## Version history

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<tr>
<td>V1.0</td>
<td>23/01/20</td>
<td>First publication</td>
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<tr>
<td>V2.0</td>
<td>24/01/20</td>
<td>revised contact details in Appendix 1</td>
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<tr>
<td>V3.0</td>
<td>31/01/20</td>
<td>revised with updated case definition and new nomenclature</td>
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<td>V4.0</td>
<td>02/02/20</td>
<td>Revised definition of contact with a case</td>
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<tr>
<td>V5.0</td>
<td>07/02/20</td>
<td>Amended to align with updated case definition and contact definition issued by PHE on 06/02/20</td>
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<td>V5.1</td>
<td>07/02/20</td>
<td>Small amendment to contact definition</td>
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| V6.0    | 13/02/20   | Amendment to epidemiological criteria of case definition to clarify that travel includes transit through a country Update to  
  - actions to take when informed of a case presenting in primary care  
  - actions to take when informed of a case presenting in secondary care Addition of  
  - actions to take when informed of asymptomatic contacts of possible or confirmed cases  
  - actions to take when informed of symptomatic contacts of possible cases  
  - section on isolation while awaiting test results  
  - section on test results  
  - section on clinical and public health management of confirmed cases  
  - section on further information  
  - appendix on safe forms of transport to hospital |
| V6.1    | 24/02/2020 | 2019-nCoV changed to COVID-19                                                       |
| V6.2    | 28/02/2020 | Corrected phone numbers in appendix 2                                               |
| V6.3    | 02/03/2020 | Revised with updated risk area                                                      |
| V6.4    | 05/03/2020 | Revision in Actions for Local HPTs section for possible case data collection Corrected phone numbers in appendix 2 |
| V6.5    | 12/03/2020 | Update to  
  - Case definition  
  - Investigation and initial clinical management of possible cases  
  - Actions for local HPTs  
  - Clinical management of confirmed cases  
  - Appendix 1 |
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<td>V7.0</td>
<td>16/03/2020</td>
<td>Update to reflect change from containment to delay phase “Stay at home” advice</td>
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<td>v 7.4</td>
<td>24/03/2020</td>
<td>Updated recommendations on social distancing and “shielding” (to protect people, including children, who are extremely vulnerable to severe illness from COVID-19). Expanded advice for HCWs. Expanded advice for the management of an outbreak of respiratory illness in a residential care or other closed setting e.g. prison Added flowchart for the management of COVID-19 by setting.</td>
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<tr>
<td>v 7.5</td>
<td>27/03/2020</td>
<td>Clarification in page 6 that exposed patients discharged to residential care or other closed settings, should be isolated in their own room for 14 days following last exposure. Case definition update Advice on testing key health and social care workers</td>
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<td>V 7.8</td>
<td>02/04/2020</td>
<td>Cross reference to other documents added Updated recommendations on PPE</td>
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<tr>
<td>v 8.0</td>
<td>12/04/2020</td>
<td>Updated recommendation to consider testing patients in hospitals. Updated recommendation on transports and signposting to relevant documents – appendix previously numbered as 1 has been removed and a link is provided to the appropriate appendix in the G for secondary care. Appendices numbers have consequently changed. Updated recommendation on private testing. Link to “Guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings”</td>
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<td>V8.1</td>
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<td>Testing of symptomatic people in care home. Outbreak definition</td>
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<td>V 8.2</td>
<td>22/04/20</td>
<td>Outbreak definition updated</td>
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<td>V 8.3</td>
<td>29/04/20</td>
<td>Updated recommendations on the 28th April SG Testing Strategy and Delivery (SG letter to NHS Chief Exec). Updated terminology regarding physical (social) distancing. Updated recommendation on discharging to residential homes or own house via link to updated “guidance for stepdown (…) and discharging (…)”.</td>
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<td>v. 8.4</td>
<td>01/05/20</td>
<td>Updated recommendations on enhanced outbreak investigation in all care homes where there are any cases of COVID (following First Minister announcement 1st May)</td>
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<td>V8.5</td>
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<td>Updated options appraisal notice</td>
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<td>V8.6</td>
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<td>2.1. Updated case definition</td>
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<td>V 9.0</td>
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<td>4.4. Added Management of children being moved between or to new care placements 5.1. Update advice for staff testing, staff recovering from COVID-19 and returning to work. 5.5. Update advice for staff in SCC&amp;RS returning to work.</td>
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| V 9.1.  | 26/06/20 | 2. Testing of general public and key workers  
2.2. Case definition for inpatients updated to include anosmia.  
3. Stay at home advice strengthened to include asymptomatic COVID-19 diagnoses throughout document  
3. Added Test and Protect advice  
3. Added advice re face coverings and PPE use at work  
5.2 Added PHE guidance for management of exposed staff and patients in health and social care settings  
5.5 Highlighted that the advice excludes care homes  
5.6. Reference to the Outbreak checklist for Care Homes – rather than the outbreak tool  
8. Section added to include advice from CMO Letter (20th May) on Death Certification  
Appendix 1 updated HPT actions for arranging initial swabbing (not restricted to 5 individuals now) |
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1. Introduction

Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan, China. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. 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. Investigation and initial clinical management of possible cases

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. **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. Inpatients must be assessed for bacterial sepsis or other causes of symptoms as appropriate.

**Clinicians should test** patients who meet the case definition for individuals requiring hospital admission (see section 2.2).

**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.

From 29th April (for a pilot period), **all individuals aged over 70 should be tested for COVID-19 on admission to hospital**. Those with a negative test result should then be tested every 4 days until they are discharged.

**Care home settings:** Further advice for those working in residential care home settings is also available here: the [HPS Information and Guidance for care home settings](#); testing guidance is available [here](#) and further advice for Care Home management of outbreaks is [here](#).

**General public and key workers:** Anyone in Scotland aged 5 or over who is showing symptoms of COVID-19 can be **tested**.

N.B. testing appointments will be prioritised for key workers and their household members with [NHS Inform](#) to support them returning to work where it is safe to do so. Arrangements vary by NHS Board.
2.1. Case definition for individuals in the community

People with the following symptoms are advised to self-isolate for 7 days:

Recent onset (within the last 7 days):
- New continuous cough
  - or
- Fever
  - or
- Loss of/ change in sense of smell or taste

2.2. 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).
  - or
- A loss of, or change in, normal sense of taste or smell (anosmia) in isolation or in combination with any other symptoms.

3. 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:

**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.

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

**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. Guidance on COVID-19 and pregnancy is available on the [Guidance for NHS Scotland workforce Staff and Managers on Coronavirus](https://www.nhsinform.scot/coronavirus-19-2020/for-nhs-scotland-staff-and-managers/).

**Test and protect** is a public health measure designed to break chains of transmission of COVID-19 in the community. This approach operates by identifying cases of COVID-19, tracing the people who may have become infected by spending time in close contact with them, and then supporting those close contacts to self-isolate, so that if they have the disease they are less likely transmit it to others. Further details can be found on the Scottish Government [website](https://www.gov.scot/Topics/Health/Infectious-Diseases-CoronavirusCovid19) and NHS Inform. Organisations should be aware of up to date advice on the test, trace, isolate, support approach, and support their members to follow this.

**Face masks vs face coverings.** It is important to note the difference between face masks and face coverings. Where HPS guidance refers to face masks this means surgical or other medical grade masks that are used in certain health and social care situations. Face coverings are made from cloth or other textiles that cover the mouth and nose, and through which you can breathe (e.g. a scarf).

The use of face masks is not currently recommended for the general population. There is no evidence of benefit to support the use of face masks outside healthcare environments. Face masks may be advised for those diagnosed with or suspected to have COVID-19 to reduce spread of infection in specific situations.

The Scottish Government has issued guidance on the personal use of [face coverings](https://www.scotgov.gov.uk/news/2020/03/26/face-coverings-for-public-use/). Physical (social) distancing, shielding, following stay at home advice, and good hand and respiratory hygiene practices are the key measures for preventing spread of COVID-19.
Personal Protective Equipment (PPE) at work

PPE protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. Occupations should continue to use any PPE required as per local policies (business as usual) to mitigate against non-COVID-19 risks in their setting. The risk of COVID-19 should be managed by good hygiene measures and physical distancing. Note that the use of additional PPE for COVID-19 (out with healthcare or specific residential settings) is out of the scope of this guidance. Sector specific guidance has been developed by Scottish Government and can be found at COVID-19: returning to work safely. Note that face coverings are not considered PPE.

