### Version history

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<td>V1.0</td>
<td>23/01/20</td>
<td>First publication</td>
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<td>V2.0</td>
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<td>revised contact details in Appendix 1</td>
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<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>
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<td>Revised definition of contact with a case</td>
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<td>Small amendment to contact definition</td>
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<td>Amendment to epidemiological criteria of case definition to clarify that travel includes transit through a country</td>
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<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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<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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| V 9.1.  | 30/05/2020 | 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) |
| V9.2.   | 25/06/2020 | 1. Introduction updated to include new context within the “Test and Protect” programme, including contact tracing and isolation.  
2. Updated advice on testing  
3. Updated measures to prevent spread of the infection, considering the Government advice to stay safe (physical distancing). Updated advice on face covering and on PPE at work.  
4. Test and Protection section added  
6.1. Added advice to testing key workers  
6.6.1. and 6.6.2. Updated with advice for the management of an incident and outbreaks in care homes as well as in prisons and detention settings  
9. Advice and key links on international travel and offshore installations now inserted. |
| V 9.3   | 14/07/2020 | Section 3. Updated physical distancing measures in line with Scottish Government advice for Phase 3. Sections 6.2. and 6.5.1. Reference made to the local HPT (rather to “your” HPT as errors in earlier version).  
Section 10. No highlighted text. |
| V 9.4   | 16/07/2020 | Appendix 2. Updated contact details for HPTs including email addresses. |
| V 9.5   | 31/07/2020 | References to 7 day self-isolation period have been changed to 10 days for those in the community who have COVID-19 symptoms or a positive test result  
Section 2: Updated to advise anyone in Scotland with symptoms (including under 5’s) can be tested  
Section 3: Shielding advice updated |
| V 9.6   | 20/08/2020 | Updated terminology: the ‘extremely clinically vulnerable’ are now referred to as people ‘at extremely high risk of severe illness’, as per language in NHS Inform. Across the document, in various sections.  
Addition of Appendix 3: PPE Table 1  
Addition of Appendix 4: PPE Table 2 |
Health Protection Scotland

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1. Introduction

SARS-CoV-2 is a new strain of coronavirus first identified in Wuhan, China. Clinical presentations of COVID-19, the illness caused by SARS-CoV-2, 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 March 2020.

The first cases in the UK were detected on 31 January 2020, and on 23 March 2020 the UK entered lockdown.

A range of public health measures have been used to control transmission of SARS-CoV-2, including physical distancing, shielding advice, and infection, prevention and control measures. As part of the gradual relaxation of lockdown measures the Test and Protect programme, which includes contact tracing, is being implemented to allow a sustained reduction in new cases, outbreaks and to reduce transmission.

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 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.

Anyone in Scotland who is showing symptoms of COVID-19 can be tested through UK Government Testing sites. Further guidance on eligibility and access to testing is available on NHS Inform and on the Scottish Government website.

N.B. Testing appointments will be prioritised for key workers and their household members. Further advice on NHS Inform as well as advice to support them returning to work where it is safe to do so. Arrangements vary by NHS Board.

Testing in healthcare settings

Clinicians should test all patients who meet either of the case definition criteria described in sections 2.1. and 2.2.
Clinicians should also consider testing where there is clinical suspicion of COVID-19, for example patients with new respiratory symptoms 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 are also available in the HPS Information and Guidance for care home settings; testing guidance is available here and a checklist containing advice for care home management of outbreaks is here.

2.1. Case definition for individuals in the community
People with the following symptoms are advised to self-isolate for at least 10 days and seek COVID-19 testing (details of how to access testing are available on NHS Inform):

Recent onset
- 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 distancing** measures should be followed by everyone in line with the Scottish Government advice to stay safe (physical distancing). Guidelines vary by age group – for up to date information see the [Scottish Government website](https://www.gov.scot). The aim of physical distancing measures is to reduce the transmission of COVID-19. People who are at increased risk of severe illness from coronavirus should strictly follow physical distancing measures (this includes those with certain medical conditions, pregnant or aged 70 or older). Up to date information can be found on the [NHS Inform](https://www.nhsinform.scot) website. This also includes additional detail on how to adapt physical distancing for those with additional needs.

