COVID-19 Contact Tracing in complex settings
Health Protection Team Guidance
Version 1.1
Publication date: 3 August 2020

This document is uncontrolled when printed.
Before use check the HPS COVID-19 page to verify this is the current version
## Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.0</td>
<td>22/06/2020</td>
<td>First published</td>
</tr>
<tr>
<td>V1.1</td>
<td>03/08/2020</td>
<td>Section 3: Added link to SG testing page</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 4: Definition of contact updated as someone with exposure to case 48 hrs prior and 10 days after case’s onset. Household contact section updated to clarify start of isolation period for those who don’t live with the case but have contact within the household setting.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 5: added food production/processing and dormitory settings to complex settings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 6.1: General principles for staff updated with regards to risk of exposure to cases where there has been no breach of PPE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 7: Additional details on accessing testing added</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 8: Updated PHS email address</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appendix 1: Updated definition of contacts living with the case and household contacts not living with the case for purpose of clarifying start date of isolation period (in line with section 4) Added column for isolation period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appendix 3: Added email addresses for Health Protection Teams</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appendix 5: Updated with details of prisons and detention settings guidance now included in other PHS guidance (HPT and SCRC). Updated contact identification in occupational settings where PPE used and no breach. Infectious period for contact tracing purposes changed from 7 days to 10 days.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appendix 6: Additional contact details added for PHE</td>
</tr>
</tbody>
</table>
Contents

1. Introduction .................................................................................................................4
2. Purpose of this document ..........................................................................................4
3. Who to contact trace? ...............................................................................................4
4. Definition and classification of contact ......................................................................5
   Household contact: ......................................................................................................5
   Non-household contact: ..............................................................................................5
     Direct contact: .........................................................................................................5
     Proximity contact: ...................................................................................................5
   Airline contacts: ..........................................................................................................5
5. Complex settings .........................................................................................................6
6. General principles for the public health management of contact tracing in complex settings .........................................................................................................................6
   6.1 Health and social care settings ..............................................................................7
   6.2 Non-health and social care workplace settings .....................................................8
7. Testing of contacts ......................................................................................................8
8. Contacts from other health boards or other countries ..............................................9
9. Data collection and recording ....................................................................................9
10. Associated legislation ...............................................................................................9
11. Confidentiality ..........................................................................................................9
12. Further information ................................................................................................10
Appendix 1: Definition and classification of contacts ....................................................11
Appendix 2: Summary of contact categories and guidance for travellers ....................13
Appendix 3: Contact details for local Health Protection Teams .....................................14
Appendix 4: Email text for GP of index case ..................................................................16
Appendix 5: Contact Tracing Guidance by setting ........................................................17
   Table 1: Summary of case and contact management in the community ....................17
   Table 2: Summary of occupational case and contact management ..........................18
Appendix 6: Contact tracing points of contact for UK public health agencies and UK armed forces ......................................................................................................................23
   UK Armed Forces personnel ......................................................................................23
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.

As part of the gradual relaxation of lockdown measures, effective and timely contact tracing will need to be implemented to allow a sustained reduction in new cases and outbreaks, and to reduce transmission. In Scotland, this will be achieved through a programme of community testing, contact tracing and isolation (promoted as ‘Test and Protect’ to the public). Contact tracing will be undertaken for symptomatic and asymptomatic cases confirmed by a positive polymerase chain reaction (PCR) test.

Further details can be found on the Scottish Government website and NHS Inform.

The current definitions of a contact are provided in Appendix 1 and Appendix 2.

2. Purpose of this document

This guidance provides recommendations for the identification of contacts of confirmed human cases of novel coronavirus (COVID-19) when either the case and/or the contact is linked to a complex setting as listed in section 5. It should be read alongside the general COVID-19 contact tracing guidance which includes guidance on management and follow-up of identified cases and contacts. These aspects are not repeated in this guidance.

