

Classification: Official

Publication approval reference: C1495



Hotel space guidance

Aimed to meet accommodation needs for patients discharged from Hospital during the COVID-19 Pandemic

Version 3, Final 22 December 2021

Background information

As part of NHS England and NHS Improvement's (NHSEI) continued response to the COVID-19 pandemic, a variety of methods to improve patient flow out of acute settings have been explored.

One of these methods is the use of hotel space with care or therapy services in reached to the patient as required – a model widely used in Nordic countries to protect acute hospital capacity. Patients suitable for this type of discharge location would be those of low acuity of need (Discharge pathways 1 or 2¹). The patient would no longer meet the criteria to reside in an acute general hospital but would clearly benefit from short term accommodation and if required care to improve their functioning and to allow for further assessment.

This approach has previously been successfully implemented during the COVID-19 pandemic by several areas in England and if required could be replicated at scale by local systems.

The provision and access to hotel rooms will be dependent on the needs and safety of each individual and are expected to be within 8am – 6pm to facilitate timely discharges.

There will be a defined length of agreement/cut off point for patient numbers and use of the hotel for viability of the service.

¹ <https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model/hospital-discharge-service-policy-and-operating-model>

Hotel Facility Requirements

The list below defines the requirements of the hotel provider:

- Rooms should be preferably located on the ground floor with a preference to being close to appropriate fire exits
- Rooms should be allocated in blocks, rather than interspersed along a corridor
- Where possible the service should be allocated rooms with disabled accessibility for patients that may require the provision
- The room should have appropriate means for a patient to call for assistance for instance for basic needs, to raise a concern with the room or request other provided hotel services
- Wi-fi access for patients and clinical staff
- Consider should be given to the provision of room space for informal or paid care givers who wish to 'live in' to deliver support
- Maintenance regimes for rooms will need to be co-ordinated with the organisation which is providing care and the patients
- Fire risk assessments should be undertaken for the rooms in use:
 - Hotels which are being used for patients will need to be identified to the local fire service to ensure that external wall systems are safe and so they are aware for emergency purposes
 - Hotel rooms should have sprinkler systems
 - Hotels should comply with RR(FS)O 2005 with a PAS79 risk assessment
 - Fire alarm testing should be undertaken in line with hotel policy, but the care provider and patients should be informed prior to all tests
- The hotel should provide (if requested) a room for storage of medical stores which can be secured and should not be entered by hotel staff
- If medical gases are required these will not be stored within the medical store. If gases are required, a separate secure storage area will need to be agreed between parties – the care provider will be responsible for confirming the location of the store is appropriate for any regulations. If medical gases are being stored, this will need to be reflected in the revised FRA and suitable hazard notices displayed on doors for areas that may be affected, this information also being readily available for attending fire crews
- The hotel should provide a store for data/record storage that has GDRP compliance
- The hotel will not be required to remove any clinical waste, but appropriate provision for clinical waste collection and storage will need to be agreed between the care provider and the hotel – the care provider will be responsible for all clinical waste

- Hotel staff will need to adhere to COVID-19 government guidelines
- Food should be provided to patient's rooms with appropriate NHS food standards apply. As a minimum a 2 course meals with a minimum of 3 choices to include 1 vegetarian option – care will need to be given in relation to allergies, lifestyle religious and cultural needs.
- Food trays could for mobile patients could be delivered by a door knock and drop. Patients with restricted mobility would require a distanced service i.e. where hotel staff would knock and use the master key to enter the room and leave the food tray on the table / desk area.

Cleaning standards for patients in hotel bedrooms

The patients using hotel accommodation will have been clinically assessed to have only minor clinical conditions and may have health visitors or other health professionals taking care of them during their stay. It is likely that patients will be eating meals in their room and consideration must be given to how meal trays will be removed in a timely fashion.

The required standard for cleaning rooms and the communal areas immediately surrounding the rooms occupied by patients is detailed below. The cleaning methodology remains unchanged from current practice, however the cleaning frequency and outcomes required may vary. The main difference is the room is likely to be occupied during the cleaning process and the clean on discharge is also more intense, as detailed below.