**Shielding** is a measure to protect people, including children, who are at extremely high risk of severe illness from COVID-19 because of certain underlying health conditions.

**Scottish Government** advise:

“People who have been advised to shield because of COVID-19, will no longer have to do so from 1 August and will be asked to follow general safety guidance, as well as follow stringent physical distancing and hygiene measures”.

There are some exceptions to this including those living in residential care or nursing homes. Further information including exceptions can be found on the Scottish Government [website](https://www.gov.scot).

**Guidance for households with possible or confirmed COVID-19 (stay at home advice)** is designed to slow the community spread of COVID-19. Household isolation will help to control the spread of the virus to friends, the wider community and those at extremely high risk of severe illness. This means that anyone who has symptoms of COVID-19 or has a COVID-19 diagnosis (whether they have symptoms or not) and anyone else living in the same household should follow ‘stay at home’ advice on [NHS Inform](https://www.nhsinform.scot).

**Test and Protect** (see section 4) 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 to transmit it to others. Further details can be found on the Scottish Government [website](https://www.gov.scot) and [NHS Inform](https://www.nhsinform.scot).
Physical distancing by staff of at least 2 metres should be followed in all areas of the workplace, including non-clinical areas. Where 2m physical distancing cannot be maintained, for example in direct patient contacts, the use of PPE in accordance with guidance will reduce the risk of exposure. A local review of existing practice may need to be considered to introduce measures such as staggering staff breaks to limit the density of staff in specific areas. Other measures such as use of Perspex (or similar) screens may be considered to reduce risk in non-clinical encounters.

Ensure that individuals follow the “personal or work travel and physical distancing” advice as in the HPS/PHS information and guidance for general (non-healthcare) settings guidance.

Staff (such as health care workers) with underlying health conditions that put them at increased risk of severe illness from COVID-19, should discuss this with their line manager or local Occupational Health service. The COVID-19 Occupational Risk Assessment Guidance should be used to support managers to undertake an individual occupational risk assessment. Pregnant staff should also seek advice from their line manager or local Occupational Health service. Further information for at-risk or pregnant healthcare workers can be found in Guidance for NHS Scotland workforce Staff and Managers on Coronavirus.

Face coverings: The Scottish Government announced that people aged 5 years and over must wear a face covering on public transport, in public transport premises (e.g. train stations and airports) and shops. There are some exemptions to this requirement; further information can be found on the Scottish Government website.

Members of the public visiting an adult hospital (including to attend an appointment) or a care home for the elderly are also asked to wear a face covering where it is not always possible to maintain a 2 metre distance from other people. Further information is available here.

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. Workplaces 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 with the scope of this guidance. Sector specific guidance has been developed by SG and can be found at COVID-19: returning to work safely. Note that face coverings are not considered PPE.
4. Test and protect

The Test and Protect approach uses extended access to testing alongside contact tracing for all PCR positive individuals 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 to transmit it to others. Further details can be found on the Scottish Government website and NHS Inform. Guidance on the general approach to contact tracing and on contact tracing in complex settings, including health and social care staff, patients and residents, is available on the HPS website.

5. Management of possible and confirmed cases

5.1. 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.

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. Information on testing is available through Test and Protect and NHS Inform.
If the patient is to be brought into the hospital (see sections 2 and 4.2) or other healthcare setting 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.

5.2. Possible or confirmed case presenting in care homes

All care home residents who develop any symptoms suggesting possible COVID-19 infection should be clinically assessed. If the clinical assessment confirms that their symptoms or clinical condition suggest COVID-19 infection, then urgent testing should be carried out of the entire care home, including all care home residents and all staff, including those present on shift and all others not then currently on shift. Irrespective of the presence or absence of symptoms, all others should be tested (subject to consent and clinical practicality). If, however, the clinical assessment on the initial case is not consistent with COVID-19 infection, given the possibility of atypical COVID clinical presentations, a COVID-19 PCR test should still be carried out to exclude COVID-19 infection. In such a case, the decision on testing all others in the care home could await the test result on that individual, providing there is no undue delay in receipt of the result. If their PCR test result is positive, then as before, the entire care home including all residents and all staff should then be tested urgently.

