking away from each other as they pass.
- Regular cleaning and sanitising of handrails will be necessary.
- ABHR facilities should be available on entry and exit to the staircase.



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6.13 Consulting / Examination Rooms Treatment Rooms / Minor Surgery Rooms

- Consulting/ Examination rooms, Treatment rooms and Minor surgery rooms are environments which present the greatest risk of COVID 19 transmission. Care should be taken at all times.
- Clinical staff may be wearing full PPE which could include medical grade face mask, gloves, clear visor and apron.
- The patient may be expected to wear a face covering, depending upon Welsh Government policy.
- ABHR facilities must be located outside and inside the door of the room, allowing hand sanitisation on entering and on leaving.
- Chairs should be vinyl covered and positioned 2 metre apart to ensure social distancing.
- Infection Control vinyl flooring should be considered.
- If contact is necessary during the examination then full PPE may be used by the clinical staff.
- At the end of the consultation and after the patient has left the room all surfaces must be cleaned with surface disinfection wipes.
- A foot operated waste receptacle should be provided for disposal of the surface disinfection wipe. This waste will be recognised as offensive healthcare waste and must be stored away from general waste and collected by a registered waste disposal company.
- Similarly, all disposable PPE should be stored in the same way and collected by a licenced healthcare waste collector.



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- Consulting rooms are normally naturally ventilated therefore it is very important to ensure that the room has openable windows to allow adequate ventilation.
- Treatment rooms and minor surgery rooms are designed with 15 air changes per hour. The ventilation system must be regularly maintained to ensure that the design rate is actually being achieved. It is recognised that many primary care properties will not have ventilation systems, this guidance does not suggest that in these cases ventilation systems should be installed. However, where ventilation systems do exist regular maintenance should take place.

6.14 Pharmacy

- If the practice has a pharmacy or prescription collection point Social distancing and staff protection must be observed.
- Floor markers indicating 2 metre distance must be displayed.
- Receptions or patient contact points must be protected with clear screens.
- Where a practice does not have a pharmacy, Patients to be advised to collect prescriptions from a nominated pharmacy where possible to avoid unnecessary visits unless the practice is dispensing practice.
- ABHR facilities must be located outside and inside the door of the area, allowing hand sanitisation on entering and on leaving.

6.15 Volunteers

- All staff should continuously remind patients of the Social distancing and face covering requirement, dependant on current Welsh Government Policy.
- Consideration should be given to the use of volunteers to provide instruction on entry to the building and throughout the building



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reminding patients of how use of corridors, stairs and lifts and the need for face coverings.

6.16 Home Visits

- Home visits may be necessary in extreme circumstances however, should only be undertaken after the patient has been fully triaged and the NHS Professional has determined that a home visit is necessary.
- Home visits must be seen as a risk to both NHS Professional and patient.
- The NHS Professional must wear full PPE on every home visit, which should be either properly discarded following the visit or if a re-usable type must be placed in the cleaning process.
- Disposable PPE is recognised as offensive healthcare waste and must be stored for collection by a licenced waste collection service.
- On leaving the premises of the patient the NHS Professional must sanitise their hands using anti-bacterial gel and hand washing if possible.

7.0 Staff Areas

Physical changes may be required to staff areas including restrictions for social distancing.

- Provide appropriate signage in common areas to restrict access when social distancing is not possible / practical
- Staggering break times to reduce pressure on break rooms or places to eat.



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- Actively encourage staff to take their breaks outside weather permitting 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.
- No sharing of office equipment or eating utensils and drinking vessels.

7.1 Offices

- 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 for example where possible staff should be encouraged to work from home. Practitioners should be encouraged to consider extending opening hours to accommodate maximum cover.
- Existing space should be maximised and underutilised rooms should be brought into use.



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- 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.
- Adequate provision of surface disinfection wipes for each workstation.
- A foot operated waste receptacle should be provided for disposal of the surface disinfection wipes. This waste will be recognised as offensive healthcare waste and must be stored away from general waste and collected by a registered waste disposal company.
- Provide ABHR facilities at regular intervals within the office space.

7.2 Staff Toilets

- Staff Toilets are designed with 10 air changes per hour. It is therefore very important that the ventilation system is maintained to ensure that the designed ventilation rate is provided. It is recognised that many premises will not have ventilation systems, this guidance does not suggest that in these cases ventilation systems should be installed. However, where ventilation systems do exist regular maintenance should take place.
- Toilets must be single occupancy only. The majority of toilets within General Medical Practice Premises are single use, however, where multiple toilets or urinals are used these are also to be single occupancy. Either a sign can be used on the outside of the toilet to identify if vacant or engaged or a lock can be introduced on the inside of the main access door to prevent entry to a second potential occupier.
- Increased frequency of cleaning should be encouraged.
- An ABHR facilities must be located outside the toilet with clear signage instructing use prior to entry.



