

COVID-19 Brief

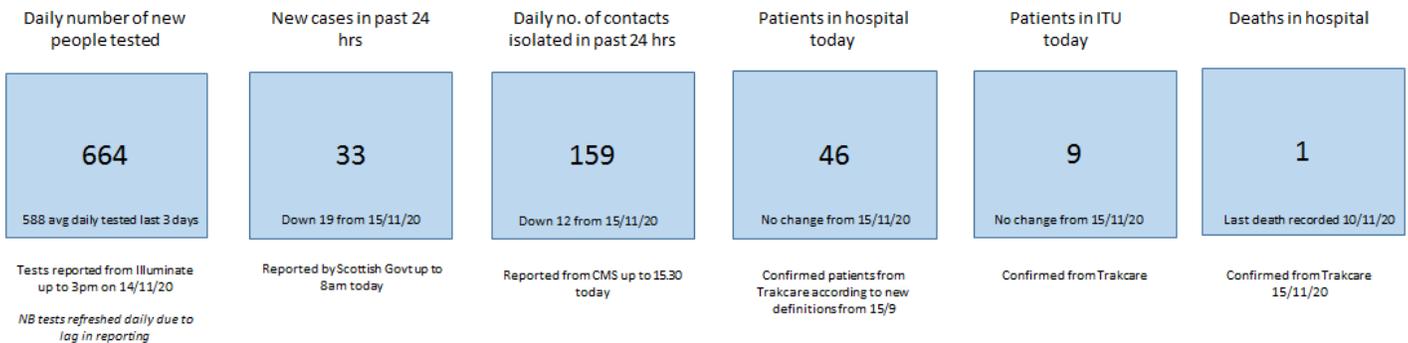
coronavirus



Here is the brief for Monday 16 November 2020. Please ensure that you share this brief with colleagues and staff who do not have access to email, especially if they are self-isolating, otherwise working from home or do not have ready access to a PC. Briefs are shared on our dedicated website covid19.nhsgrampian.org which is updated continuously.

Message from the Chief Executive [Here is the latest video message](#) from Caroline Hiscox; this week she is focusing on Operation Snowdrop. This is the organisational response to the current phase of the pandemic and our response to Winter pressures. In the video Caroline describes the different levels used by organisations like health boards when responding to a major incident. These shouldn't be confused with the protection levels used by the Scottish Government to describe the restrictions applying to different parts of the country. We would encourage you to watch the video to understand more about the ways NHS Grampian is working to manage the pressures we are all facing. You can get in touch with Caroline at gram.grampianchiefexecutive@nhs.scot.

Grampian update The most up-to-date data about COVID-19 new cases, contacts and care in Grampian hospitals is shown below. Remember, all the national data collected by Public Health Scotland is available [here](#). Using that link you can see what is happening at board, local authority, and neighbourhood level anywhere in Scotland.



We're sharing some additional information today (see below). New cases per 100,000 of population in Grampian compare well with many other parts of Scotland. However, the rise in cases since the autumn is concerning and not confined to localised outbreaks. Hospital admissions have been rising too, an inevitable consequence of the rise in case numbers.



Stats – and how to understand them The sheer volume of information and numbers available about COVID-19 can be bewildering, especially if you do not have a background in statistics. This week we are going to share some items designed to help you better understand what the numbers mean. We start with a concept known as the Epidemiologist's Bathtub (with thanks to James Anderson for his work on these items):

Understanding how the number of people with COVID grows quickly (and drops slowly) is related to the idea of incidence and prevalence. Incidence is the number of new cases being added (the tap in the bath) over a particular period (for example new cases over the last week). Prevalence is the total number of people who have had the condition in a particular time period (how full the bath is). The bath empties through people getting better, or sadly, dying from the disease. Because it takes time for people to get well (and longer than it takes to get ill) the risk is that if the incidence (new infections) is high we are adding water to the tub quicker than the level is dropping.

As we all know these chains of infection continue to provide new cases until restrictions, our own behaviour (FACTS) or Test & Protect interrupt transmission. Even when the tap of incidence is turned down the impact on can still be felt on the Health & Social Care system, as prevalence may remain high.

It is important to note that this is not just the capacity to care for people in hospital. It is the capacity for essential services and businesses to run (if too many people are ill or isolating), the capacity to provide care for people over time (if symptoms persist), and the capacity for the NHS to provide other essential services. This highlights the importance of all the things that break the chain of transmission. As, given the nature of COVID, even small increases in infection rates can open the taps and (again) fill the tub quite rapidly.

Are you fit to work? We all need to be extra vigilant regarding our wellness to be at work. Please remember to stay home and request a test if you are experiencing any of the following symptoms (no matter how mild): fever, chills, dry or productive cough, sore throat, headache, runny nose, shortness of breath, general weakness, muscle pain, diarrhoea/vomiting, unexplained rash, or loss of taste/smell.

If someone in your household has any of the three "classic" symptoms of COVID-19 (fever ($\geq 37.8^{\circ}\text{C}$), new continuous cough, or a loss of taste or smell), then you need to stay home and they need to be tested. Instructions on how to book a test can be found [here](#). You should only come back to work once you have completed the required period of self-isolation (i.e. as a confirmed case or as a household contact) **and** you are fit and well

It is imperative we all follow the Safer Workplaces guidance including 2m physical distancing, wearing face masks/coverings, keeping work areas clean, practising thorough hand hygiene, and wearing of PPE as appropriate for role. All these measures help to reduce spread of COVID-19 and protect ourselves, patients, and our families.

Planned Discharge Dates From tomorrow (17 November) there will be a change in terminology referring to discharge dates. We will switch from Estimated Discharge Dates to Planned Discharge Dates – EDDs to PDDs. Clinical staff will see this change reflected in TrakCare from tomorrow and the associated reports from BOXI and Illuminate will be updated with this new term over the next few weeks. Although at one level this just changing a name, it also importantly better reflects our culture of planning for discharge on admission and using the planned date of discharge across the entire Health and Social Care system to minimise any patient delay.

UPDATE - Management of suspected/confirmed COVID-19 patients We apologise for a mistake in the link provided for this protocol in Friday's brief. [This is the correct link](#); sorry for any confusion/frustration!

Thought for the day – Just this once won't hurt... How often have you uttered those words? Be honest! As humans, we are remarkably capable of finding some sort of justification for something we want to do (even when we know we probably shouldn't). Right now, we will all know someone who is bending the COVID-19 restrictions. Not breaking, just bending. We will all have heard the justifications: I haven't seen them in months, it was only for 15 minutes, none of us are feeling unwell, what harm can it do.....? The problem is, if everyone starts bending, twisting, or tweaking the restrictions they will stop doing the very thing they are meant to – slow (hopefully stop) the spread of this virus. Too many of you reading this have first-hand knowledge of the damage COVID-19 can do and it can be really hard to see and hear this kind of thing. It can be harder still to challenge it, especially when it is coming from family, close friends, or even colleagues. We hope asking them this question will help you do this and preserve relationships at the same time:

“If you are finding this easy, are you really doing it right?”

Comments? Suggestions? If you have feedback about this brief or questions about the content please do not hesitate to get in touch via gram-uhb.staffquestions@nhs.net