See further details in the paragraph for care home settings in section 2 of this document.

5.3. 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 PPE Table 1 (Appendix 3).
- 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.

5.4. 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.

5.5. 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.

6. HPT investigation and follow-up

6.1. Healthcare workers (HCW)

HCWs who come into contact with a COVID-19 patient or a patient suspected of having COVID-19 should follow the guidance on the management of exposed staff and patients in health and social care setting. This guidance includes advice for staff who are notified that they are a contact of a co-worker who is a confirmed case. Staff should follow national advice on “staying at home” if they or a member of their household develops symptoms consistent with COVID-19. This means that anyone who has symptoms of COVID-19 or a COVID-19 diagnosis (whether or not they have symptoms) and anyone else living in the same household should follow the guidance for households with coronavirus infection on NHS Inform.

Further guidance on the management of contacts who are HCWs is available in HPS COVID-19 - contact tracing: health protection team guidance and COVID-19 Contact Tracing in Complex Settings guidance.

Testing for COVID-19

- All care staff have access to testing and this should be done either by self-referral or through an employer or organisation. See NHS Inform for further information.

- See NHS Inform and Scottish Government for information on COVID-19 testing, including who is eligible for a test, how to get tested and the different types of test available.
- Please review [COVID-19 PCR testing in care homes and the management of COVID-19 PCR test positive residents and staff guidance](#) for more information.

### Negative PCR Test

- **Staff who develop symptoms and have a negative PCR test for SARS-CoV-2** should be managed in accordance with the flowchart for return to work following a SARS-CoV-2 test at [management of exposed staff and patients in health and social care setting](#). Organisations and employers should monitor staff health and advise on any health and support needs.

### Recovering from COVID-19

- **Staff who have had confirmed COVID-19 and have since recovered** must continue to follow the IPC measures including appropriate PPE. Staff with confirmed/suspected COVID-19 should not return to work until symptoms resolve, with the exception of cough and loss of/ change in taste and smell, as these symptoms may persist for several weeks and is not an indication of ongoing infection when other symptoms have resolved.

- **Follow-up testing of staff for clearance** is not generally recommended, but staff may require evidence of viral clearance prior to working with people at extremely high risk of severe illness. This is subject to local policy.

These are guiding principles and there may require further risk assessment based on individual staff circumstances – i.e. immunocompromised individuals.

### 6.2. **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 assessing them as per contact tracing guidance and contact tracing guidance for complex settings.

• Identifying exposed patients and assessing them as per contact tracing guidance and contact tracing guidance for complex settings:
  
o those who have been discharged and who meet criteria for isolation as contacts should follow the “stay at home” guidance for 14 days from last exposure. If they develop symptoms suggestive of COVID-19 they should arrange to be tested. If the PCR test is positive, they should be managed as a case. If the PCR test is negative they should complete the 14 days isolation required for a contact. If individuals who are self-isolating require ongoing outpatient treatment (e.g. dialysis, chemotherapy) they should contact their specialist care provider before attending appointments to make suitable arrangements for their care.
  
o where exposed patients have been discharged to residential care or other closed settings then they should be isolated in a single room for 14 days following last exposure to minimise the risk of a subsequent outbreak within this setting. This should be the preferred option whenever possible. Where all single occupancy rooms are occupied, cohorting of exposed residents may be considered. Residents who are undergoing shielding should never be placed in a cohort. Cohorting of patients should be discussed with the local HPT. See Information and guidance for social or community care & residential settings and Information and guidance for care home settings.

