Novel coronavirus (COVID-19)
Guidance for primary care

Management of patients in primary care
Including general medical practice, general dental practice, optometry and pharmacy

Version 11.4

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Before use check the HPS COVID-19 page to verify this is the current version
## Version history

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1. Introduction

The disease COVID-19 is caused by a new strain of coronavirus which was first identified in Wuhan, China. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection and death. COVID-19 was declared a pandemic by the World Health Organisation on 12/3/2020. We now have spread of COVID-19 within communities in the UK.

2. Measures to prevent spread of COVID-19 and protect people at increased risk of severe illness

There is currently no vaccine to prevent COVID-19.

The following measures are recommended to help reduce the spread of COVID-19 and to protect people at increased risk of severe illness:

Stay at home guidance for households with possible COVID-19 should be followed by people with symptoms and their household contacts to reduce the community spread of COVID-19. This means that anyone who has symptoms of COVID-19 and anyone else living in the same household should follow ‘stay at home’ advice on NHS Inform.

Physical(Social) distancing measures should be followed by everyone, including children, in line with the government advice to stay at home. The aim of physical (social) distancing measures is to reduce the transmission of COVID-19. Up to date information can be found on the NHS Inform website. Note that shielding advice should be followed by individuals at risk of severe infection.

Shielding is a measure to protect people, including children, who are extremely vulnerable to severe illness from COVID-19 because of certain underlying health conditions. The aim of shielding is to minimise interaction between these individuals and others to protect them from coming into contact with the virus that causes COVID-19. People with these serious underlying health conditions are strongly advised to rigorously follow shielding measures in order to keep themselves safe. Further information, including the list of underlying health conditions that make people extremely vulnerable, is available on the NHS Inform website.

Staff (such as health care workers) with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who are immunosuppressed, should not provide direct care to patients with possible or confirmed COVID-19. Staff who think they may be at increased risk should seek advice from their line manager or local Occupational Health service. Pregnant staff should also seek advice from their line manager or local Occupational Health service. Information for at-risk or pregnant healthcare workers can be found in Guidance for NHS Scotland workforce Staff and Managers on Coronavirus.
3. Case definition

The case definition being used across the UK reflects our current understanding from the epidemiology available and will likely be subject to change as new information emerges. For most people COVID-19 will be a mild, self-limiting infection and will not require admission to hospital. People in the community who fit the definition should self-isolate.

3.1 Case definition for individuals in the community

People with the following symptoms are advised to self-isolate for 7 days and COVID-19 testing is not required unless clinically indicated:

Recent onset (within the last 7 days):

- New continuous cough
  and/or
- High temperature.

3.2 Case definition for individuals requiring hospital admission

- Clinical or radiological evidence of pneumonia
  or
- Acute respiratory distress syndrome
  or
- Influenza like illness (fever ≥37.8°C and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing).

Clinicians should be alert to the possibility of atypical and non-specific presentations in older people with frailty, those with pre-existing conditions and patients who are immunocompromised. Patients must be assessed for bacterial sepsis or other causes of symptoms as appropriate.

3.3 Testing in hospitals

Testing of patients largely occurs in secondary care based on the case definition. Clinicians should also consider testing any patient in hospital (whether a new admission or existing patient) with new respiratory symptoms, fever or worsening of a pre-existing respiratory condition. Please note that from 29th April, for a 4-week pilot period, all individuals aged over 70 years old should be tested for COVID-19 on admission to hospital. For more information, please see secondary care guidance.
3.4 Testing in care homes
If an outbreak of COVID-19 is suspected within the care home, then the local HPT should be contacted. An outbreak is normally defined as two linked cases of a disease. However, an outbreak of COVID-19 in a care home should be suspected when a single new case is suspected which could be due to spread of COVID-19 within the care home. Assessment of whether there is an outbreak must also include symptomatic residents who have been transferred to hospital following development of symptoms or have died. A control measure tool for the control of incidents and outbreaks in Social or Community Care & Residential Settings, specific for COVID-19, is available here.