4. Management of possible and confirmed cases

4.1. Triage

Public messaging directs people who are unwell and worried about COVID-19 to consult NHS inform and phone NHS 24 (111) as the first point of contact, not their GP. NHS Inform and NHS 24 (111) is the first point of contact for all COVID-19 related symptoms during the in-hours period. Calls will be triaged through NHS24 (111) 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. Transport to and from local assessment centres should follow local protocol.

Cases in community are not required to be reported to local HPTs.

Care providers or organisations should discuss suspected clusters or outbreaks in facilities with local HPTs. They should also discuss single cases where it is suspected that this is due to transmission within the facility. If you are contacted for advice about cases in the community:

- If the patient does not require referral to secondary care then ensure they and members of their household have been given appropriate ‘stay at home’ advice and signpost the GP to follow the primary care guidance in the HPS COVID-19 page. The patient should be directed to Test and Protect.

- If the patient is to be brought into the hospital (see sections 2 and 4.2) or other healthcare setting guidance for assessment, advise the GP of the need to ensure the patient is transported appropriately to the hospital following the principles in appendix 1 of the Novel coronavirus (COVID-19) Guidance for secondary care. Note travel to dedicated local assessment centres should follow local protocol.
Currently all care home residents who develop symptoms should be clinically assessed and where appropriate offered testing for COVID-19. See further details in the paragraph for care home settings in section 2.

4.2. **Possible or confirmed case presenting in secondary care**

If you are contacted for advice:

- Confirm that the patient has been isolated and appropriate PPE is being used in line with [COVID-19 Guidance for infection prevention and control in healthcare settings](#).
- Advise the secondary care physician to arrange testing for COVID-19 and to follow the [secondary care guidance](#) in the HPS COVID-19 page.
- From 29th April, for a pilot period, all individuals aged over 70 should be tested for COVID-19 on admission to hospital. Those with a negative test result should then be tested every 4 days until they are discharged.

4.3. **Management of patients being discharged to residential settings or their own home**

Guidance on appropriate discontinuation of infection prevention and control (IPC) precautions for patients recovering or recovered from COVID-19, being discharged to their own home or to residential care can be found at the [Guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings](#).

See section 5.2. for advice on the discharge of patients who have been exposed to COVID-19 during their admission.

4.4. **Management of children being moved between or to new care placements**

A decision on whether it is appropriate for a child being accommodated or moved between care placements to be tested – particularly if the child has been in contact with an individual with symptoms of COVID-19, or with someone who has tested positive for the virus, or if the child has been at all exposed to the risk of infection – is a clinical decision, informed by the context, clinical needs and urgency. Appropriate risk assessment should be carried out locally in discussion with the health protection team and the local social work professionals.
5. HPT investigation and follow-up

Testing for COVID-19

See [NHS Inform](https://www.nhsinform.scot) for information on how to access testing. Additional information is available from [Scottish Government](https://www.gov.scot) guidance.

Please review [COVID-19 PCR testing in care homes and the management of COVID-19 PCR test positive residents and staff](https://www.gov.scot) guidance for more information.

Staff who have recovered from COVID-19

Staff who have had confirmed COVID-19 and have since recovered must continue to follow the IPC measures, including PPE, as for all other staff.

Organisations and employers should monitor staff health and advise on any health and support needs.

The Scottish Government have produced guidance for NHS Boards in relation to the testing of symptomatic key health and social care workers for COVID-19 infection to enable them to return to work. Further information can be found [here](https://www.gov.scot).

5.1. A confirmed case of COVID-19 has not been appropriately isolated on hospital admission

It is expected that providers of secondary care will follow recommendations on identifying possible cases of COVID-19, isolate patients with respiratory illness and follow appropriate [COVID-19 Guidance for infection prevention and control in healthcare settings](https://www.gov.scot) from the outset.

