

Health & Safety Service

Addendum to Guidance on Physical Distancing within NHS GGC – Summary of changes for Acute, Estates & Facilities



***Note – This is intended as a reference tool and does not include the full set of guidance for each setting. Please refer to the guidance in the first instance. This is a note of the minimum level of guidance in each particular setting.**

Any areas that identify the need to reduce distancing measures from 2m to 1m, must:

- Fall within the scope of the new guidance, refer to the table below
- Complete a robust risk assessment to determine the feasibility of reducing from 2m – use the Physical Distancing Risk Assessment template
- **Acute areas:** the completed risk assessment and an SBAR that describes the reason for reducing to 1m as well as the controls measures that will be implemented to protect staff, patients and visitors should be submitted to the Acute Tactical Group for approval.
- **Estates and Facilities areas:** the completed risk assessment and an SBAR that describes the reason for reducing to 1m as well as the controls measures that will be implemented to protect staff, patients and visitors should be submitted to the Estates and Facilities Senior Management Team for approval.
- **For all other areas:** please contact the Health and Safety team directly who can provide advice.

Acute Settings

Setting	Who guidance refers to	Physical Distancing Requirements with NHS GGC
All areas	Staff	Physical distancing amongst staff within NHS GGC should remain at 2m whenever possible. Where critical tasks involve staff working within 2m a risk assessment must be conducted to demonstrate that the wider hierarchy of controls is in place. Appropriate PPE must be used.
All areas – where Fluid Resistant Surgical Masks (FRSMs) are not in use	Staff	Where staff remove FRSMs for any reason e.g. eating, drinking, changing, staff are to maintain 2m physical distancing.
General circulation spaces such as lift halls, foyer areas, canteen, hospital shops, lecture halls, meeting rooms, office spaces outside clinical areas (this list is not exhaustive)	Staff, Patients and Visitors	Physical distancing in these areas should remain at 2m. All individuals in these common circulating spaces (staff, patients, visitors, contractors, volunteers) must wear face masks/coverings in line with Scottish Government guidance or FRSM in line with extended use of FRSM policy.
Other	Staff	Car-sharing should still be avoided whenever practical and mitigations should remain in place.
All areas	In-patient	Inpatients across all COVID-19 care pathways (low, medium and high risk) must continue to physically distance by 2m at all times from other patients, visitors of other inpatients and staff when not receiving direct care. This applies to in-patients when within their bed space or any other area of the health care setting. NHS Boards are reminded that they should always aim to meet the bed spacing requirements laid out in the relevant guidance.

Setting	Who guidance refers to	Physical Distancing Requirements with NHS GGC
Emergency Departments	Patients	<p>Physical distancing within this cohort, within GGC, should remain at 2m, unless services identify a need to reduce to 1m.</p> <p>To reduce to 1m, services must:</p> <ul style="list-style-type: none"> ▪ Undertake a risk assessment to demonstrate that the wider hierarchy of controls is in place prior to reducing to 1m physical distancing. ▪ The completed risk assessment must be approved by the relevant governance route. ▪ Triage questions must be undertaken on arrival. ▪ 2m distancing continues to apply to suspected/ confirmed COVID-19 cases. <p>Patients who are suspected or confirmed COVID-19, or who present with other respiratory symptoms, should continue to physically distance by 2m.</p> <p>Patients who are not suspected/confirmed COVID-19 and have no respiratory symptoms, physical distancing could be reduced to 1m- a risk assessment must be conducted to demonstrate that the wider hierarchy of controls is in place prior to reducing to 1m physical distancing.</p> <p>Ambulance staff should inform EDs of the findings from the COVID-19 triage assessment. Receiving EDs should ensure that Ambulance Service can apply the same principles of physical distancing when dropping patients off at ED.</p>

Setting	Who guidance refers to	Physical Distancing Requirements with NHS GGC
Outpatients, waiting areas, non-treatment areas, (this list is not exhaustive)	Patients	<p>Physical distancing within this cohort, within GGC, should remain at 2m, unless services identify a need to reduce to 1m.</p> <p>To reduce to 1m, services must:</p> <ul style="list-style-type: none"> ▪ Undertake a risk assessment to demonstrate that the wider hierarchy of controls is in place prior to reducing to 1m physical distancing. ▪ The completed risk assessment must be approved by the relevant governance route. ▪ Triage questions must be undertaken on arrival. ▪ 2m distancing continues to apply to suspected/ confirmed COVID-19 cases. <p>Any patient answering yes to any of the triage questions should be placed in the high risk category which will must remain at 2m physical distancing.</p> <p>Outpatient Departments which deliver treatments for extended periods of time throughout the day e.g. oncology units, renal dialysis units, recovery areas, day surgery should ensure that there is a minimum of 2 metres between treatment chairs.</p> <p>Some outpatient areas will receive individuals who are considered extremely clinically vulnerable. In these areas, 2m physical distancing should be maintained.</p> <p>Children should be supported by parents/ carers with hand and respiratory hygiene.</p> <p>Members of the same family/household do not need to physically distance in waiting areas.</p>
Outpatient Departments which deliver treatments for extended periods of time throughout the day e.g. oncology units, renal dialysis units	Patients	These departments should ensure that there is a minimum of 2m between treatment chairs.

Setting	Who guidance refers to	Physical Distancing Requirements with NHS GGC
Para-clinical settings (e.g. laboratory settings, pathology, pharmacy, microbiology, radiology, forensic, scanning, screening programmes)	Patients	<p>Physical distancing within this cohort, within GGC, should remain at 2m, unless services identify a need to reduce to 1m.</p> <p>To reduce to 1m, services must:</p> <ul style="list-style-type: none"> ▪ Undertake a risk assessment to demonstrate that the wider hierarchy of controls is in place prior to reducing to 1m physical distancing. ▪ Triage questions must be undertaken on arrival. ▪ 2m distancing continues to apply to suspected/ confirmed COVID-19 cases. ▪ The completed risk assessment must be approved by the relevant governance route. <p>Where these areas are accessed by both staff and patients, it may be necessary to see inpatients and outpatients in the same setting. These areas should try to separate inpatients and outpatients either by time (different sessions allocated to inpatients and outpatients) or place, separate waiting areas wherever possible.</p> <p>Where this is not possible, inpatient areas must consider those who need to access the service and phone ahead to advise of individuals who are considered to be extremely clinically vulnerable (ECV).</p> <p>All efforts must be made to ensure these patients are seen immediately without having to spend time in the waiting area or prioritised for available segregation space.</p>
	Visitors	<p>For the latest visitor information and guidance please refer to NHSGGC Hospital Visiting Info & Toolkit</p>