Contact the local HPT for advice on for testing of residents and staff as well as other IPC measures to help limit further spread of the virus and control the outbreak. Currently all care home residents who develop symptoms should be clinically assessed and where appropriate offered testing for COVID-19.

The First Minister announced changes to testing of residents and staff in care homes on 1st May 2020:

“We now intend to undertake enhanced outbreak investigation in all care homes where there are any cases of COVID - this will involve testing, subject to individuals’ consent, all residents and staff, whether or not they have symptoms.

*In addition*, where a care home with an outbreak is part of a group or chain and staff might still be moving between homes, we will also carry out urgent testing in any linked homes.

*We will also begin sampling testing in care homes where there are no cases. By definition this will also include testing residents and staff who are not symptomatic.

*This is a significant expansion and we do not underestimate the logistical and workforce requirements.*

*Now we have the increasing testing capacity, we will make it happen as swiftly as practicable.*

Further details can be found on the [Scottish Government](https://www.gov.scot) website.

3.5 Testing key workers and others in the community
On 1st May 2020, the First Minister announced in a [statement](https://www.gov.scot) that the eligibility criteria for COVID-19 testing has been expanded. Those eligible for COVID-19 testing include keyworkers and also people who are not keyworkers but have to leave their house for work. People with COVID-19 symptoms who are over the age of 65 and their households are also eligible for testing.
4. **Triage of patients**

Professions should familiarise themselves with the advice on physical (social) distancing and shielding (see introduction). Professions will need to consider how best to deliver their services in light of these recommendations.

Primary Care should make every effort to triage all patients by telephone to avoid the patient presenting at the practice or department unnecessarily and to minimise any contact with patients with respiratory symptoms.

The mechanism for this will vary dependent on both the geographical location and service within primary care. An assessment hub model is utilised in many areas. If it is an emergency and you need to call an ambulance for the individual, dial 999 and inform the ambulance call handler of the concerns about COVID-19 infection.

From 0800 Monday 23 March, people who are unwell and worried about COVID-19 will be directed to consult NHS inform and phone NHS 24 (call 111) as the first point of contact, not their GP. NHS inform and NHS 24 will form the first point of contact for all COVID-19 related symptoms during both in and out of hours. NHS inform have developed posters which can be printed and shared. It can be found at the NHS inform - [Advice for professionals](https://www.nhsinform.scot/professionals) under communication toolkits.

Calls will be triaged through NHS24 to a local (non-patient facing) hub staffed with clinicians drawn from across both primary and secondary care. People who need to be seen will be offered appointments at dedicated local assessment centres, staffed and equipped to deal with COVID-19 related presentation.

**4.1 Management of patients identified through telephone consultation who do not require clinical assessment and meet the possible case definition for COVID-19**

Advise the patient to self-isolate at home. Direct the patient to “stay at home” advice which can be found on NHS Inform. “Stay at home” advice differs depending on whether the patient lives alone or in a household with other people.

Provide the patient with worsening advice and direct them to phone NHS 24 (call 111) if their symptoms deteriorate. They should not attend the practice in person or go to A&E. If it is an emergency, they should phone 999 and inform the call handler of their symptoms.

**4.2 Self-isolation**

Patients self-isolating should be advised to follow the “stay at home” advice on NHS Inform.

Stay at home advice differs depending on whether the patient lives alone or in a household with other people. Isolation notes are available by following the NHS Inform Symptom Checker for all categories of self-isolation.
4.3 Management of patients requiring face to face clinical assessment

For patients who meet the case definition or those who are self-isolating but who require clinical assessment for non COVID-19 matters the following precautions should be taken.

**Infection Prevention and Control in General Practice/Primary Care/Out of Hours settings.**


**For all consultations with patients presenting with symptoms in keeping with the case definitions described in section 3,** appropriate Personal Protective Equipment (PPE) must be worn as per **Table 2** of the guidance.

