

1. Clinical Modules

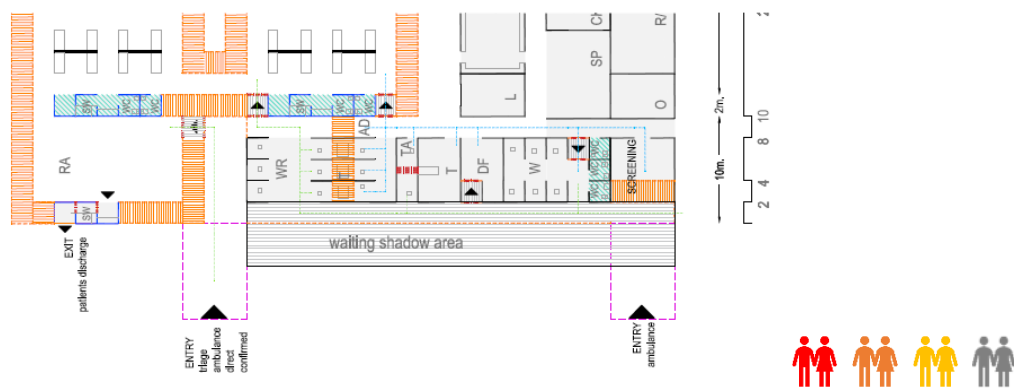
The following summary tables are structured in line with main patient typologies described along this document it goes into details regarding each ward main characteristics, special considerations and following main 4S approach (Structures, Staff, Stuff, Systems)

COVID19 Screening and Triage

Descriptor: Provides a dedicated area for safe initial screening and triage of the patients with COVID 19 symptoms

Key Characteristics:

All health facilities, no matter the configuration, should introduce a screening and triage station at the entrance of the facility. The screening point will be the entrance point and identify those patients that fulfil the case definition of COVID19. The triage will be the area where, according to the triage-system chosen at the facility level, the acuity level of the patient will be defined. The area will have a reception area waiting room with independent cabins, and a sample area to collect testing.



Special considerations:

- The screening and triage areas should consider adequately the flow between the different spaces to avoid crossing pathways.
- Screening and triage should be available 24/7 and staffed according to the needs, avoiding excessive waiting times and crowding.
- Patients wash hands at the entrance, every patient fitting the case definition should be provided a mask.
- Visitors should not be allowed to accompany the patient into the facility.
- Staff should wear a mask at all times and appropriate PPE when physically interacting with patients.
- Patients should be identified by bracelet and assigned a unique identifier. All patients, samples and documents should be identified by full name and the unique identifier.
- The triage area and facilities should be cleaned and disinfected after each patient-use.

Structure	Staff	Stuff	Systems
<p>Facilities:</p> <p>Reception area, with patient's /Companion orientations.</p> <p>A screening place</p> <p>7 Waiting room cabins (2mx2m)</p> <p>Triage place</p> <p>A Sample area and admissions area.</p> <p>Space needed:</p> <p>Variable, but usually 240 m² and additional 240 m² with an additional waiting area</p> <p>Design considerations:</p> <p>One-way flow</p>	<p>Average staff number: 17 FTE Nurses (4 nurses per shift) for the screening and triage management, additional staff and profiles can be added as required (e.g. medical doctors) or staffing numbers can be expanded to overcome the busier periods.</p> <p>Rapid response team can be called in for critical patients</p> <p>Security Guards,</p> <p>Cleaners and helpers as required</p> <p>Indicative roles:</p> <p>Screening: to identify those patients fitting the case definition</p> <p>Triage: to assign the acuity level to each patient according to the chosen triage system</p> <p>Sampling: to take a lab sample for testing for COVID19</p> <p>Cleaning: to clean and disinfect a specific area after use by each individual patient</p> <p>Staff Skills & Competencies:</p> <p>The staff at the screening area should be trained and updated regularly on eventual changes of the case definitions. The triage personnel should have specific training in application of a standardized, validated triage tool.</p>	<p>Emergency Equipment:</p> <p>Stretchers</p> <p>Set of emergency equipment</p> <p>Laboratory sampling Equipment:</p> <p>Equipment for taking samples in a safe way</p> <p>Personal Protective Equipment (PPE):</p> <p>Mask</p> <p>Gloves</p> <p>Eye protection</p> <p>Gown</p> <p>Hand hygiene stations</p> <p>Full PPE for physical interaction with patients</p> <p>Patient observation:</p> <p>Thermometers</p> <p>Other equipment as required for use of the chosen triage system</p> <p>Administrative equipment and furniture:</p> <p>Enough chairs and tables to cover all the described facilities.</p> <p>Patient documentation, bracelets, identifiers, pens and other stationary, computers</p>	<p>Patient documentation:</p> <p>Patient record and unique identifiers (bracelets)</p> <p>Oxygen system</p> <p>Set of emergency equipment</p> <p>Air flow Ventilation</p> <p>Water:</p> <p>Water supply at lavatories and handwashing facilities at entrance of the facility</p> <p>Waste management:</p> <p>All waste bins considered as potentially infectious waste</p> <p>Sanitation:</p> <p>2 accessible bathrooms (male and female) for the use of the patients</p> <p>Hygiene and environmental cleaning:</p> <p>Intensive regular cleaning on waiting areas and dedicated cleaners for Toilets after each use</p> <p>Electricity:</p> <p>0 to 2kW depending on the electro-medical devices and computers and printers connected.</p> <p>Lighting:</p> <p>All areas perfectly illuminated.</p> <p>Ventilation:</p> <p>Natural. 60 l/s/patient</p>