• Advising visitors:
  
o visitors of patients in neighbouring bays of a confirmed COVID-19 patient are unlikely to meet the criteria for classification as a contact requiring to self-isolate. They should, however, 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

6.3 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.
6.4. 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 contact tracing guidance. This may require a PAG or IMT depending on the situation.

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

A COVID-19 outbreak is normally defined as two linked cases of a disease within a specific setting over a period of 14 days.

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

6.5.1. Care Homes
A single case of infection in a care home should prompt contact with the local HPT as it may also signal the start of a possible outbreak.

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 people at extremely high risk of severe illness living in group settings. This will need to be considered on an individual basis.

On identification of a new confirmed 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.

A checklist for the control of incidents and outbreaks in Care Home settings, specific for COVID-19, is available here.

6.5.2. Prisons and detention settings
With respect to COVID-19, an outbreak within a prison or a detention setting should be suspected when there is a single new case with symptoms consistent with COVID-19 infection arising within the establishment. If this occurs, the local HPT should be contacted.

Suspected cases are likely to be identified by self-referral; custodial and detention staff; other prisoners and detainees; and at reception screening.
All (individuals) who develop any symptoms suggesting possible COVID-19 infection should be clinically assessed. If the clinical assessment confirms that their symptoms or clinical condition suggest COVID-19 infection, the local HPT will advise on the need for testing of other residents and staff as well as other IPC measures to help limit further spread of the virus and control the outbreak.

Those in custody with symptoms of COVID-19 should be in isolation for at least 10 days from symptom onset or 10 days from a positive test if asymptomatic (reset clock if symptoms of COVID-19 develop).

Staff should minimise any non-essential contact with suspected COVID-19 cases. The local HPT will provide infection prevention and control advice to staff who work directly with prisoners or detainees in custody with symptoms of COVID-19 or confirmed infection. For activities requiring close contact with a possible case, for example, interviewing people at less than 2 metres distance, or arrest and restraint, the minimum level of PPE that custodial and escort staff should wear is:

- disposable gloves
- fluid repellent surgical face mask
- if available, a disposable plastic apron and disposable eye protection (such as face visor or goggles) should also be worn

In assessing the risk of significant exposure in prisons and detention settings, all measures to implement physical distancing should be considered, alongside hygiene measures and other infection prevention and control precautions in place. The use of personal protective equipment (PPE) is one element of such risk assessment.

Cohorting might be considered as a strategy for the care of large numbers of people should the number of confirmed cases of COVID-19 in prisons or detention settings increase and isolation in single occupancy accommodation become a challenge.

Contact tracing in prisons and detention settings may require the establishment of a Problem Assessment Group (PAG) or Incident Management Team (IMT). The Scottish Health Protection Network Guidance for the Management of Public Health Incidents should be considered alongside COVID-19 specific guidance for contact tracing.

### 6.5.3. 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 (Table 1: [HCW by secondary care inpatient clinical setting](#), or Table 2: [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.

Care Homes can arrange for sampling kits for their weekly staff screening via the online portal for care homes. Further guidance for care homes staff in Scotland available here.
6.5.4. 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.

6.5.5. 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.

6.5.6. 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.

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

Testing or screening are texted back to the individual themselves or via the social portal for care home managers. Further guidance for care homes staff in Scotland available [here](#).

6.5.8. 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 care homes may find useful can be found [here](#).
- Guidance for PPE in different settings can be found in:
Table 1: HCW by secondary care inpatient clinical setting or Table 2: primary, outpatient and community care by setting (formerly contained within the Infection Prevention and Control Guidance for Pandemic Coronavirus – COVID-19 personal protective equipment (PPE) Guidance).

- 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 arrange to be tested through [www.nhsinform.scot](http://www.nhsinform.scot) or call 0800 028 2816
  - Everyone who tests positive for COVID-19 will receive a call or text from the NHS 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](#).  

7. 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 from laboratories that have not been UKAS accredited.

8. 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** must be reviewed regularly by HPTs on HPZone (the national case, incident and outbreak management system).

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), except for COVID-confirmed outbreaks.

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.