Sustained transmission of COVID-19 is occurring within Scotland. **Table 4** provides additional considerations for PPE where there is sustained transmission of COVID-19 taking into account individual risk assessment for this new and emerging pathogen.

Ensure that staff are:

- familiar with all PPE required including provision of adequate supplies, safe donning and doffing procedures, where it is stored and how it should be used.
- aware of what actions to take if an individual meeting the case definition presents.

**Table 2** also provides details of recommended PPE to be worn by staff providing direct care or visiting patients at home where the patient or someone in the household is within the extremely vulnerable group undergoing shielding.

An FFP respirator is only required if undertaking an Aerosol Generating Procedure (AGP) which should be avoided in the Primary Care setting for this group of patients. For patients with suspected/confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential. Where possible, these procedures should be carried out in a single room with the doors shut. Only those healthcare staff who are needed to undertake the procedure should be present and are required to wear PPE in line with Table 2: performing an AGP.

The following procedures are considered AGPs:

- Respiratory tract suctioning
- Bronchoscopy
- Dental procedures (using high speed devices such as ultrasonic scalers and high speed drills)
- High Flow Nasal Oxygen (HFNO)*
- High Frequency Oscillatory Ventilation (HFOV)
- High speed cutting in surgery/post mortem procedures if this involves the respiratory tract or paranasal sinuses
- Induction of sputum using nebulised saline
- Manual ventilation
- Non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)**
- Tracheal intubation and extubation
- Tracheotomy or tracheostomy procedures (insertion or removal)
- Upper ENT airway procedures that involve suctioning
- Upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract

*Note: High Flow Nasal Oxygen, sometimes referred to as High Flow Nasal Cannula Therapy, is the process by which warmed and humidified respiratory gases are delivered to a patient through a nasal cannula via a specifically designed nasal cannula interface. These devices can be set to deliver oxygen at specific concentrations and flow rates (typically 40-60L/min-1 for adults). This is different from standard home oxygen delivered through a nasal cannula which is not an AGP.

** CPAP and BiPAP are considered Aerosol Generating Procedures (AGPs) and are the most common AGP within the community setting.

Chest compressions and defibrillation (as part of resuscitation) are not considered AGPs; first responders (any setting) can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other clinicians to undertake airway manoeuvres. This recommendation comes from the COVID-19 IPC guidance and further explanatory notes can be found in section 5.8.1 (PDF version) alongside considerations for risk assessment taking into account RCUK advice.

Certain other procedures/equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk and are not considered AGPs. Procedures in this category include: Long term oxygen therapy and nebulisation.

Primary care staff should avoid visiting patients who are on CPAP or BiPAP at home. Consider phone consultations in the first instance to assess whether the patient requires a home visit. If it is safe to postpone the visit until symptoms have resolved, then do so.

If a home visit cannot be avoided:

- Find out what time the patient is on CPAP/BiPAP and plan visit for at least an hour or more after the CPAP or BiPAP has been switched off
- Ask the patient to move to another room in the property and close the door to the room where the CPAP or BiPAP is undertaken.
- If the visit must take place when the patient is on the CPAP/BiPAP or if the above measures cannot be followed, the practitioner must wear AGP PPE in line with table 2: performing an AGP
If the practitioner is not fit tested for an FFP mask, the patient will require admission to hospital for assessment. Alert the ambulance that the patient is a suspected/confirmed COVID-19 requiring CPAP/BiPAP.

PPE supplies
GP practices should continue to acquire PPE through their own Health Board procurement contacts, who will raise their needs via an automated procurement portal to NHS National Service Scotland. This new automated internal procurement system has been specifically developed to deal with increased demand, give real time visibility to Health Board’s for ordered stock, as well as enabling quick turnaround-delivery.