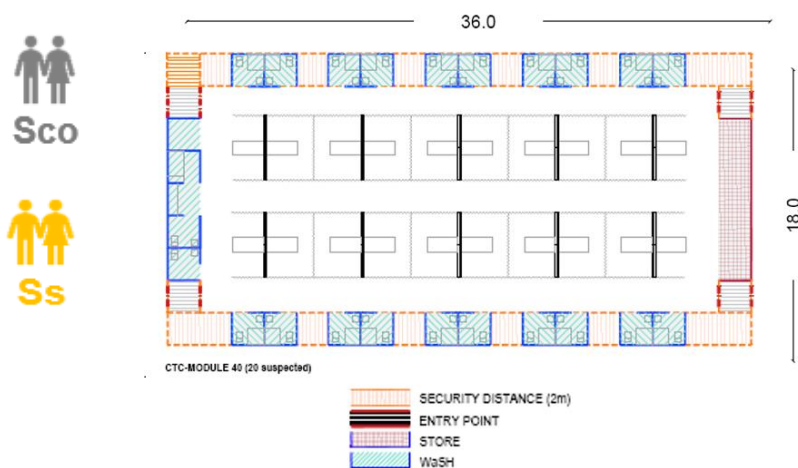
COVID19 Isolation of contacts and Mild suspected cases WARD 20 Beds

Descriptor:

Provides individually isolated accommodation and basic services for people who were in contact with confirmed patients in those settings where home-isolation is not possible or for mildly sick suspected patients.

Key Characteristics:

In certain environments it might be difficult for contacts or mildly sick patients at home. This might e.g. be the case in settings where larger families are living together in small, 1-room houses or in very remote areas. The facility will then provide individually isolation possibilities, where basic services as hygiene, food and basic healthcare are foreseen. This means that these residents will have individual cubicles with individual sanitary facilities and showers. Staffing levels will be lower since these patients are expected to be healthy and able to take care of themselves. A permanent presence of a medical doctor and a nurse should be considered to ensure follow up of the health of the present residents, emergency situations and care for chronic conditions.



Special considerations:

- Individual cubicles with individual sanitary installations
- Residents leaving the cubicle should be wearing a mask and hand washing facilities should be widely available and their use promoted
- Patients should be well-informed and educated about COVID19, and the measures they need to keep in place to prevent cross-contamination.
- Staff to use new PPE for every patient contact. No cohorted care in these areas.
- Equipment used should be properly cleaned between each patient
- Permanent presence of health staff should be provided. The rapid response team can be used to staff a health post to follow up on development of symptoms, serve in emergencies or ensure treatment for chronic conditions
- Food, water, psychosocial support should be provided
- Patients should be offered the possibility to have contact with relatives, e.g. by use of their mobile phone.

- In a 20 beds ward for suspected cases, it is advised to allocate e.g. 4 beds for care for those patients that require high-level care but did not have a confirmed lab result yet.

