Novel coronavirus (COVID-19)
Guidance for health protection teams

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Before use check the HPS COVID-19 page to verify this is the latest publication.
## Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of changes</th>
</tr>
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<tbody>
<tr>
<td>V1.0</td>
<td>23/01/20</td>
<td>First publication</td>
</tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<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 |
<table>
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<th>Version</th>
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<tr>
<td>V7.0</td>
<td>16/03/2020</td>
<td>Update to reflect change from containment to delay phase “Stay at home” advice</td>
</tr>
<tr>
<td>V7.4</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>V7.5</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>
</tr>
<tr>
<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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</tbody>
</table>
Contents

1. Introduction................................................................................................................................. 4

1. Investigation and initial clinical management of possible cases ............................................. 4
   Case definition for individuals in the community......................................................................... 4
   Case definition for individuals requiring hospital admission .................................................... 4

2. Measures to prevent spread of COVID-19 and protect people at increased risk of severe illness 5

3. Management of possible and confirmed cases ........................................................................... 6
   3.1. Triage........................................................................................................................................ 6
   3.2. Possible or confirmed case in primary care ......................................................................... Error! Bookmark not defined.
   3.3. Possible or confirmed case presenting in secondary care ...................................................... 6

4. HPT investigation and follow-up.................................................................................................. 7
   4.1. Exposed HCW............................................................................................................................. 7
   4.2. A confirmed case of COVID-19 has not been appropriately isolated on hospital admission... 7
   4.3. Discharge of patients from hospital to social or community care & residential settings ...... 8
   4.4. A confirmed case of COVID-19 in a HCW ............................................................................. 8
   4.5. A confirmed case of COVID-19 in social or community care & residential settings .......... 9
   4.6. An outbreak of respiratory illness in social or community care & residential settings ......... 9
      4.6.1. Outbreak definition............................................................................................................... 10
      4.6.2. Sampling............................................................................................................................... 10
      4.6.3. Sample transport.................................................................................................................. 10
      4.6.4. Notification of the testing laboratory ................................................................................... 10
      4.6.5. Number of samples.............................................................................................................. 10
      4.6.6. Testing for pathogens other than SARS-CoV-2 (COVID-19) ............................................. 11
      4.6.7. Results reporting.................................................................................................................. 11
      4.6.8. Measures............................................................................................................................ 11

5. Sampling and testing.................................................................................................................... 12

6. Reporting cases............................................................................................................................. 12

7. Further information....................................................................................................................... 12

Appendix 1: Safe forms of transport to hospital for possible and confirmed cases ....................... 13
Appendix 2: Health Protection Team management of COVID-19 outbreak by settings .................. 14
Appendix 3: Contact details for local Health Protection teams...................................................... 15
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. People in the community who fit the definition should self-isolate.

Clinicians should test patients who meet the case definition for individuals requiring hospital admission. 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. Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised. Inpatients must be assessed for bacterial sepsis or other causes of symptoms as appropriate.

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 usually required unless hospital admission clinically indicated:

Recent onset (within the last 7 days):
- New continuous cough
- and/or
- High temperature.

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).
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:

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.

Social distancing measures should be followed by everyone, including children, in line with the government advice to stay at home. The aim of 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. Guidance on COVID-19 and pregnancy is available on the Royal College of Obstetricians and Gynaecologists website.
4. Management of possible and confirmed cases

4.1. Triage

From Monday 23 March from 0800 onwards, public messaging will direct 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.

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

If you are contacted for advice:

- 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. Testing for COVID-19 is not usually required for this group of patients.

- If the patient is to be brought in to the hospital or other healthcare setting for assessment, advise the GP of the need to ensure the patient is transported appropriately to the hospital, and to notify the receiving unit in advance regarding the possibility of COVID-19 to minimise risk of nosocomial transmission (see Appendix 1).