4.4. Face to face clinical assessment
Where possible consider practical approaches to facilitate infection prevention and control measures for patients with suspected/confirmed COVID. This could include:

- Designated area or rooms for seeing patient with respiratory symptoms
- Seeing such patients at a specific time of day (e.g. end of a list or separate clinic)
- Rooms used for assessment of these patients should be kept clutter free with equipment kept in closed cupboards to minimise potential for contamination. Soft furnishings should be avoided where possible. Tie back examination curtains to avoid contamination. The practice should have a regular laundering regime in place for curtains
- Segregation of patients with respiratory symptoms from other patients e.g. using separate entrances, separate waiting areas, dedicated staff for respiratory patients
- All non-essential items including toys, books and magazines should be removed from receptions, waiting areas, consulting and treatment rooms.

4.5. Clinical assessment at home visit
All home visits should be appropriately triaged. If carrying out a home visit, follow infection prevention and control advice as per above. Practitioners should carry a waste bag to dispose of PPE following the visit. Where possible 2m physical (social) distancing should be maintained.

Following the patient consultation, PPE should be removed as per appendix 2. This should be disposed of by the patient in accordance with guidance on NHS Inform.

If the visit is in a nursing or residential home, please also consult HPS COVID-19 - information and guidance for care home settings.
4.6. Transport to and from home, or for further care

Patients must not use public transport or private commercial vehicles to travel. Transport options include:

- Patients can be transported by an accompanying friend or family member if they have already had significant exposure to the patient and are aware of the possible COVID-19 diagnosis.

  The patient should sit in the rear of the car and wear a surgical face mask if available. The car should be well ventilated with an open window. They should be given clear instructions on what to do when they get to their destination to minimise risk of exposure to others.

OR

- If the patient is clinically well enough to drive themselves, then they can do so. They should be given clear instructions on what to do when they get to their destination to minimise risk of exposure to others.

OR

- Arrange transfer by Scottish Ambulance Service (ensuring that you inform the ambulance call handler of the concerns about COVID-19) and proceed with management as follows:
  - Staff should withdraw from the room if the patient is clinically well enough to be left unattended.
  - Close the door to the room.
  - Wash your hands with soap and water.
  - If required, identify suitable toilet facilities that only the patient will use.
  - If required to re-enter the room, see Table 2 for PPE.

OR

- Alternative local arrangement approved by the health board.
5. Environmental cleaning following a suspected case

Once a suspected case has left premises, the room where the patient was placed/isolated should not be used until adequately decontaminated. The room door should remain shut until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back into use immediately.

5.1. Preparation

The person responsible for undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- Collect any cleaning equipment and waste bags required before entering the room.
- Any cloths and mop heads used must be disposed of as single use items.
- Before entering the room, perform hand hygiene then put on a disposable plastic apron and gloves.

5.2. On entering the room

- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- Bag any disposable items that have been used for the care of the patient as clinical waste.
- Provided curtains have been tied back during the examination and no contamination is evident, these can be left in situ. Otherwise, remove any fabric curtains or screens and bag as infectious linen.
- Close any sharps containers, wipe the outer surfaces with either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.).

5.3. Cleaning process

Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room, following one of the 2 options below:

1. Use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)

OR

2. A neutral purpose detergent followed by disinfection (1000 ppm av.cl.):
   - follow manufacturer’s instructions for dilution, application and contact times for all detergents and disinfectants
   - any cloths and mop heads used must be disposed of as single use items
5.4. Cleaning and disinfection of reusable equipment

- Clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal.
- Clean all reusable equipment systematically from the top or furthest away point.

5.5. Carpeted flooring and soft furnishings

Ideally the use of examination rooms that are carpeted should be avoided. For carpeted floors/items that cannot withstand chlorine-releasing agents, consult the manufacturer’s instructions for a suitable alternative to use following, or combined with, detergent cleaning.

5.6. On leaving the room

- Discard detergent/disinfectant solutions safely at disposal point.
- Dispose of all waste as clinical waste.
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles.
- Remove and discard PPE as clinical waste as per local policy.
- Perform hand hygiene.

5.7. Cleaning of communal areas

If a possible case spent time in a communal area used for non-respiratory patients, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant (as above) unless there has been a blood/body fluid spill which should be dealt with immediately (guidance is available at Appendix 9 of the National Infection Prevention and Control Manual). Once cleaning and disinfection have been completed, these areas can be put back into use immediately.