Structure	Staff	Stuff	Systems
<p>Facilities:</p> <p>Ward with individual cubicles and private sanitation and showers</p> <p>Bed capacity 20 beds of which e.g. 4 ICU beds</p> <p>Space needed: 448 m² Internal dimensions, considering safety distances and supplementary modules 648 m² external I dimensions</p> <p>See detailed Bill of Quantities in Annex 2 and Excel BoQ tools</p>	<p>Average staff number: 1 head nurse and sufficient helpers/cleaners (e.g. 8,5 FTE)</p> <p>Healthcare can be provided from a health post that is staffed by the rapid response team staff.</p> <p>1 ICU-nurse in every shift for every 2 ICU-beds if implemented</p> <p>Indicative roles:</p> <p>Head nurse: organising the ward e.g. discharges and admissions, referrals, supervising the cleaners/helpers</p> <p>Cleaners and helpers: keep the</p>	<p>Emergency Equipment:</p> <p>Basic resuscitation equipment available on the ward (ambu-bag)</p> <p>Specialised emergency equipment provided by the rapid response team in case needed</p> <p>All required ICU-equipment for ICU-beds if implemented.</p> <p>Personal Protective Equipment (PPE):</p> <p>Masks for staff and patients</p> <p>Mask</p> <p>Gloves</p> <p>Eye protection</p> <p>Gown</p> <p>Hand hygiene stations</p> <p>Sufficient numbers of PPE needed since these</p>	<p>Patient documentation:</p> <p>Patient record</p> <p>Referral system:</p> <p>Good and rapid access for referral of symptomatic contacts for testing and for suspected patients receiving positive test results. A referral system should also be available for patients whose medical condition deteriorates.</p> <p>Oxygen system</p> <p>Oxygen only needed at the health post and in the emergency equipment</p> <p>Air flow Ventilation system</p> <p>Natural ventilation 60 l/s/patient supported by portable ventilation HEPA filter systems.</p> <p>Water:</p>

<p>Design considerations:</p> <p>Individual cubicles with three potential configurations see Annex 1 for detailed Information</p>	<p>ward clean and serve food and other services</p> <p>Rapid Response Team: provide a health post</p> <p>Staff Skills & Competencies:</p> <p>Good knowledge of IPC and cleaning practices</p> <p>Rapid Response Team skilled in basic healthcare, emergency care.</p>	<p>patients are isolated individually</p> <p>Patient observation:</p> <p>Thermometer to be provided to each individual patient for self-monitoring and / or to the health post responsible to follow-up on all the patients</p> <p>Full set of vital sign monitoring equipment at the health post, to be cleaned properly between each use.</p> <p>Administrative equipment and furniture:</p> <p>Chair and bed for each patient</p> <p>All equipment and furniture easy to clean</p> <p>Patient records, stationary and furniture for staff to work efficiently</p> <p>Medication and consumables</p> <p>Medication and consumables to ensure care for chronic conditions</p> <p>Medication and consumables for emergency care: full set of emergency equipment available for the rapid response team (defibrillator, suction unit, IV access, intubation and bag-valve ventilation, medication)</p>	<p>Water supply at lavatories and handwashing facilities at each toilet cubicle</p> <p>Waste management:</p> <p>All waste bins considered as potentially infectious waste, available bins in all beds</p> <p>Sanitation:</p> <p>20 accessible bathrooms (male and female) for the individual use of the patients or 2 gender separated bathrooms with dedicated cleaners that will clean and disinfect after each use</p> <p>Hygiene and environmental cleaning:</p> <p>Intensive regular cleaning on ward, intensive terminal cleaning of bed and toilet potentially Dedicated cleaners for Toilets after each use</p> <p>Electricity</p> <p>Wall Sockets for all cubicles</p> <p>Hallways, latrines and showers well lighted</p>
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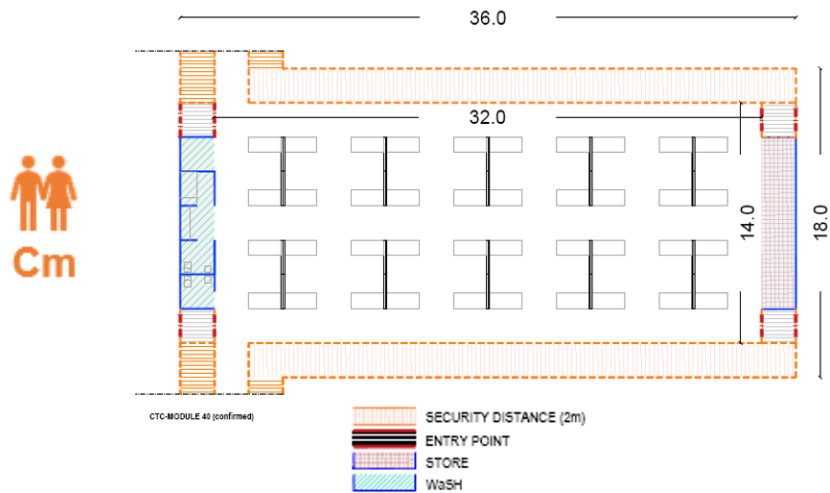
Mild and Moderate Confirmed cases WARD 40 Beds

Descriptor:

Provides cohorted care for patients that are mild or moderately sick and have received a positive lab-result.