It is important to note that if a patient contracts Covid-19 during their stay the cleaning frequency will need to be increased and the cleaning chemical used will need to be changed to a chlorine-based product with a surfactant containing 1000ppm available chlorine.

When cleaning Personal Protective Equipment (PPE) must be worn comprising fluid resistant mask, (sessional use for the whole period between breaks), apron and gloves, (single use between each room).

Waste will need to go into an orange bag and disposed of as infectious waste. Linen will need to go into red alginate stitched bags with a white outer bag. The laundry process should be consistent with thermal disinfection

Cleaning regimes for rooms will need to be co-ordinated with the organisation which is providing care and the patients

| Element | Description | Cleaning frequency when occupied | Cleaning frequency infected patient | Cleaning after patient is discharged |
|--|--|----------------------------------|-------------------------------------|--------------------------------------|
| Switches, sockets and data points | All wall fixtures e.g., switches, sockets and data points should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, or spillages. | Weekly | Daily | Full clean |
| Walls | All wall surfaces including skirting should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, or spillages. | Weekly | Daily | Full clean |
| Doors | All parts of the door structure should be visibly clean so that all door surfaces, vents, frames, and jambs have no blood or body substances, dust, dirt, debris, adhesive tape, or spillages. | Daily | Daily | Full clean |
| All internal glazing including partitions | All internal glazed surfaces should be visibly clean and smear-free with no blood and body substances, dust, dirt, debris, adhesive tape, or spillages. They should have a uniform shine appearance. | Weekly | Weekly | Full clean |
| Mirrors | Mirrors should be visibly clean and smear-free with no blood and body substances, dust, dirt, debris, adhesive tape, or spillages. | Daily | Daily | Full clean |
| Television | All parts of the TV should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, or stains. | Daily | Daily | Full clean |
| Radiators | All part of the radiator (including between panels) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, or spillages. | Weekly | Daily | Full clean |

| Element | Description | Cleaning frequency when occupied | Cleaning frequency infected patient | Cleaning after patient is discharged |
|---|---|----------------------------------|-------------------------------------|--|
| Ventilation grilles extract and inlets | The external part of the ventilation grille should be visibly clean with no blood and body substances, dust, dirt, debris, or cobwebs. | Monthly | Weekly | Full clean |
| Floor non-slip | The complete floor including all edges, corners and main floor space should have a uniform finish or shine and be visibly clean with no blood and body substances, dust, dirt, debris or spillages. | Daily | Daily | Full clean |
| Soft floor (carpet) | The complete floor including all edges and corners should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks. | Daily | Daily | Full clean |
| Electrical items | The casing of electrical items should visibly clean with no blood and body substances, dust, dirt, debris, or adhesive tape. | Daily | Daily | Full clean |
| Cleaning equipment | Cleaning equipment should be visibly clean with no blood and body substances, dust, dirt, debris, or moisture. | After each use. | After each use. | Full clean. Replace toilet brush and holder if infected patient. |
| Low surfaces | All surfaces should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, or spillages. | Weekly | Daily | Full clean |
| High surfaces | All surfaces should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, or spillages. | Weekly | Daily | Full clean |
| Chairs | All parts of the furniture should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains, or spillages. | Daily | Daily | Full clean |

| Element | Description | Cleaning frequency when occupied | Cleaning frequency infected patient | Cleaning after patient is discharged |
|-----------------------------------|--|----------------------------------|-------------------------------------|--------------------------------------|
| Beds | All parts of the bed (including mattress, bed frame, wheels, and castors) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, or spillages. | Weekly | Daily | Full clean |
| Wardrobes and drawer units | All parts of the locker (including wheels, castors and inside) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains, or spillages. | Weekly | Daily | Full clean |
| Tables | All parts of the table (including wheels, castors and underneath) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages. | Daily | Daily | Full clean |
| Waste receptacles | The waste receptacle should be visibly clean including lid and pedal with no blood and body substances, dust, dirt, debris, stains or spillages. Receptacles should be emptied frequently and not allowed to overflow. | Daily | Daily | Full clean |
| Curtains and blinds | Curtains/blinds should be visibly clean with no blood and body substances, dust, dirt, debris, stains, or spillages. | On discharge | On discharge | Change including shower curtain |
| Fridges | Fridges should be visibly clean with no blood and body substances, dust, dirt, debris, spillages, or food debris. | Daily | Daily | Full clean |
| Showers | The shower, wall-attached shower chairs should be visibly clean with no blood and body substances, scum, dust, limescale, stains, deposit, or smears. | Daily | Daily | Full clean |