6. Attending deaths

The IPC measures described in this document and the NIPCM continue to apply whilst the individual who has died remains in the care environment. This is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living individuals. Where the deceased was known or suspected to have been infected with COVID-19, there is no requirement for a body bag, and viewing, hygienic preparations, post-mortem and embalming are all permitted. Body bags may be used for other practical reasons such as maintaining dignity or preventing leakage.

For further information, please see the following guidance produced by Scottish Government - Coronavirus (COVID-19): guidance on preparation for burial or cremation for religious organisations, faith and cultural groups. This guidance also includes links to the relevant Health and Safety Executive guidance which should be followed.
6.1. Death certification during the COVID-19 pandemic

According to the CMO letter on “Guidance to Medical Practitioners for Death Certification during the COVID-19 Pandemic” medical practitioners do not need to report deaths as a result of COVID-19 disease or presumed COVID-19 disease to the Procurator Fiscal where they would otherwise require to be reported in terms of section 3(d) of the Reporting deaths to the Procurator Fiscal guidance. Deaths as a result of presumed COVID-19 disease in the community are not required to be reported to the local health protection team.

DCRS will continue to provide advice via their enquiry line on 03001231898 or dcrs@nhs24.scot.nhs.uk and authorise disposal of repatriations to Scotland.

7. Reporting to Local Health Protection Team

Individual suspected cases in community do not need to be reported to local HPTs.

The local Health Protection Team (HPT) should be informed of clusters or outbreaks in:

- A long-term care facility
- A prison or place of detention or other closed setting
- Any other group residential setting such as boarding schools

An outbreak is defined as two or more confirmed or suspected cases of COVID-19 in the same setting within a 14-day period. However, in care homes, a single new suspected case should be trigger for initiating outbreak management in conjunction with the local HPT.

This outbreak definition should also include cases who have been transferred out of hospital following infection or have died in this same time period. Please see section 3.2 Testing in Care homes for the working definition of an outbreak in a care home setting. Please check appendix 1 for contact details of local HPTs.

8. Healthcare Staff

Staff who have been in contact with a suspected case are not required to self-isolate.

Staff should follow national advice on “staying at home” if they or a member of their household develops symptoms consistent with COVID-19.

All staff should also follow national guidance on social distancing and shielding. Further details can be found on NHS Inform.

Staff who have had confirmed COVID-19 and have since recovered (see NHS inform for guidance on self-isolating and ending self-isolation) must continue to follow the IPC measures including appropriate PPE.
8.1 Staff with underlying health conditions that put them at increased risk of severe illness from COVID-19

Staff with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who are immunosuppressed, should not provide direct care to patients with possible or confirmed COVID-19. Staff who think they may be at increased risk should seek advice from their line manager or local Occupational Health service. Pregnant staff should also seek advice from their line manager or local Occupational Health service. Information for at risk or pregnant healthcare workers can be found in Guidance for NHS Scotland workforce Staff and Managers on Coronavirus.

As part of this risk assessment, you should consider that persons with symptoms of COVID-19 should practice household isolation and defer any non-urgent appointments and therefore you should not be providing care/have contact to patients with COVID-19. Staff with conditions that increase their vulnerability to COVID-19 should be taking shielding or stringent physical (social) distancing measures and should therefore not be on the premises.

8.2 Testing for COVID-19 infection to enable key workers to return to work

The Scottish Government have produced guidance for NHS Boards in relation to the testing of key health and social care workers for COVID-19 infection to enable them to return to work. Further information can be found here.
The following sections are specific to the various primary care disciplines.

9. General Dental Care

Individuals should not attend for routine dental treatment whilst the stay at home advice is in place. Delivery of dental services has been restructured under the direction of the Chief Dental Officer and Scottish Government.