Key Characteristics:

These wards provide care in cohorts for 40 patients. There is no need for isolation at the individual level since all these patients are confirmed COVID19 patients. Therefore, sanitary facilities can also be shared. Since these patients are not very dependent on medical care, staffing requirements are medium.



Special considerations:

- Staff should wear PPE at all times when working in the ward
- Mild and moderately sick patients will require some nursing care e.g. for distribution of medication, oxygen therapy and patient observations
- Oxygen therapy could be initiated for moderately sick patients and then should be guided by oxygen saturation.
- The medical doctor of the rapid response team can provide medical supervision for these patients.

Structure	Staff	Stuff	Systems
<p>Facilities:</p> <p>Ward with shared toilets and showers, access to a relaxation area /rest area could be provided (e.g. movie shown or games to play)</p> <p>Crash room at triage</p> <p>Sterilization area</p> <p>Morgue</p> <p>Bed capacity 40 beds</p> <p>Space needed: 448 m² Internal dimensions, considering safety distances and supplementary modules 648 m² external I dimensions</p> <p>See detailed Bill of Quantities in Annex 2 and Excel BoQ too</p> <p>Design considerations: Individual beds separated by Panels and safety distance in a cohorted area. With privacy screens</p>	<p>Average staff number:1 head nurse and sufficient helpers/cleaners (e.g. 8,5 FTE)</p> <p>8,5 FTE nurses and 8,5 FTE nurse assistants (2 each per shift)</p> <p>Medical supervision can be provided from a health post that is staffed by the rapid response team staff.</p> <p>Indicative roles:</p> <p>Head nurse: organising the ward e.g. discharges and admissions, referrals, supervising the cleaners/helpers</p> <p>Cleaners and helpers: keep the ward clean</p> <p>Nurses: distribute medicines, provide oxygen, assure adequate observations of the patients</p> <p>Nurse assistants: serve food and other services</p> <p>Rapid Response Team: provide a medical supervision</p> <p>Staff Skills & Competencies:</p>	<p>Emergency Equipment:</p> <p>Basic resuscitation equipment available on the ward (ambu-bag)</p> <p>Specialised emergency equipment provided by the rapid response team in case needed</p> <p>Personal Protective Equipment (PPE):</p> <p>Mask</p> <p>Gloves</p> <p>Eye protection</p> <p>Gown</p> <p>Hand hygiene stations</p> <p>Patient observation:</p> <p>Sufficient sets of monitoring equipment (blood pressure cuffs, clock/watch with second hand, oxygen saturation monitors)</p> <p>Administrative equipment and furniture:</p> <p>Chair and bed for each patient</p> <p>All equipment and furniture easy to clean</p> <p>Patient records, stationery and furniture for staff to work efficiently</p> <p>Medication and consumables</p> <p>Medication and consumables to ensure care for acute and chronic conditions</p>	<p>Patient documentation:</p> <p>Patient record</p> <p>Referral system:</p> <p>Good and rapid access for referral of symptomatic contacts for testing and for suspected patients receiving positive test results. A referral system should also be available for patients whose medical condition deteriorates.</p> <p>Oxygen system</p> <p>Oxygen only needed at the health post and in the emergency equipment</p> <p>Air flow Ventilation system</p> <p>Natural ventilation 60 l/s/patient supported by portable ventilation HEPA filter systems</p> <p>Water:</p> <p>Water supply at lavatories and handwashing facilities at each shared toilet</p> <p>Waste management:</p> <p>All waste bins considered as potentially infectious waste, available bins in all beds</p> <p>Sanitation:</p> <p>2 accessible bathrooms (toilet and shower (gender and accessible) for the use of the patients</p> <p>Hygiene and environmental cleaning: Intensive regular cleaning on ward and toilets,</p>

	<p>Good knowledge of IPC and cleaning practices</p> <p>Nurses skilled in patient observation and oxygen therapy</p> <p>Rapid Response Team skilled in basic healthcare, emergency care</p>	<p>Oxygen provision equipment</p> <p>Medication and consumables for emergency care: full set of emergency equipment available for the rapid response team (defibrillator, suction unit, IV access, intubation and bag-valve ventilation, medication)</p>	<p>intensive terminal cleaning of bed</p> <p>Electricity</p> <p>Wall Sockets for all bed panels. If X-rays are portable, there should be dedicated power outlets for them.</p>
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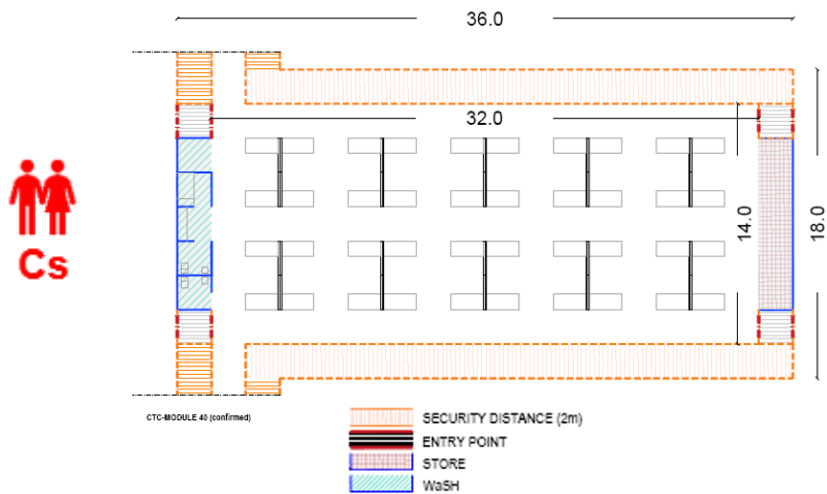
COVID19 Severe Confirmed cases WARD 40 Beds