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.
5. HPT investigation and follow-up

HPT action (including contact tracing for confirmed cases) is no longer routinely required. However, there are certain circumstances where investigation and follow-up may still be indicated. These include:

5.1. Exposed HCW

The following advice should be provided:

Exposure was household

- **Asymptomatic HCW living in the same household as possible COVID-19 cases** should follow the “stay at home advice” in NHS Inform.

- **Symptomatic HCW living in the same household as possible COVID-19 cases** should follow the “stay at home advice” in NHS Inform.

Exposure was not household (e.g. travel or occupational) *

- **Asymptomatic HCW** should self-monitor for symptoms for 14 days. They should continue working as long as they remain asymptomatic.

- **Symptomatic HCW** who develop symptoms of COVID-19 should follow “stay at home” advice as in NHS Inform.

*For exposure to confirmed cases in hospital settings see additional measures in the section 5.2.

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.

5.2. 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 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 ensuring they are aware of the need to self-isolate if they develop any respiratory symptoms. They can continue to work if they are asymptomatic.

- 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.

5.3. Discharge of patients from hospital to social or community care & residential settings.

Please refer to the Information and guidance for social or community care & residential settings.

5.4. 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.
5.5. **A confirmed case of COVID-19 in social or community care & residential settings**

No further action is needed unless there is a particular concern. If so then the local HPT may wish to consider a PAG or IMT.

Points for consideration will include:

- if the confirmed case is a staff member, were they working whilst symptomatic?
- If there is any evidence of an outbreak of respiratory illness within the facility setting see [section 5.6](#).

Possible actions include:

- ensuring staff are aware of and are following appropriate [infection prevention and control advice](#), including use of appropriate PPE when managing symptomatic individuals (for [HCW by secondary care inpatient clinical setting](#) or for [primary, outpatient and community care by setting](#));
- ensuring staff are aware of the need to self-isolate if they develop any symptoms;
- isolating / cohorting individuals who are contacts of the confirmed case;
- ensuring individuals are informed of symptoms to be aware of and know how to report symptoms quickly to staff.

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

Where the HPT is informed of a cluster or outbreak of respiratory illness in asocial or community care & residential setting, this should be managed in line with existing closed setting outbreak investigation and management arrangements, e.g. those for flu / norovirus. Testing of affected individuals / staff for COVID-19 and other respiratory pathogens to guide outbreak management should be considered on a case-by-case basis by the PAG / IMT convened (if required) to manage the incident (see flowchart for the Health Protection Team management of COVID-19 by setting in [appendix 2](#)). A specific tool for “COVID-19 Incident/Outbreak Control Tool for healthcare, social care and community settings” is under development and will be available soon.
5.6.1. Outbreak definition
An outbreak is defined as two or more clinical or laboratory confirmed cases of COVID-19 where nosocomial infection and ongoing transmission is suspected.
This does not include cases admitted with possible/confirmed COVID-19 and applies only to cases which have been acquired within the healthcare setting via onward transmission.
This outbreak definition should also include cases who have been transferred out to hospital following infection or have died in this same time period.

5.6.2. 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.

5.6.3. 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.

5.6.4. 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 cause thereof.
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 outbreak.
For samples taken for occupational reasons e.g. from a healthcare worker at the facility, please also add “OCH” to the clinical details.

5.6.5. Number of samples
In large outbreaks, it is not feasible to test all samples. The number of samples should be agreed between the local HPT and laboratory. Any further testing within the outbreak would be by discussion with the duty virologist at the laboratory only.
Clinical and epidemiological factors will need to be taken into account when deciding to attribute all outbreak cases to SARS-CoV-2 or not.
5.6.6. 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.

5.6.7. Results reporting

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.

5.6.8. 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.](#)
- Guidance for PPE for different settings can be found in
  - [Infection Prevention and Control Guidance for Pandemic Coronavirus](#) 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
  - Clinical Monitoring arrangements and care planning pathways for individuals by local staff, 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
  - Careful risk assessment is required to determine whether the facility should remain open to admissions, transfers and hospital outpatient appointments.
  - 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).