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- Surface disinfection wipes to be provided within the toilet with large clear instructions to swipe down surfaces prior to use and after use.
- A foot operated waste receptacle to be located within the toilet with instructions that used surface disinfection wipes to be disposed of within the bin rather than flushed down the toilet.

7.3 Staff Lockers

- Regulating use of locker rooms, changing areas and other facility areas to reduce concurrent usage and ensuring 2 metre distancing.
- If storage of personal items and clothing is essential then staff should be encouraged to store in personal storage spaces, for example, lockers and during shifts. These items are to be encouraged to be removed from the premises at the end of each shift.

7.4 Staff Change

- Staff changing areas are designed with 10 air changes per hour. It is therefore very important that the ventilation system is maintained to ensure that the designed ventilation rate is provided. It is recognised that many premises will not have ventilation systems, this guidance does not suggest that in these cases ventilation systems should be installed. However, where ventilation systems do exist regular maintenance should take place.
- Changing areas must be single occupancy only. The majority of changing areas within General Medical Practices are limited in size, therefore are not large enough to accommodate more than one person and maintain social distancing. Either a sign can be used on the outside of the changing area to identify if vacant or engaged or a lock can be introduced on the inside of the main access door to prevent entry to a second potential occupier.



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- An ABHR facilities must be located outside the changing area with clear signage instructing use prior to entry.
- Surface disinfection wipes to be provided within the changing area with large clear instructions to wipe down surfaces prior to use and after use.
- A foot operated waste receptacle to be located within the changing area with instructions that used surface disinfection wipes to be disposed of within the bin.

7.5 Staff Showers

- Where shower facilities are available, 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.
- Staff showers are designed with 10 air changes per hour. It is therefore very important that the ventilation system is maintained to ensure that the designed ventilation rate is provided. It is recognised that many premises will not have ventilation systems, this guidance does not suggest that in these cases ventilation systems should be installed. However, where ventilation systems do exist regular maintenance should take place.
- Entry to the shower area must be single occupancy only. The majority of showers within General Medical Practice Premises are single units, however, where multiple shower units are used the area is also to be single occupancy. Either a sign can be used on the outside of the shower room to identify if vacant or engaged or a lock can be introduced on the inside of the main access door to prevent entry to a second potential occupier.
- ABHR facilities must be located outside the shower area with clear signage instructing use prior to entry.



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- Surface disinfection wipes to be provided within the shower area with large clear instructions to wipe down surfaces prior to use and after use.
- A foot activated waste receptacle to be located within the shower area with instructions that used surface disinfection wipes to be disposed of within the bin.

7.6 Staff Rest/Dining

- Staggering break times to reduce pressure on break rooms or places to eat.
- Actively encourage staff to take their breaks outside weather permitting.
- 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.
- No sharing of eating utensils and drinking vessels.
- Frequent cleaning of surfaces, dishes, eating utensils and drinking vessels should be encouraged together with removal of personal items after use.
- Fridges should be cleaned frequently and sharing of communal consumables should be discouraged.



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8.0 Fire Safety

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

- Any physical changes to the building must not compromise the fire safety arrangements. In particular, the fire alarm system and means of escape must be maintain at all times.
- The responsible person should ensure the Fire Risk Assessment and associated response procedures are updated to reflect any changes, including the potential increase in use of flammable hand sanitising products. This may warrant consultation with a fire safety professional.
- The fire response procedures, including any Personal Emergency Evacuation Plans, (PEEPs) should be tested regularly including evacuation to ensure that social distancing is maintained even when evacuating the building.
- Fire safety signage should be updated to reflect any changes to the means of escape or response procedures.
- Fire assembly points must be clearly marked together with social distance markers identifying where people should stand.

9.0 Ventilation

Ventilation is very important in the fight against COVID 19

- Whilst Aerosol Generating Procedures (AGPs) are much less frequent in Primary Care facilities than in acute hospitals, they can occur in some treatment rooms, particular during Dental treatment.



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- The importance of maintaining a good standard of ventilation in the treatment rooms, along with the use of appropriate PPE and regular cleaning and decontamination regimes, cannot be over emphasised.
- A high ventilation rate in the treatment rooms will ensure that any airborne contaminants are diluted and purged quickly and effectively. It will also better protection to staff against airborne infection.
- A single room air change is estimated to remove approximately 63% of airborne contaminants; after 5 room air changes, less than 1% of airborne contamination is thought to remain in the room.
- Therefore, in a treatment room ventilated at 15 ACH, less than 1% of airborne contaminants are estimated to remain in the room after 20 minutes.
- In a room ventilated at 6 ACH, less than 1% of airborne contaminants are estimated to remain in the room after a period of at least 50 to 60 minutes.
- The importance of maintaining a good standard of ventilation in any room where airborne contamination is likely to occur is therefore clear.

The principles of this guidance should be used and applied to each property. It is understood that many General Medical Practice Premises will be located within old space constrained buildings. However, the overriding principles of social distancing, hand hygiene, the use of face coverings must be adhered to, all supported by clear and obvious signage.



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