Descriptor:

Provides cohorted care for patients that are severely sick and have received a positive lab-result

Key Characteristics:

These wards provide care in cohorts for 40 patients. There is no need for isolation at the individual level since all these patients are confirmed COVID19 patients. Therefore, sanitary facilities can also be shared. Since these patients are severely sick, higher medical staffing levels are required.



Special considerations:

- Staff should wear PPE at all times when working in the ward
- Severely sick patients will have high demands in nursing and medical care
- Oxygen therapy will likely be required for all patients and then should be guided by oxygen saturation.
- In a facility that has no dedicated ICU, it is advised to allocate e.g. 4 beds for care for those patients that require critical care.

Structure	Staff	Stuff	Systems
<p>Facilities:</p> <p>Ward with shared toilets and showers</p> <p>Sterilization area</p> <p>Morgue</p> <p>Bed capacity 40 beds of which e.g. 4 ICU beds if there is no dedicated ICU in the facility</p> <p>Space needed: 448 m² Internal dimensions, considering safety distances and supplementary modules 648 m² external I dimensions</p> <p>See detailed Bill of Quantities in Annex 2 and Excel BoQ tool</p> <p>Design considerations:</p> <p>Individual beds separated by Panels and safety distance in a cohorted area. With privacy screens</p>	<p>Average staff number: 1 head nurse and sufficient helpers/cleaners (e.g. 8,5 FTE)</p> <p>21 FTE nurses (1 for every 8 patients in every shift) and 17 FTE nurse assistants (1 each for every 8 patients per shift during day, 2 per ward during night)</p> <p>1 ICU-nurse in every shift for every 2 ICU-beds if implemented</p> <p>3 FTE physiotherapists (or national equivalent)</p> <p>1 FTE occupational therapists (or national equivalent)</p> <p>Indicative roles:</p> <p>Head nurse: organising the ward e.g. discharges and admissions, referrals, supervising the nurses, nurse assistants and cleaners/helpers</p> <p>Cleaners and helpers: keep the ward clean</p> <p>Nurses: distribute medicines, provide oxygen, assure adequate observations of the patients</p> <p>Nurse assistants: serve food and other services</p>	<p>Emergency Equipment:</p> <p>Basic resuscitation equipment available on the ward (ambu-bag)</p> <p>Specialised emergency equipment provided by the rapid response team in case needed</p> <p>All required ICU-equipment for ICU-beds if implemented.</p> <p>Personal Protective Equipment (PPE):</p> <p>Mask</p> <p>Gloves</p> <p>Eye protection</p> <p>Gown</p> <p>Hand hygiene stations</p> <p>Patient observation:</p> <p>Sufficient sets of monitoring equipment (blood pressure cuffs, clock/watch with second hand, oxygen saturation monitors)</p> <p>Administrative equipment and furniture:</p> <p>Chair and bed for each patient</p> <p>All equipment and furniture easy to clean</p> <p>Patient records, stationery and furniture for staff to work efficiently</p> <p>Medication and consumables</p> <p>Medication and consumables to ensure</p>	<p>Patient documentation:</p> <p>Patient record</p> <p>Referral system:</p> <p>Good and rapid access for referral of symptomatic contacts for testing and for suspected patients receiving positive test results. A referral system should also be available for patients whose medical condition deteriorates.</p> <p>Oxygen system</p> <p>Oxygen only needed at the health post and in the emergency equipment</p> <p>Air flow Ventilation system</p> <p>Natural/Hybrid/Mechanical ventilation 160 l/s/patient supported by portable ventilation HEPA filter systems</p> <p>Water:</p> <p>Water supply at lavatories and handwashing facilities at each shared toilet</p> <p>Waste management:</p> <p>All waste bins considered as potentially infectious waste, available bins in all beds</p> <p>Sanitation:</p> <p>2 accessible bathrooms (toilet and shower (gender and accessible))</p>

