The Coronavirus pandemic presents healthcare services with unique dilemmas. These are unprecedented times for which there is no clear

- Each ward community should work on keeping communication between staff and patients as good as possible through notice boards, written communication, smaller group or individual meetings and even text and digital messaging within the ward. As stated, meetings can still be carried out provided personal contact is avoided and adequate distancing is able to be maintained

- If symptoms do not resolve after 7 days, or the patient deteriorates, there will need to be a review of their safety on the ward. Each local area will need to develop a local agreement on the management of severe cases which will include transfer to a gene

they cannot return to work on the identified date, they must inform the organisation why this is and when they can return as soon as this is known.

- Organisations should have mechanisms for identifying wards that may fall below minimum staffing needed to maintain the ward. Organisations should make full use of all means to staff the ward so identified though the use of agency, bank or redeployment of nurse managers into frontline positions and in accordance with their capabilities.

- Wards may need to fluctuate between primary nursing and team nursing to ensure all patients have access to individual nurses on a shift by shift basis.

Ward staff, organizations and national bodies are facing unprecede(o)-4s a 1 Tf-0 0 Tw -18 445 1.88 ((o)-4s)1

This guidance has been created at a time of great uncertainty during a rapidly evolving global pandemic. As such, it is recognized that it cannot cover all eventualities or anticipate all the issues that will arise. It is anticipated that it will be refined and adjusted as the situation progresses.