6. Sampling and testing
See separate Guidance for sampling and laboratory investigations

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 on individual cases as required:
  - Office hours:
    HPS COVID-19 IMT: 0141 300 1414
  - Out of hours:
    HPS On Call: 0141 211 3600.

8. 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.
Appendix 1: Safe forms of transport to hospital for possible and confirmed cases

Possible cases

The overall aim is to ensure others are not exposed to a potentially infectious individual when the individual travels from their home / other accommodation / GP surgery to the hospital for testing.

The following principles should be followed:

- Public transport and taxis are not acceptable.
- Walking to hospital is not acceptable.
- The individual may drive home in their own car if they feel/are considered well enough. Ensure the individual can reach their car safely without exposing others e.g. wearing a surgical facemask and avoiding communal areas.
- The individual can be driven home by a person who has already had significant exposure to the patient (e.g. partner or household member) who is aware that the individual is a possible or confirmed COVID-19 case and is content to drive them home. The individual should be advised to sit in the rear of the car wearing a surgical facemask. The car should be well ventilated with an open window. Ensure the patient has a supply of tissues and a waste bag for disposal for the duration of the journey. The waste bag should then be taken into the house and advice below regarding disposal should be followed (see patient leaflet).
- If none of the above are possible, the Scottish Ambulance Service (SAS) should be contacted to arrange transport. Inform the SAS that the individual is under investigation for COVID-19 and appropriate infection control measures must be applied. SAS will be able to advise on arrangements for transporting possible cases to hospital for assessment.
Appendix 2: Health Protection Team management of COVID-19 outbreak by settings

### High risk settings
- **High risk individuals**
  - Non-acute healthcare*
  - Care home
  - Special education needs school
- **Low / Moderate risk individuals**
  - Prison
  - Asylum seeker shared residence
  - Boarding school

### Low risk settings
- **Low risk individuals**
  - School
  - University
  - Hotel

**Outbreak definition:** Two or more cases where nosocomial infection and ongoing transmission is suspected.
(This does not include cases admitted with possible/confirmed COVID-19 and applies only to cases which have been acquired within the healthcare setting via onward transmission).

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### HPT undertake risk assessment of setting

**HPT actions:**
1. Signpost to relevant guidance
2. Reinforce infection control advice in guidance including provision of PPE where required
3. Inform local NHS Board to enable identification of cases for cohorting on arrival if admission is required

### Outbreak confirmed

**HPT actions:**
1. Inform DPH plus other relevant organisation
2. Consider IMT / PAG
3. Cohorting / isolation of residents
4. Letter / communication with premises, staff and residents

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**Positive**

- HPT to liaise with NHS Board to arrange community swabbing** and to inform local virology / testing laboratory***
- NHS Board to arrange transport of specimens to laboratory for testing
- Laboratory to urgently call the HPT with results (positive results)

**Negative**

- HPT to advise premises of negative results, no further action

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### Notes:
- * Acute hospital outbreaks where transmission is suspected among staff or patients will be led by NHS Boards with support from HPTs.
- ** Upper respiratory tract sample (combined nose and throat swab). Samples must be labelled with HPzone incident number for processing by laboratory; and state the name of the care home / prison / or institution, label as an outbreak and the date of the first suspected case of this outbreak.
- *** HPT to inform laboratory and to give HPzone incident number. To request testing for COVID-19 plus seasonal respiratory viral panel plus pneumococcus where available.
Appendix 3: Contact details for local Health Protection teams

<table>
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<th>Organisation</th>
<th>Office Hours Telephone Number</th>
<th>Out of Hours Telephone Number Ask for Public Health On Call</th>
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<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>01396 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>
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<tr>
<td>Lanarkshire</td>
<td>01698 858 232</td>
<td>01236 748 748 Monklands switchboard</td>
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<td>0131 465 5420/5422</td>
<td>0131 242 1000 Edinburgh Royal switchboard</td>
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<tr>
<td>Orkney</td>
<td>01856 888 034</td>
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<tr>
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<td>01382 596 976/987</td>
<td>01382 660 111 Ninewells switchboard</td>
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<tr>
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