Practices should ensure that patients are advised in advance of their appointments not to attend and defer their treatment. Dental practices should triage calls by telephone and offer clinical advice. Where face to face assessment is required, dental practitioners should follow locally agreed protocols which may include assessing people in a local dental hub. Where patients are being seen for a face to face assessment, follow the COVID-19: Infection Prevention and Control PPE guidance in Table 1 or Table 2 as appropriate. Additional Standard Operating procedure for dentistry can be found in Annex 1: Infection Prevention and Control in Urgent Dental Care Settings during the period of COVID-19.

10. General Medical Practice

From 23rd March 2020, the model for assessing patients with COVID-19 related illness changed such that patients use NHS Inform and if they require to be seen they will be seen at community assessment centres.

11. Opticians and Optometry

Practices are advised to display the appropriate COVID-19 poster available in the coronavirus communication toolkit on the NHS Inform.

The Scottish Government has recommended that all face to face consultations occur in Emergency Eye Care Treatment Centres. Requests for care should be triaged. If an individual requires assessment, this should be referred to an Emergency Eye care treatment centre as agreed locally. Adhere to local protocols and transport guidance. Alert clinicians where individuals are suspected to be symptomatic of COVID 19.

If it is an emergency and you need to call an ambulance for the individual, dial 999 and inform the ambulance call handler of the concerns about COVID-19 infection.

For face to face consultations, PPE should be worn as detailed in Table 2. In addition, Scottish Government and the Royal College of optometrists have recommended that for all assessments, a FRSM should be worn and a plastic breath shield should be attached to the slit lamp, which must be disinfected in between patients. Practitioners are advised to avoid speaking whilst at slit lamp.
Emergency Domiciliary Eye examinations
Practitioners should follow the advice in section 4.5: Clinical Assessment at Home. Routine domiciliary eye care has been suspended to patients in their own homes as well as those in day or residential centres. If an optometrist or dispensing optician is required to make an emergency home visit, then they should appropriately triage the appointment before attending.

Please consult HPS COVID-19 - information and guidance for social or community care and residential settings. PPE should be worn as indicated in Table 2.

At the end of a session involving use of PPE, masks should be removed as per appendix 2. This should be placed in a disposable plastic bag, then placed in a secondary disposal bag, tied and held for 72 hours before being placed in the domestic waste bin. If the optometry service has an appropriate waste contract with the capacity to take PPE, masks once removed can be placed into waste immediately.

12. Pharmacy
Pharmacy staff:

- Should display signage to ensure that individuals are aware of the advice around physical (social) distancing, available at NHS Inform.
- Should make every effort to ensure the 2 metre social distancing rules are applied when individuals are in the pharmacy. PPE is recommended where 2 metre physical (social) distancing cannot be applied and is detailed in Table 3 of the guidance.
- Individuals with symptoms consistent with COVID-19 could present to their local pharmacy for advice. Patient information posters for NHS settings should be displayed so they can be seen before patients enter the premises. Posters are available on NHS Inform.
- If a patient who is self-isolating because of presumed COVID-19 makes contact seeking pharmacy advice and the guidance cannot be provided over the telephone, ask the patient to contact NHS 24 (phone 111).
- If an individual telephones or attends the pharmacy suffering from respiratory symptoms or a new continuous cough and/or high temperature, they should be advised to return home and consult the NHS Inform website for further advice. The website includes ‘stay at home advice’ individuals with these symptoms, plus any members of their household, must follow.
- On leaving the pharmacy, if the individual has had contact with the counter top and door handles, they should be cleaned by following the guidance for environmental cleaning following a suspected case (in section 5 of the Guidance for primary care).
• **If it is an emergency** and you need to call an ambulance for the individual, dial 999 and inform the ambulance call handler of the concerns about COVID-19 infection. While awaiting ambulance transfer, show the individual into a room. Seat them at the rear of the room and make sure that no other individuals enter. Leave the room if safe to do so. If you have to enter the room, stay at least 2 metres away from the individual if possible.

• Once the individual has left the room in which they have been isolated the room should not be used. The room door should remain shut until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back into use immediately. Follow the **guidance for environmental cleaning following a suspected case** (in section 5 of the Guidance for primary care).