9. 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 meeting the following conditions should be reported to the Procurator Fiscal under section 3(g) of the Reporting deaths to the Procurator Fiscal guidance:

- where the deceased was resident in a care home (this includes residential homes for adults, the elderly and children) when the virus was contracted

- 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.

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.
10. Advice on international travel and offshore installations

The Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 came into effect on the 8th June 2020 stipulating that every passenger travelling in the previous 14 days outwith the Common Travel Area (the UK, the Crown dependencies and Ireland), must provide their onwards details to the Home Office for the 14 days following arrival in Scotland or the UK and must self-isolate for that time. Any offence will incur fines. A list of exemptions is available at the above link. PHS/HPS can provide support for contact tracing involving flights. Further guidance will be provided.

Advice for those involved in risk assessment and management of any suspect case of COVID-19 on an Offshore Installation or in helicopter transit is available on the PHS/HPS Guidance for prevention and management of cases of COVID-19 on Offshore installations (PDF, 940KB).

11. 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>Settings risk</th>
<th>Individuals risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider: crowding, shared communal spaces, difficulty with isolation, difficulties in implementing physical distancing, environmental issues (temperature, etc.)</td>
<td>Consider: (older) age, multi or co-morbidity, ethnicity, socio-economic status</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**

**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 HPZone

**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 IM/T
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**

**HPT to liaise with local virology/testing laboratory to arrange initial swabbing for coronavirus or other organism, if relevant.**

**HPT to arrange transport of specimens to laboratory**

- 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>Health Board</th>
<th>Office Hours Telephone Number</th>
<th>Out of Hours Telephone Number Ask for Public Health On Call</th>
<th>Health Protection Team Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran</td>
<td>01292 885858</td>
<td>01563 521 133 Crosshouse Hospital switchboard</td>
<td><a href="mailto:hpteam@aapct.scot.nhs.uk">hpteam@aapct.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Borders</td>
<td>01896 825560</td>
<td>01896 826 000 Borders General switchboard</td>
<td><a href="mailto:Healthprotection@borders.scot.nhs.uk">Healthprotection@borders.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>01387 272 724</td>
<td>01387 246 246</td>
<td><a href="mailto:dumf-uhb.hpt@nhs.net">dumf-uhb.hpt@nhs.net</a></td>
</tr>
<tr>
<td>Fife</td>
<td>01592 226435</td>
<td>01592 643355 Victoria Hospital switchboard</td>
<td><a href="mailto:hpt.fife@nhs.net">hpt.fife@nhs.net</a></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>
<td><a href="mailto:FV-UHB.healthprotectionteam@nhs.net">FV-UHB.healthprotectionteam@nhs.net</a></td>
</tr>
<tr>
<td>Grampian</td>
<td>01224 558520</td>
<td>0345 456 6000</td>
<td><a href="mailto:grampian.healthprotection@nhs.net">grampian.healthprotection@nhs.net</a></td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>0141 201 4917</td>
<td>0141 211 3600 Gartnavel switchboard</td>
<td><a href="mailto:phpu@ggc.scot.nhs.uk">phpu@ggc.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Highland</td>
<td>01463 704 886</td>
<td>01463 704 000 Raigmore switchboard</td>
<td><a href="mailto:hpt.highland@nhs.net">hpt.highland@nhs.net</a></td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>01698 858232 / 858228</td>
<td>01236 748 748 Monklands switchboard</td>
<td><a href="mailto:healthprotection@lanarkshire.scot.nhs.uk">healthprotection@lanarkshire.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Lothian</td>
<td>0131 465 5420/5422</td>
<td>0131 242 1000 Edinburgh Royal switchboard</td>
<td><a href="mailto:health.protection@nhslothian.scot.nhs.uk">health.protection@nhslothian.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Health Board</td>
<td>Office Hours Telephone Number</td>
<td>Out of Hours Telephone Number Ask for Public Health On Call</td>
<td>Health Protection Team Email</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------</td>
<td>------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Orkney</td>
<td>01856 888034</td>
<td>01856 888 000 Balfour Hospital switchboard</td>
<td><a href="mailto:ork-HB.PublicHealth@nhs.net">ork-HB.PublicHealth@nhs.net</a></td>
</tr>
<tr>
<td>Shetland</td>
<td>01595 743340</td>
<td>01595 743000 Gilbert Bain switchboard</td>
<td><a href="mailto:shet-hb.PublicHealthShetland@nhs.net">shet-hb.PublicHealthShetland@nhs.net</a></td>
</tr>
<tr>
<td>Tayside</td>
<td>01382 596 976/987</td>
<td>01382 660111 Ninewells switchboard</td>
<td><a href="mailto:healthprotectionteam.tayside@nhs.net">healthprotectionteam.tayside@nhs.net</a></td>
</tr>
<tr>
<td>Western Isles</td>
<td>01851 708 033</td>
<td>01851 704 704</td>
<td><a href="mailto:wihealthprotection@nhs.net">wihealthprotection@nhs.net</a></td>
</tr>
</tbody>
</table>
### Appendix 3: PPE Table 1

**Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Context</th>
<th>Disposable Gloves</th>
<th>Disposable Plastic Apron</th>
<th>Disposable fluid-repellent coverall/gown</th>
<th>Surgical mask</th>
<th>Fluid-resistant (Type IIIR) surgical mask</th>
<th>Filtering face piece respirator</th>
<th>Eye/face protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute hospital inpatient and emergency departments, mental health, learning disability, outliers, dental and maternity settings</td>
<td>Performing a single aerosol generating procedure on a possible or confirmed case in any setting outside a higher risk acute care area</td>
<td>✓ single use²</td>
<td></td>
<td>✓ single use³</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✓ single use⁴</td>
</tr>
<tr>
<td></td>
<td>Working in a higher risk acute care area with possible or confirmed case⁵</td>
<td>✓ single use²</td>
<td>✓ single use³</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✓ single use⁴</td>
</tr>
<tr>
<td></td>
<td>Working in an inpatient, maternity, radiology area with possible or confirmed case⁵ – direct patient care (within 2 metres)</td>
<td>✓ single use²</td>
<td>✓ single use³</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✓ single use⁴</td>
</tr>
<tr>
<td></td>
<td>Working in an inpatient area with possible or confirmed case⁵ (not within 2 metres)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Working in an emergency department/acute assessment area with possible or confirmed case⁵ – direct patient care (within 2 metres)</td>
<td>✓ single use²</td>
<td>✓ single use³</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✓ single use⁴</td>
</tr>
<tr>
<td></td>
<td>All individuals transferring possible or confirmed case⁵ (within 2 metres)</td>
<td>✓ single use²</td>
<td>✓ single use³</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Operating theatre with possible or confirmed case⁵ – no AGPs⁶</td>
<td>✓ single use²</td>
<td>✓ single use³</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Labour wards – 2nd/3rd stage labour vaginal delivery (no AGPs)⁶ – possible or confirmed case⁵</td>
<td>✓ single use²</td>
<td>✓ single use³</td>
<td>✓ risk assess single use⁷</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Inpatient care to any individuals in the extremely vulnerable group undergoing shielding⁸</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

Table 1

1. This may be single or reusable face/mask protection, full face visor or goggles.
2. The list of aerosol generating procedures (AGPs) is included in section 6.1 at: [www.gov.uk/government/publications/whastransmission-prevention-and-control/covid-19-personal-protective-equipment-ppe](https://www.gov.uk/government/publications/whastransmission-prevention-and-control/covid-19-personal-protective-equipment-ppe). (Note AGPs are underling is further review at present.)
4. Higher risk acute areas include ICU/HDUs, ED resuscitation areas, wards with non-invasive ventilation, operating theatres, endoscopy units for upper Respirations ENT or upper GI endoscopy, and other clinical areas where AGPs are regularly performed.
5. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator after each patient and/or following completion of a procedure, task, or session; disposable or decontaminatable reusable items after each patient contact as per **Standard Infection Control Precautions (SICPs)**.
6. A session refers to a period of time where a healthcare worker is undertaking duties in a specific care setting/environment e.g. on a ward round, providing ongoing care for inpatients. A session ends when the healthcare worker leaves the care setting/environment. Sessional use should always be risk assessed and considered where there are high ratios of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
7. Risk assessment is carried out prior to applying PPE when there is an anticipated high risk of contamination with splashes, droplets, blood or body fluids.
## Appendix 4: PPE Table 2

**Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Context</th>
<th>Disposable Gloves</th>
<th>Disposable Plastic Apron</th>
<th>Disposable fluid-repellent coverall/splach</th>
<th>Surgical mask</th>
<th>Fluid-resistant (Type III) surgical mask</th>
<th>Filtering face-piece respirator</th>
<th>Eye/face protection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any setting</strong></td>
<td>Performing an aerosol generating procedure(^1) on a possible or confirmed case(^3)</td>
<td>✓ single use(^4)</td>
<td>✗</td>
<td>✓ single use(^4)</td>
<td>✗</td>
<td>✗</td>
<td>✓ single use(^4)</td>
<td>✗</td>
</tr>
<tr>
<td><strong>Primary care, ambulatory care, and other non-emergency outpatient and other clinical settings e.g., optometry, dental, midwifery, mental health</strong></td>
<td>Direct patient care – possible or confirmed case(^2) (within 2 metres)</td>
<td>✓ single use(^1)</td>
<td>✓ single use(^4)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✓ single or sessional use(^3)</td>
</tr>
<tr>
<td></td>
<td>Working in reception/consultation area with possible or confirmed case(^2) and unable to maintain 2 metres social distance(^8)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td><strong>Individual own home (current place of residence)</strong></td>
<td>Direct care to any member of the household where any member of the household is a possible or confirmed case(^7)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✓ single or sessional use(^3)</td>
</tr>
<tr>
<td></td>
<td>Direct care or visit to any individual in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding(^9)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✓ single or sessional use(^3)</td>
</tr>
<tr>
<td><strong>Community and social care, care homes, mental health inpatient services and other overnight care facilities e.g., learning disability, hospices, prison healthcare</strong></td>
<td>Home birth where any member of the household is a possible or confirmed case(^7)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Facility with possible or confirmed case(^2) – and direct resident care (within 2 metres)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✓ single or sessional use(^3)</td>
</tr>
<tr>
<td><strong>Any setting</strong></td>
<td>Collection of nasopharyngeal swab(s)</td>
<td>✓ single use(^1)</td>
<td>✓ single or sessional use(^3)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✓ single or sessional use(^3)</td>
</tr>
</tbody>
</table>

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1. This may be single or reusable covers/pouches to protect full face visor or goggles.
2. Use of aerosol generating procedures should be a last resort when the care/handling of the patient necessitates the use of aerosol generating procedures. Further guidance is available from UK government publications and must be followed. [Link](https://www.gov.uk/government/publications/aerosol-generating-procedures-in-clinical-settings).\(^3\)
3. A case is any individual having possible or confirmed case. [Link](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-case).\(^4\)
4. Single use covers/pouches or multi-use covers/pouches that can be used for aerosol generating procedures on a single patient.\(^5\)
5. Single use covers/pouches and multi-use covers/pouches that can be used for aerosol generating procedures on a single patient.\(^6\)
6. Single use covers/pouches or multi-use covers/pouches that can be used for aerosol generating procedures on a single patient.\(^7\)
7. Single use covers/pouches or multi-use covers/pouches that can be used for aerosol generating procedures on a single patient.\(^8\)
8. A single-use respirator should be used when there is an anticipated likelihood of contamination with respiratory droplets or other body fluids.\(^9\)
9. Provides protection against droplets, spray or other liquid contaminants.\(^10\)

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\(^7\) Single use covers/pouches or multi-use covers/pouches that can be used for aerosol generating procedures on a single patient.
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\(^9\) Provides protection against droplets, spray or other liquid contaminants.