	<p>Ward doctor: ensure medical supervision of the patients</p> <p>Rapid Response Team: provide emergency care in case of deteriorating patient</p> <p>Physiotherapist (or national equivalent): Respiratory interventions and mobilization</p> <p>Occupational therapist (or national equivalent): Cognitive and functional assessment</p> <p>Staff Skills & Competencies:</p> <p>Good knowledge of IPC and cleaning practices</p> <p>Nurses skilled in patient observation and oxygen therapy</p> <p>Rapid Response Team skilled in basic healthcare, emergency care</p> <p>Rehabilitation professionals skilled in general medical and pulmonary rehabilitation (for physiotherapists and occupational therapists);</p>	<p>care for acute and chronic conditions</p> <p>Oxygen provision equipment</p> <p>Medication and consumables for emergency care: full set of emergency equipment available for the rapid response team (defibrillator, suction unit, IV access, intubation and bag-valve ventilation, emergency medications)</p>	<p>for the use of the patients</p> <p>Hygiene and environmental cleaning: Intensive regular cleaning on ward and toilets, intensive terminal cleaning of bed</p> <p>Electricity</p> <p>Wall Sockets for all bed panels. If X-rays are portable, there should be dedicated power outlets for them.</p>
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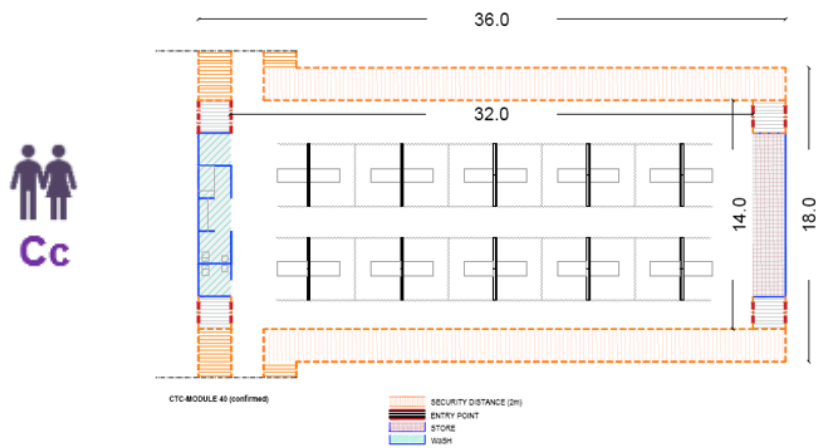
COVID19 Critical Confirmed cases WARD 40 Beds

Descriptor:

Provides a dedicated ICU area where treatment of critical cases can be provided.

Key Characteristics:

Critical cases are admitted in a ward area with preferably less beds to ensure enough working space around each bed. These patients will require artificial ventilation and invasive monitoring and therefore, staffing level requirements (both in numbers and in qualifications) will be very high.



Special considerations:

- Very high requirements in specialised staff
- Staff should wear PPE at all times
- Requirements in sanitation will be lower as these patients are bed-bound.
- High needs in specialised equipment, medicines and consumables