The pharmacy should remain open unless advised otherwise.

• At the end of a session involving use of PPE, masks should be removed as per **appendix 2**. This should be placed in a disposable plastic bag, then placed in a secondary disposal bag, tied and held for 72 hours before being placed in the pharmacies domestic waste bin. If the pharmacy has an appropriate waste contract with the capacity to take PPE, masks once removed can be placed into waste immediately.

**13. Further information**

## Appendices

### Appendix 1 – Contact details for local Health Protection Teams

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Office Hours Telephone Number</th>
<th>Out of Hours Telephone Number Ask for Public Health On Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran</td>
<td>01292 885858</td>
<td>01563 521 133 Crosshouse Hospital switchboard</td>
</tr>
<tr>
<td>Borders</td>
<td>01896 825560</td>
<td>01896 826 000 Borders General switchboard</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>01387 272 724</td>
<td>01387 246 246</td>
</tr>
<tr>
<td>Fife</td>
<td>01592 226435</td>
<td>01592 643355 Victoria Hospital switchboard</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>01786 457 283 Ask for CPHM on call</td>
<td>01324 566000 Ask for CPHM on call</td>
</tr>
<tr>
<td>Grampian</td>
<td>01224 558520</td>
<td>0345 456 6000</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>0141 201 4917</td>
<td>0141 211 3600 Gartnavel switchboard</td>
</tr>
<tr>
<td>Highland</td>
<td>01463 704886</td>
<td>01463 704 000 Raigmore switchboard</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>01698 858232 / 858228</td>
<td>01236 748 748 Monklands switchboard</td>
</tr>
<tr>
<td>Lothian</td>
<td>0131 465 5420/5422</td>
<td>0131 242 1000 Edinburgh Royal switchboard</td>
</tr>
<tr>
<td>Orkney</td>
<td>01856 888034</td>
<td>01856 888 000 Balfour Hospital switchboard</td>
</tr>
<tr>
<td>Shetland</td>
<td>01595 743340</td>
<td>01595 743000 Gilbert Bain switchboard</td>
</tr>
<tr>
<td>Tayside</td>
<td>01382 596 976/987</td>
<td>01382 660111 Ninewells switchboard</td>
</tr>
<tr>
<td>Western Isles</td>
<td>01851 708 033</td>
<td>01851 704 704</td>
</tr>
</tbody>
</table>
Appendix 2 – Putting on and removing Personal Protective Equipment (PPE)

Putting on PPE
PPE should be put on before entering the room where the patient is. Put PPE on in the following order:

1. Disposable plastic apron
2. A Type IIR (Fluid Resistant Surgical Facemask) FRSM. This should be close fitting and fully cover the nose and mouth. Do not touch the front of the mask when being worn
3. Disposable non-sterile nitrile, latex or neoprene gloves. There is no requirement for double-gloving

The order given above is a practical one; the order for putting on is less critical than the order of removal given below.

Removal of PPE
PPE should be removed in an order that minimises the potential for cross-contamination. Before leaving the room where the patient is, gloves, apron and FRSM should be removed (in that order, where worn) and disposed of as clinical waste. Guidance on the order of removal of PPE is as follows:

1. Gloves
   - Grasp the outside of glove with the opposite gloved hand; peel off.
   - Hold the removed glove in the remaining gloved hand.
   - Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
   - Discard as clinical waste.

![Gloves Removal](image)

2. Apron
   - Unfasten or break apron ties.
   - Pull the apron away from the neck and shoulders, touching the inside of the apron only.
   - Turn the apron inside out, fold or roll into a bundle and discard as clinical waste.

![Apron Removal](image)
3. Fluid Resistant Surgical Facemask (FRSM)

- Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only and discard as clinical waste.

Perform hand hygiene immediately after removing all PPE.

Instructional video

An instructional video for the correct order for donning, doffing and disposal of PPE for healthcare workers in a primary care setting has been produced.

You can access this in the following locations:

- YouTube
- Vimeo