NHS National Services Scotland

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

Version 7.5

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Health Protection Scotland

Version history

Version	Date	Summary of changes
V1.0	23/01/20	First publication
V2.0	24/01/20	revised contact details in Appendix 1
V3.0	31/01/20	revised with updated case definition and new nomenclature
V4.0	02/02/20	Revised definition of contact with a case
V5.0	07/02/20	Amended to align with updated case definition and contact definition issued by PHE on 06/02/20
V5.1	07/02/20	Small amendment to contact definition
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	02/03/20	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
V7.0	16/03/2020	Update to reflect change from containment to delay phase "Stay at home" advice
V7.4	24/03/2020	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.
V7.5	27/03/2020	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

Contents

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 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 required:

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 coronavirus (COVID-19) infection measures 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 (see below).

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 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. **NHSinform** and NHS 24 (111) will form 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.

4.2. Possible or confirmed case in primary care

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 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**).

4.3. 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 **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 suspected COVID-19 cases** should follow the "stay at home advice" in **NHS Inform**.
- **Symptomatic HCW living in the same household as suspected 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 in partnership with 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**. **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. 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. A confirmed case of COVID-19 in a residential care or other closed setting e.g. prison.

Where the HPT is informed of a confirmed case in a member of staff or resident of a care home or other close setting then a risk assessment may be carried out to determine appropriate public health assessment and management. This may require a PAG or IMT depending on the situation.

Points for consideration will include:

- if the confirmed case is a staff member, were they working whilst symptomatic?
- is there any evidence of an outbreak of respiratory illness within the care home or closed setting see **section 5.5**

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 residents;
- ensuring staff are aware of the need to self-isolate if they develop any symptoms;
- isolating / cohorting residents who are contacts of the confirmed case;
- ensuring residents are informed of symptoms to be aware of and know how to report symptoms quickly to staff.

5.5. An outbreak of respiratory illness in a residential care or other closed setting e.g. prison

Where the HPT is informed of a cluster or outbreak of respiratory illness in a residential care or other closed setting e.g. prison, this should be managed in line with existing closed setting outbreak investigation and management arrangements, e.g. those for flu / norovirus. Testing of affected residents / 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 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 communal settings” is under development and will be available very soon.

5.5.1. Outbreak definition

An outbreak is defined as two or more cases meeting the possible case definition for new onset COVID-19 infection reported in 48 hours.

5.5.2. Sampling

Samples should be taken by trained staff in the local setting using appropriate personal protective equipment.

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.

5.5.3. 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.

5.5.4. 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.

5.5.5. Number of samples

In large outbreaks, it is not feasible to test all samples. The local laboratory will therefore test the first 5 samples submitted under each incident log as routine. 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.

5.5.6. 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.

5.5.7. 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.

5.5.8. 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**.

- Enhanced surveillance
  - Daily monitoring of all residents by care home staff, for elevated temperatures and other respiratory symptoms is paramount. It is important to identify infected patients as early as possible in order to implement infection control procedures such as isolation to reduce the further spread of infection.

- 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 residents and/or staff affected and their location within the home.
  - 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 resident (inform Hospital Infection 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**

  Health Protection Teams are requested to report COVID-19 related deaths to HPS and to completed a minimum data form for these individuals **(available on SHPIR).**

- **Outbreaks in Residential settings**

  As per the routine reporting of outbreaks of acute respiratory illness in care homes and other residential settings Health Protection Teams are 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 coronavirus incident management team: 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 patient, when the patient 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 patient may drive home in their own car if they feel/are considered well enough. Ensure the patient can reach their car safely without exposing others e.g. wearing a surgical facemask and avoiding communal areas.
- The patient 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 patient is a possible or confirmed COVID-19 case and is content to drive them home. The patient 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 patient 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

Health Protection Team (HPT) Management of COVID-19 outbreak by setting

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

Outbreak definition: report of two or more cases meeting the case definition for possible COVID-19 infection reported in 24 hours or increasing respiratory infection reported day by day.
(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).

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 PPE where required
3. Inform local NHS Board to enable identification of cases for cohorting on arrival if admission is required

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 all result (positive results)

Positive

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

Negative

HPT to advise premises of negative results, no further action

- 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

Organisation	Office Hours Telephone Number	Out of Hours Telephone Number Ask for Public Health On Call
Ayrshire and Arran	01292 885 858	01563 521 133 Crosshouse Hospital switchboard
Borders	01896 825 560	01896 826 000 Borders General switchboard
Dumfries and Galloway	01387 272 724	01387 246 246
Fife	01592 226 435 /798	01592 643355 Victoria Hospital switchboard
Forth Valley	01786 457 283 Ask for CPHM on call	01324 566000 Ask for CPHM on call
Grampian	01224 558 520	0345 456 6000
Greater Glasgow & Clyde	0141 201 4917	0141 211 3600 Gartnavel switchboard
Highland	01463 704 886	01463 704 000 Raigmore switchboard
Lanarkshire	01698 858 232	01236 748 748 Monklands switchboard
Lothian	0131 465 5420/5422	0131 242 1000 Edinburgh Royal switchboard
Orkney	01856 888 034	01856 888 000 Balfour Hospital switchboard
Shetland	01595 743 340	01595 743 000 Gilbert Bain switchboard
Tayside	01382 596 976/987	01382 660 111 Ninewells switchboard
Western Isles	01851 708 033	01851 704 704