



Introduction:

**This plan covers the use of Newton Stewart, Castle Douglas, Kirkcudbright, Thornhill, Annan, Moffat and Thomas Hope Cottage Hospitals. In addition it covers the temporary use of Cresswell as a COVID Hospital for Nithsdale Locality and the addition of Treastaigh in Annan as a non COVID unit.**

**Lochmaben Cottage Hospital will be solely for the admission and transfer of people requiring intensive rehabilitation.**

**Business Continuity Plans (BCPs) in respect of COVID-19 have been developed individually for each cottage hospital, these focus on maintaining service during the outbreak and give advice and information re hospital layout and infection control precautions and measures. The BCPs were prepared with the expectation to deal with both COVID and non COVID patients is that all Cottage Hospitals.**

**Following discussion with Silver Command it was agreed that the Cottage Hospitals will be designated as either exclusively for COVID-19 patients or exclusively NON-COVID-19 as follows:**

<b>COVID-19 COTTAGE HOSPITALS</b>	<b>NON COVID-19 COTTAGE HOSPITALS</b>
Moffat Annan Kirkcudbright Newton Stewart Cresswell	Castle Douglas Thomas Hope Thornhill Treastaigh Temporary Hospital  Lochmaben (Rehab only)

Escalation:

**It is assumed that escalation for a deteriorating patient requiring acute care would continue to be a 999 response and transfer to an acute facility, unless DNACPR and/ or no active treatment decisions have been had with patient/ family/ POA etc and are documented.**

Medical Provision:

**It is assumed that current GP Contracts for Cottage Hospital provision will continue without change. There is a requirement for Primary Care Directorate and Dr Greycy Bell to review this with GP's, Locality managers are also engaging with Local GP Practices to confirm service delivery.**

Specific Uses:

**NB. In all circumstances home should be considered as the first option, prior to considering Cottage Hospital use.**

- 1. General In-patient care for transferring non COVID-19 patients to clear DGRI: (end of life care that cannot be provided at home , slow stream rehabilitation that cannot be provided at home and ongoing wound or post op trauma care that cannot be provided at home)**
- 2. To host COVID 19 patients that are on the recovering phase requiring Oxygen and general nursing care and support (otherwise this care can be provided at home)**

**See Appendix for the spread sheet showing the maximum suggested Oxygen use at the community Cottage Hospitals based on the given bed numbers and a continuous flow rate of 4 l/min.**

What is clear from the analysis of the predicted use is that Newton Stewart, Kirkcudbright and Annan Hospitals cannot surge past their maximum surge capacity purely based on the worst case scenario of oxygen consumption. If the delivery of oxygen cylinders which still has to be confirmed is not affected adversely we do not believe that there would be an issue with the Cresswell facility.

3. To host patients requirement for Intravenous Antibiotics and Nursing Care  
**At this juncture only Annan Hospital are equipped to provide this therapy.**
4. Admission or transfer of people who are COVID 19 positive and/ or for end of life care and support
5. GP Admissions where no alternative exists other than admission to DGRI / GCH (**end of life care that cannot be provided at home, slow stream rehabilitation that cannot be provided at home, ongoing wound or post op trauma care that cannot be provided at home and Blood Transfusions**).

Single bedded rooms:

**Availability of single-bedded rooms in the existing Cottage Hospitals is very limited with a total of 19 single room across the existing estate. Treastaigh and Cresswell are predominantly single rooms.**

### **Infection Control**

#### **COVID Cottage Hospitals**

##### **Personal Protective Equipment**

All staff when working with patients will wear a Fluid Resistant Face Mask, Standard Apron and Gloves. Video's are available on how to don and doff this equipment and dispose of it safely.

All staff will change PPE between patients and will wash their hands between patient contacts.

##### **Uniform/ Dress**

Clinical Nursing, AHP and domestic service staff will be required to wear uniform as supplied and follow NHS D&G Uniform policy.

Medical staff attending the Hospital to provide medical support will not be provided with scrubs or uniform wear. It is recommended as per Standard Infection Control Procedures that they are naked below the elbow, do not wear loose clothing i.e. ties.

##### **Entrance and Egress to Cottage Hospitals**

There is NO special requirement for separate entrance / exits to the hospital, or staff washing / showering facilities.

All staff and people attending the hospital will wash their hands as soon as possible on entering the building and again prior to exiting.

#### **Non - COVID Cottage Hospitals**

##### **Personal Protective Equipment**

All staff when working with patients, who are identified as potential COVID Positive, will wear a Fluid Resistant Face Mask, Standard Apron and Gloves.

Video's are available on how to don and doff this equipment and dispose of it safely.

All staff will change PPE between patients and will wash their hands between patient contacts.

Fluid resistant masks are not required where the person is not identified as potentially COVID Positive. Aprons and gloves should be worn as per normal Standard Infection Control Practice and adhering the NHS D&G Infection Control Manual.