However, there may be occasions when COVID-19 was not considered to be a possible diagnosis initially. Investigation and management of such a scenario will usually be led by the NHS board IPCT with involvement of the local HPT and Occupational Health where appropriate. Actions may include:

- Identifying exposed HCWs and following [management of exposed staff and patients in health and social care setting](https://www.gov.scot).

- Identifying exposed patients and ensuring:
  - those who are inpatients are appropriately isolated / cohorted where possible for 14 days following last exposure
  - those who have been discharged should follow the “stay at home” guidance if they develop respiratory symptoms. If they require ongoing outpatient treatment e.g.
dialysis, chemotherapy etc. then they should be advised to report any symptoms before attending so that they can be appropriately isolated if required

- where exposed patients have been discharged to residential care or other closed settings then they should be isolated in their own room for 14 days following last exposure to minimise the risk of a subsequent outbreak within this setting. Follow Information and guidance for non-healthcare settings and Information and guidance for social or community care & residential settings

- Advice to visitors:

  - Visitors of patients in neighbouring bays of a confirmed COVID-19 patient are unlikely to meet the required contact time or distance of <2 metres for 15 minutes. They should be informed that a COVID-19 diagnosed patient was present on the ward when they visited their relatives, and be given advice about what to do if they develop symptoms and advised to refer to NHS Inform.

For further information: follow the PHE guidance for management of exposed staff and patients in health and social care settings

5.2. **Discharge of COVID-19 patients from hospital to social or community care & residential settings.**

Please refer to the Guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings.

5.3. **A confirmed case of COVID-19 in a HCW**

Where the HPT is informed of a confirmed case of COVID-19 in a HCW who was working whilst symptomatic, then a risk assessment should be carried out (in partnership with the IPCT and Occupational Health where appropriate) and HCW / patient contacts managed as per above. This may require a PAG or IMT depending on the situation.

5.4. **An outbreak of respiratory illness in social or community care & residential settings**

If a cluster or an outbreak of COVID-19 is suspected within any of these settings, care providers should discuss this with local HPTs.

An outbreak is NORMALLY defined as two linked cases of a disease.

For care homes specifically, with respect to COVID-19, an outbreak should be suspected when there is a single new case with symptoms consistent with COVID-19 infection arising in the care home, likely to be due to spread of the virus within the care home. Assessment of
resident cases when considering any potential outbreak should also include symptomatic cases who have either been transferred from the facility to hospital as a result of infection or a suspected COVID-19 individual who has died within the same time period. These criteria may apply to other residential settings if there are groups of clinically vulnerable individuals or extremely vulnerable individuals living in group settings. This will need to be considered on an individual basis.

A checklist for the control of incidents and outbreaks in Social or Community Care & Residential Settings, specific for COVID-19, is available [here](#).

On identification of a new suspected COVID-19 case or an outbreak, the local HPT will advise on the need 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. See further details in the paragraph for care home settings in [section 2](#).

5.4.1. Sampling

Sampling should be discussed and agreed with the local HPT and should be taken by trained staff in the local setting using appropriate PPE (for [HCW by secondary care inpatient clinical setting](#) or for [primary, outpatient and community care by setting](#)).

A combined nose and throat swab (taken throat first then nose) is the sample of choice; where this is not possible, please collect a viral nose swab and a viral throat swab in one collection tube.

5.4.2. Sample transport

Samples should be packaged and transported in accordance with Category B transportation regulations. UN 3373 packaging must be used for sample transport. Samples should be sent to the local laboratory using established means of transport, for example via courier.

5.4.3. Notification of the testing laboratory

The local testing laboratory must be notified of the outbreak using established channels. This is to ensure that a sufficient number of samples is tested to determine whether there is an outbreak and the likely cause.

The name of the facility/ward and the date of the first case must be added to the clinical details on the request in order to identify this as an outbreak sample when it is processed in the laboratory. The date is required in order to differentiate between potential sequential outbreaks.

For samples taken for occupational reasons e.g. from a healthcare worker at the facility, please also add “OCH” to the clinical details.
5.4.4. Number of samples

Currently all care home residents who develop symptoms should be clinically assessed and where appropriate offered testing for COVID-19. See further details in the paragraph for care home settings in section 2.