Structure	Staff	Stuff	Systems
<p>Facilities:</p> <p>Ward with sufficient space around each bed</p> <p>Crash room at triage</p> <p>Sterilization area</p> <p>Morgue</p> <p>Bed capacity 20 beds</p> <p>Space needed: 448 m² Internal dimensions, considering safety distances and supplementary modules 648 m² external I dimensions</p> <p>See detailed Bill of Quantities in Annex 2 and Excel BoQ tool</p> <p>Design considerations: Individual beds separated by cubicles cohorted area</p>	<p>Average staff number:1 head nurse and sufficient helpers/cleaners (e.g. 8,5 FTE)</p> <p>42 FTE nurses (1 for every 2 patients in every shift) and 8,5 FTE nurse assistants (2 per shift)</p> <p>8,5 FTE ICU doctors (2 per shift)</p> <p>3 FTE physiotherapists (or national equivalents), 1 FTE speech and language therapist (or national equivalent)</p> <p>Indicative roles:</p> <p>Head nurse: organising the ward e.g. discharges and admissions, referrals, supervising the nurses, nurse assistants and cleaners/helpers</p> <p>Cleaners and helpers: keep the ward clean</p> <p>Nurses: distribute medicines, provide oxygen, assure adequate observations of the patients</p> <p>Nurse assistants: serve food and other services</p> <p>ICU doctor: ensure medical supervision of the patients</p> <p>Rapid Response Team: provide emergency care in case of deteriorating patient</p>	<p>Emergency Equipment:</p> <p>Basic resuscitation equipment available at each bed (ambu-bag). Specialised emergency equipment available on key places in the ward (multiple sets)</p> <p>Personal Protective Equipment (PPE):</p> <p>Mask (N95 if aerosol procedures are performed)</p> <p>Gloves</p> <p>Eye protection</p> <p>Gown</p> <p>Hand hygiene stations</p> <p>Patient observation:</p> <p>Intensive care continuous monitoring equipment</p> <p>Administrative equipment and furniture:</p> <p>All equipment and furniture easy to clean</p> <p>Patient records, stationary and furniture for staff to work efficiently</p> <p>Medication and consumables</p> <p>Medication and consumables to ensure care for acute and chronic conditions</p> <p>Oxygen provision equipment including ventilators</p> <p>Suction units at each bed</p> <p>Multiple sets of medication and consumables for</p>	<p>Patient documentation:</p> <p>Patient record</p> <p>Referral system:</p> <p>Good and rapid access for referral of recovering patients that can move back to a ward for severe patients or step-down area</p> <p>Oxygen system</p> <p>Oxygen and ventilator available for every bed.</p> <p>Air flow Ventilation system</p> <p>Natural/Hybrid/Mechanical ventilation 160 l/s/patient supported by portable ventilation HEPA filter systems</p> <p>Water:</p> <p>Water supply at lavatories and handwashing facilities at each shared toilet module</p> <p>Waste management:</p> <p>All waste bins considered as potentially infectious waste, available bins in all beds</p> <p>Sanitation:</p> <p>2 accessible bathrooms (toilet and shower (gender and accessible) for the use of the patients or staff</p> <p>Hygiene and environmental cleaning: Intensive</p>

	<p>Physiotherapist: specialist respiratory interventions and early mobilization</p> <p>Speech and language therapist: swallow assessment and interventions (conducted once patients have de-escalated to other wards)</p> <p>Staff Skills & Competencies:</p> <p>Good knowledge of IPC and cleaning practices</p> <p>Nurses and doctors skilled in intensive care observation and management</p> <p>Rapid Response Team skilled in basic healthcare, emergency care</p> <p>Physiotherapist</p> <p>Skills in specialist respiratory interventions</p> <p>Speech and language therapy</p> <p>Skills in post-ICU assessment and intervention</p>	<p>emergency care: full set of emergency equipment available on key places in the ward (defibrillator, suction unit, IV access, intubation and bag-valve ventilation, emergency medications)</p> <p>Continuous infusion pumps for medications</p>	<p>regular cleaning on ward and toilets, intensive terminal cleaning of bed</p> <p>Electricity</p> <p>Several Wall Sockets for all cubicles</p> <p>See detailed Bill of Quantities in Annex 2 and Excel BoQ tools</p>
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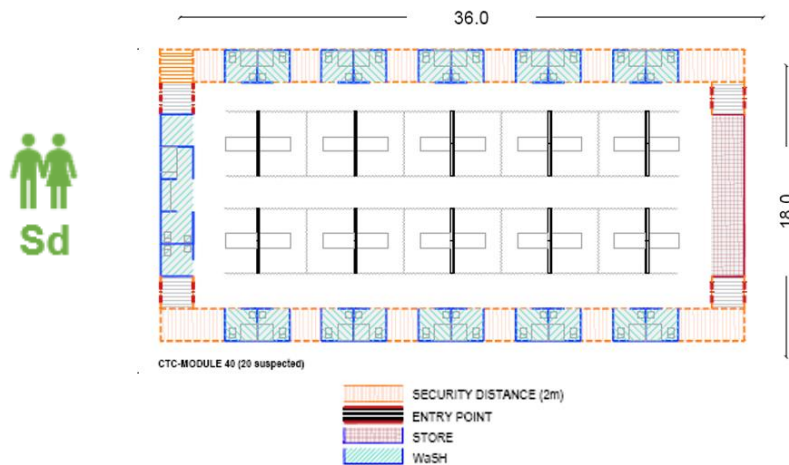
COVID19 Step down cases WARD 20 Beds

Descriptor:

Provides a dedicated inpatient area where patients recovering from severe COVID-19, who are not ready for or able to be discharged, will receive rehabilitation and nursing support for an interim period.