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Clinical Nursing, AHP and domestic service staff will be required to wear uniform as supplied and follow NHS D&G Uniform policy.

Medical staff attending the Hospital to provide medical support will not be provided with scrubs or uniform wear. It is recommended as per Standard Infection Control Procedures that they are naked below the elbow, do not wear loose clothing i.e. ties.

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### **FAQ**

#### **Why are we not being provided with Uniforms/ scrubs as medical staff attending the COVID Cottage Hospitals, and then going back to practice?**

Wearing PPE, as described and recommended, is sufficient to cover the majority of your clothing, this in addition to being naked below the elbow and wearing your mask as well as washing your hands is sufficient.

Some medical staff have decided, at their own discretion, that they want to wear different - upper body-clothing when attending the Cottage Hospitals. However this will not be provided for you as PPE is deemed to be sufficient. Wearing different attire can also cause anxiety and distress to other staff as they look to the medical team as leaders.

### **Surge and Flow**

The tables on Page 4 demonstrate how surge escalation will be achieved in three phases correspondent to activity in Dumfries & Galloway Royal Infirmary.

This would see an increase in phase one from 98 to 108, phase two 108 to 152 and phase three 152 to 171. To gain this capacity will require acquisition of significant equipment and staff. Bronze command have an action plan that is being worked on currently that will be able to detail this.

**SUMMARY OF PHASED BED SURGE:**

PHASE	COVID	NON-COVID
Phase 1	64	44
Phase 2	92	60
Phase 3	92	69

To safely and sustainably provide Oxygen Therapy in the named COVID Cottage Hospitals no increase in Surge is possible. See page 15 – O2 Data. Ongoing assessment of oxygen supply will be required as admissions increase.

**PHASE 1: IMMEDIATE PLAN**

Increase would be 10 beds all COVID at Newton Stewart and Moffat: Commence now, implementation by latest 6/4/2020

COVID 19 COTTAGE HOSPITALS			
WEST		EAST	
Newton Stewart Hospital	22	Annan Hospital	18
Kirkcudbright Hospital	12	Moffat Hospital	12
Total	34	Total	30

NON-COVID 19 COTTAGE HOSPITALS			
WEST		EAST	
Castle Douglas	19	Thornhill Hospital	13
		Thomas Hope Hospital	12
Total	19	Total	25

**PHASE 2: AS ABOVE +**

Increase would be 27/28 COVID at Cresswell and 16 Non-COVID at Castle Douglas and Treastaigh: we would aim for the additional resources to be available during the week commencing 13<sup>th</sup> April. This would obviously be dependent on the additional resources required being available

COVID 19 COTTAGE HOSPITALS			
WEST		EAST	
Newton Stewart Hospital	22	Annan Hospital	18
Kirkcudbright Hospital	12	Moffat Hospital	12
		Cresswell	28
Total	34	Total	58

NON-COVID 19 COTTAGE HOSPITALS			
WEST		EAST	
Castle Douglas	19+6	Thornhill Hospital	13
		Thomas Hope Hospital	12
		Treastaigh Temporary Hospital	10
Total	25	Total	35

**PHASE 3: AS ABOVE ++ (MAXIMUM)**

Increase would be another 9 Non-COVID between Castle Douglas and Thornhill and we would aim for this resource to be available during the week commencing 20<sup>th</sup> April

COVID 19 COTTAGE HOSPITALS			
WEST		EAST	
Newton Stewart Hospital	22	Annan Hospital	18
Kirkcudbright Hospital	12	Moffat Hospital	12
		Cresswell	28
Total	34	Total	58

NON-COVID 19 COTTAGE HOSPITALS			
WEST		EAST	
Castle Douglas	25+5	Thornhill Hospital	13+4
		Thomas Hope Hospital	12
		Treastaigh Temporary Hospital	10
Total	30	Total	39

**Appendix: Medical Oxygen Planning - Community Cottage Hospitals**

Capacity of standard "J" cylinder = 6800 litres gas

For Covid 19 planning Oxygen use = 4 l/min per patient = 5760 l/day  
 Equates to 0.84 cylinders/ day / patient

Piped Oxygen manifolds are provided at Newton Stewart, Kirkcudbright and Moffat.

These comprise of 2 x 2 J cylinders which automatically change over (2 cylinders on line at any time) = 13600 l

Hospital	Projected Patient No's	consumption l/min	daily consumption	Cylinder change duration		No of cylinder required /day	Phase 1&2	
<b>Newton Stewart</b>	22	88	126720	154.5 min	2hr 34min		18.6	
<b>Kirkcudbright</b>	12	48	69120	283.3 min	4hrs 43min		10.2	
<b>Moffat</b>	12	48	69120	283.3min	4hrs 43min		10.2	
<b>Annan</b>	18	72	103680	n/a			15.1	<i>Note 1</i>
						Total	<b>54.1</b>	

Note 1 will require a cylinder with appropriate pin index regulator at each bed head = 18 cylinders in use