5.4.5. Testing for pathogens other than SARS-CoV-2 (COVID-19)

Consider where testing for pathogens other than SARS-CoV-2 such as influenza A and B, human metapneumovirus (hMPV) and adenovirus should be undertaken in discussion with the local virologist as necessary. Discussion may also be needed with the local laboratory whether a single swab will be sufficient if pathogens other than SARS-CoV-2 are to be tested for.

5.4.6. Reporting test results

Positive SARS-CoV-2 results should be communicated urgently to HPTs via established electronic or telephone communication. Negative results will be reported using the established routes.

5.4.7. Other measures

- Guidance on IPC measures can be found in the following documents
  - Information and guidance for non-healthcare setting.
  - Information and guidance for social or community care & residential settings.
  - A checklist which social care and residential homes may find useful can be found here

- Guidance for PPE for different settings can be found in
  - The Infection Prevention and Control Guidance for Pandemic Coronavirus – COVID-19 personal protective equipment (PPE) Guidance – and note the relevant PPE table (for HCW by secondary care inpatient clinical setting or for primary, outpatient and community care by setting).

- Enhanced surveillance
  - Monitoring arrangements should be discussed and agreed locally.
It is important to identify infected individuals as early as possible in order to implement IPC measures and care pathways to reduce the further spread in the facility.

- Closing the facility
  - Closure of part or all of the facility should be based on a joint risk assessment between the facility and the local HPT. This will depend on a number of factors including the number of individuals and/or staff affected and their location within the facility.
  - If appointments or transfers are essential, inform the clinic/hospital that this is a possible or confirmed COVID-19 case so appropriate infection control plans can be made for the individual (inform the local Hospital Infection Prevention and Control Team). Careful risk assessment is required.

- Note advice for general public
  - Anyone who has symptoms should contact the NHS to arrange to be tested at 0800 028 2816 or www.nhsinform.scot.
  - Everyone who tests positive for COVID-19 will be put in touch with the local contact tracing team so that other close contacts can be identified.
  - These close contacts, as well as household contacts, will be asked to self-isolate for 14 days.
  - Further guidance can be found here.

6. Sampling and testing

See separate Guidance for sampling and laboratory investigations.

Some private laboratories and manufacturers are offering products for the diagnosis of COVID-19 infection in community settings. All tests that are used in the NHS are assessed (validated) to ensure that they are sensitive (detect a high proportion of those with the disease) and specific (a high proportion of people with a positive result actually have the disease) and supporting quality control systems are in place as part of the delivery of test results. These tests have not yet undergone this assessment.

There is the potential for harm if action is taken on the basis of such non-validated test results; they may provide false reassurance if falsely negative (e.g. household isolation lifted in someone affected by COVID-19) or a wrong diagnosis of COVID-19 if falsely positive (e.g. unnecessary anxiety and interventions). Therefore, HPS cannot recommend the use of tests that have not been validated.
7. Reporting cases

- Health Protection Teams are no longer required to report possible or confirmed cases to HPS; data for national surveillance is taken from laboratory reports in ECOSS.
- Deaths associated with COVID-19 are known to HPS by using NRS death data linked to ECOSS data for laboratory confirmed cases. HPT therefore no longer require to report this to HPS.
- Outbreaks in social or community care and residential settings.

As per the routine reporting of outbreaks of acute respiratory illness in social or community care and residential settings, the local HPT is requested to complete the modified surveillance form (available on SHPIR).

HPS can be contacted for specific advice as required:

- Office hours:
  HPS COVID-19 IMT: 0141 300 1414
- Out of hours:
  HPS On Call: 0141 211 3600.

8. Death Certification during the COVID-19 pandemic

According to the CMO letter dated 20th May 2020 "Updated Guidance to Medical Practitioners for Death Certification during the COVID-19 Pandemic" from 21 May 2020, “any death due to COVID-19 or presumed COVID-19 (a) where the deceased was resident in a care home (this includes residential homes for adults, the elderly and children) when the virus was contracted or (b) where to the best of the certifying doctor’s knowledge, there are reasonable grounds to suspect that the deceased may have contracted the virus in the course of their employment or occupation” should be reported to the Procurator Fiscal under section 3(g) of the Reporting deaths to the Procurator Fiscal guidance. It remains that medical practitioners do not need to report all deaths as a result of COVID-19 disease or presumed COVID-19 disease to the Procurator Fiscal where this would have otherwise been required under 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.
9. Further information

Further Information for health professionals can be found on the [HPS COVID-19 page](#) and on [SHPIR](#).