Key Characteristics:

In centres where severe and ICU cases are being managed, it is essential to consider a dedicated inpatient area where recovering severe cases will be cared for an interim period. This may be known as a “stepdown area”. Recovering severe cases are likely to present with ongoing challenges that will delay safe discharge, including post-intensive care syndrome (PICS) and may require some ongoing respiratory support, but they will also require lower medical and nursing staffing ratios than severe cases. It is common for patients with severe cases, especially those who have been mechanically ventilated, to experience substantial weakness and functional decline. When this is the case, some patients may require a period of inpatient recovery in a stepdown ward before being discharged home. These wards provide care in cohorts of 20 patients (10 per gender), with a dedicated space left open for rehabilitation activities. These wards are designed for COVID19 positive patients, therefore there is no need for isolation at the individual level and sanitation facilities can be shared. These patients are no longer severely sick, so lower medical staffing levels are required, while rehabilitation staffing levels are higher. Permanent nursing presence in the ward is still required.



Special considerations:

- Staff should wear PPE at all times in the ward, including for airborne precautions when performing relevant procedures
- Lower needs in medicines and consumables, although it should be expected that patients will likely require dressings for pressure areas
- Most patients will require some nursing care e.g. for distribution of medication, mobility assistance and patient observations
- Staff should wear PPE at all times when working in the ward
- The medical doctor of the mild-moderate ward can provide medical care to these patients
- Equipment used should be properly cleaned between each patient

- Permanent presence of health staff should be provided
- Patients should be encouraged to have contact with relatives, e.g. by use of their mobile phone.
- Separate step down areas for (recovering) COVID negative patients should be considered.

Structure	Staff	Stuff	Systems
<p>Facilities:</p> <p>Ward area with shared toilets and showers;</p> <p>Small Rehabilitation/relaxation space;</p> <p>Bed capacity 20 beds</p> <p>Space needed: 448 m² Internal dimensions, considering safety distances and supplementary modules 648 m² external, Equivalent to 20 bed ward area</p> <p>See detailed Bill of Quantities in Annex 2 and Excel BoQ too</p> <p>Design considerations:</p> <p>Individual beds separated by Panels and safety distance in a cohorted area;</p> <p>Divide bed-portion of the ward in two for single-gender use (10 beds each side);</p>	<p>Average staff number:</p> <p>Medical, nursing and support staffing based on mild/moderate ward cover.</p> <p>10 FTE rehabilitation professionals with the suggested composition of (where locally applicable): 3 FTE physiotherapists (2 per shift); 3 FTE occupational therapists (2 per shift); 1FTE speech and language therapist; 1FTE psychologist.</p> <p>NOTE: rehabilitation professionals are not required to work overnight in stepdown</p> <p>Indicative roles:</p> <p>Physiotherapist (or national equivalent): Functional rehabilitation, graded exercise, basic respiratory interventions, and balance training</p>	<p>Personal Protective Equipment (PPE):</p> <p>Adequate PPE for staff</p> <p>Rehabilitation specific equipment:</p> <ul style="list-style-type: none"> ▪ 4x tables and 10 basic chairs for table-based activities and meals ▪ 4 x inpatient wheelchairs ▪ 4 x pulpit/gutter frame ▪ 8 x four-wheel walker/walking frame ▪ Elastic exercise bands of varying resistance or 4 sets of free weights (or locally manufactured equivalent) for basic strengthening. ▪ Over toilet-frame (1 per toilet) and/or 2 portable commodes ▪ Shower chair with back and armrests (1 per shower) ▪ Equipment for basic food preparation/assembly (not for cooking) ▪ Table-based games, e.g., cards, board games, puzzles <p>Access to supportive discharge equipment (a small number of walking frames and wheelchairs) is desirable</p>	<p>Referral system:</p> <p>Good and rapid access for referral of patients from mild-severe wards (patients should not be referred directly from ICU/critical care)</p> <p>Ensure clear referral criteria established: Consider the following:</p> <ul style="list-style-type: none"> - Has significantly reduced function from baseline and is not suitable for discharge (considering support available at home) - Is medically stable - Able to actively participate in rehabilitation <p>Established referral links with local outpatient and community-based rehabilitation</p>

	<p>Occupational therapist (or national equivalent): Cognitive assessment and intervention, occupational-based exercise, activity of daily living retraining, discharge planning</p> <p>Speech and language therapist (on national equivalent): Swallow assessment and intervention, speech assessment and retraining</p> <p>Psychologist (or national equivalent): Counselling and other psychological techniques</p> <p>Staff Skills & Competencies:</p> <p>Good knowledge of IPC and cleaning practices; psychological first aid.</p> <p>Nurses skilled in patient observation and oxygen therapy</p> <p>Rapid Response Team skilled in basic healthcare, emergency care</p>		services for follow-up.
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	<p>in post-ICU, including swallow assessment and rehabilitation (for speech and language therapists);</p> <p>in trauma counselling (for psychologists)</p>		
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