| Element | Description | Cleaning frequency when occupied | Cleaning frequency infected patient | Cleaning after patient is discharged |
|-----------------------------|--|----------------------------------|-------------------------------------|--|
| Baths | The bath should be visibly clean with no blood and body substances, dust, dirt, debris, lime scale, stains, or spillages. Plugholes and overflow should be free from build-up. | Daily | Daily | Full clean |
| Toilets and bidets | The toilet and bidet should be visibly clean with no blood and body substances, scum, dust, lime scale, stains, deposit or smears. | Daily | Daily | Full clean |
| Wash hand basin | The wash hand basin and wall-attached dispensers should be visibly clean with no blood and body substances, dust, dirt, debris, lime scale, stains, or spillages. Plugholes and overflow should be free from build-up. | Daily | Daily | Full clean |
| Bed Linen and towels | Bed linen sheets should be topped and tailed (bottom sheet removed and replaced with a clean top sheet). Duvet cover changed weekly unless soiled. Towels changed weekly unless visibly soiled or requested to be changed. | Daily or as described. | Daily | Change all linen, and towels. |
| Beverage Area | Beverage area to be cleaned and beverage products replenished daily. | Daily | Daily | Full clean |
| Consumables | Clean receptacles and replenish (toilet paper, soap, shower gel, shampoo etc.). | Daily | Daily | Full clean dispensers. Replace all products if room was used by an infected patient. |

Engagement Requirements

If care is to be provided to a patient residing at the hotel the following needs to be considered:

- The hotel will report the bed occupancy provision via the Capacity Tracker²
- The hotel should appoint a main point of contact and a deputy for a care provider in case of emergency and to provide regular feedback
- The hotel reception staff will need to support obtaining emergency response from 999 or 111
- The hotel reception staff will need to monitor visitors to keep the premises and occupants safe
- Provision of a newspaper service or basic supplies if needed- patient to fund themselves
- Provision to manage patient personal laundry – patient to fund themselves
- The hotel should provide an induction to any care staff including fire procedures
- Appointment of additional fire wardens during the night to assist patients from the hotel
- Work with partners on appropriate handling of media and communications

General information of Care Provider responsibilities

This is for information to support the hotel providers understanding of what responsibilities a care provider may have if they are in reaching support to the patient. The care provider will:

- Ensure the care staff have appropriate Personal Protective Equipment and that this is disposed of within the patient's room using clinical waste protocols
- Be responsible for complying with all relevant regulations regarding care for patients within a community setting
- Should ensure that they are satisfied with the necessary fire, cleaning and food hygiene policies and processes in place at the hotel

² <https://capacitytracker.com/>

- Should ensure that staff have an appropriate induction provided by the hotel regarding fire safety and should appoint their own fire wardens
- Should clarify access arrangements/fire arrangements for out of hours
- Should ensure daily communication with a named lead at the hotel to ensure that appropriate standards are being achieved
- Will liaise and engage with all other health and social community services involved in the management of the patient including the GP.
- Will advise the hotel at least 24 hours before an expected date and time for a patient leaving the hotel
- Work with the hotel on enabling access to assistive technology and an ability to call for assistance from the hotel bedroom
- Establish transport arrangements, emergency arrangements, ambulance services, hospital car service, potential public transport partners etc.
- Need for clarity in communication with relatives/carers including arrangements for disputed moves

For further information please contact:
england.chcsip-pmo@nhs.net