Information for the general public including self-isolation advice can be found on [NHS Inform](#).

Pre-travel guidance can be found on [fitfortravel](#) for the public, and on [TRAVAX](#) for health professionals.

Further information on COVID-19 and pregnancy can be found on the [RCOG website](#). 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](#).
Appendix 1: Health Protection Team management of COVID-19 outbreak by settings

<table>
<thead>
<tr>
<th>High risk settings</th>
<th>High risk settings</th>
<th>Low risk settings</th>
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<tbody>
<tr>
<td>High risk individuals</td>
<td>Low / Moderate risk individuals</td>
<td>Low risk individuals</td>
</tr>
<tr>
<td>Care home</td>
<td>Prison</td>
<td>School</td>
</tr>
<tr>
<td>Non-acute healthcare</td>
<td>Asylum seeker shared residence</td>
<td>University</td>
</tr>
<tr>
<td>Acute healthcare*</td>
<td>Boarding school</td>
<td>Hotel</td>
</tr>
<tr>
<td>Special education needs school</td>
<td>Long journey transport (bus, flight)</td>
<td>Workplaces</td>
</tr>
</tbody>
</table>

Outbreak definition: Two or more linked cases (confirmed or suspected) within the same area within 14 days where cross transmission has been identified. With respect to COVID-19 and care home settings, a single new case with symptoms consistent with COVID-19 infection should trigger discussion with the HPT and investigation of a possible outbreak to facilitate early implementation of control measures, if needed. Setting examples are not exclusive.

HPT undertake risk assessment of setting → No routine follow-up

HPT actions:
1. Signpost to relevant guidance
2. Reinforce infection control advice in guidance including provision of improved hand and respiratory hygiene, supply/training/use of PPE, symptom vigilance, physical distancing (2 metres) whenever possible, isolation or exclusion from work based on symptoms, visitor controls
3. Arrange initial swabbing
4. Log on HPT2Zone

Outbreak confirmed HPT actions:
1. Ensure patient aware, inform DPH and premises manager, other relevant organisations (e.g. LA, CI, HSE)**
2. Monitor implementation of control measures. Consider cohorting
3. Consider multi-agency IMT
4. Letter/communication to premises, staff and residents
5. Consider wider testing of affected population and staff (e.g. care homes)
6. Prepare media holding statement

Positive

Laboratory to urgently contact HPT with positive results

Negative

HPT to advise premises of negative results, no further action

- Acute hospital outbreaks where transmission is suspected among staff or patients will usually be led by NHS Board Infection Prevention and Control Teams with support from HPTs.

** Upper respiratory tract sample (combined nose and throat swab); label samples as 'outbreak' stating the name of the care home/prison/setting and the date of the first suspected case of this outbreak (to differentiate between potential sequential outbreaks)

*** LA = local authority; CI = Care Inspectorate; HSE = Health and Safety Executive; IMT = Incident Management Team
## Appendix 2: 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 885 858</td>
<td>01563 521 133  Crosshouse Hospital switchboard</td>
</tr>
<tr>
<td>Borders</td>
<td>01896 825 560</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 226 435 /798</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 558 520</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 704 886</td>
<td>01463 704 000  Raigmore switchboard</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>01698 858 232</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 888 034</td>
<td>01856 888 000  Balfour Hospital switchboard</td>
</tr>
<tr>
<td>Shetland</td>
<td>01595 743 340</td>
<td>01595 743 000  Gilbert Bain switchboard</td>
</tr>
<tr>
<td>Tayside</td>
<td>01382 596 976/987</td>
<td>01382 660 111  Ninewells switchboard</td>
</tr>
<tr>
<td>Western Isles</td>
<td>01851 708 033</td>
<td>01851 704 704</td>
</tr>
</tbody>
</table>