This document is for use by all staff involved in tracing and managing contacts of cases in complex settings. This will be undertaken by NHS Board health protection teams (HPT) who will receive information from local contact tracing staff when a complex setting is identified during initial follow-up with the case. Once operational, the national Tier 1 contact tracing service will refer complex setting scenarios to the relevant NHS Board HPT for specialist health protection management. Contact details for local HPTs can be found in Appendix 3.

3. Who to contact trace?

All people who have a positive polymerase chain reaction (PCR) test result should be contact traced, whether or not they have symptoms at the time the test is taken.

Testing of asymptomatic people is not recommended for the general public, but targeted testing/screening is being undertaken in certain specified settings in accordance with Scottish Government policy. Contact tracing should be undertaken for all positive tests including those taken for surveillance.
4. Definition and classification of contact

A contact is defined as a person who, in the period 48 hours prior to and 10 days after the confirmed case’s symptom onset, or date a positive test was taken if asymptomatic, had at least one of the following types of exposure:

**Household contact:**
- Those that are living in the same household as a case e.g. those that live and sleep in the same home, or in shared accommodation such as university accommodation that share a kitchen or bathroom.
- Those that do not live with the case but have contact within the household setting:
  - Those that have spent a significant time in the home (cumulatively equivalent to an overnight stay and without social distancing e.g. 8 hours or more) with a case during the infectious period
  - Sexual contacts who do not usually live with the case
  - Cleaners (without protective equipment) of household settings during the infectious period, even if the case was not present at the time.

**Non- household contact:**

**Direct contact:**
- face to face contact with a case within 1 metre for any length of time, including:
  - being coughed on
  - having a face-to-face conversation
  - having skin-to-skin physical contact
- any contact within 1 metre for one minute or longer without face-to-face contact
- a person who has travelled in a small vehicle with someone who has tested positive for coronavirus (COVID-19); or in a large vehicle near someone who has tested positive for coronavirus (COVID-19)

**Proximity contact:**

A person who has been between 1 and 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes, cumulatively, during the period defined above.

**Airline contacts:**
- **International flights from countries exempt from UK border rules and local flights** - passengers sitting within two seats in every direction of a case (i.e. the 2 seats either side, and then 2 rows in front and behind these seats) and cabin crew serving the area where the case was seated.

- **International travellers from non-exempt countries** who are subject to UK Border Force measures following arrival in the UK will require contact tracing follow up using this guidance if they were sitting within two seats in every direction of a case (i.e. the 2 seats either side, and then 2 rows in front and behind these seats). This would also apply to cabin crew who were serving the area where a case was seated.
5. Complex settings
Contact tracing scenarios that are complex or involve high risk settings (see list below),
requiring specialist health protection management will be referred to the appropriate level
according to protocols. Escalation of complex or challenging cases or contacts can occur
regardless of whether they are identified before, or during contact tracing interviews.

A complex and/or high risk setting can be one where the case or contact work, reside or have
visited during any part of the infective period, and include, but are not limited to the following:

- social care setting (e.g. care homes)
- healthcare setting (e.g. hospital, GP)
- emergency services
- prison or other detention facility detention
- educational establishment (including nursery and special needs school)
- homeless hostel or shelter, refuge, dormitory or similar setting
- food production/processing
- day care centre for older/vulnerable people
- port and maritime setting (e.g. cruise ship or offshore installations)
- defence establishment
- air travel (domestic or international) – these scenarios are covered in separate
guidance.

6. General principles for the public health management of
contact tracing in complex settings
Contact tracing in complex 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.

Community contacts i.e. outwith the complex setting, should be followed up in accordance
with existing guidance and can be referred back to local contact tracing teams/Tier 1 national
contact tracing service, if appropriate.

In assessing the risk of significant exposure in complex 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. Employers can find further advice on how to reduce
the risk of transmission of COVID-19 in the workplace on the HPS website and in relevant
sectoral guidance published by the Scottish Government.

Guidance for complex settings is summarised in Appendix 5.
6.1 Health and social care settings

The following guidance should be read alongside setting-specific guidance for **Primary Care**, **Secondary Care, Care Homes** and **Social, Community and Residential Care**.

HPT should work with Infection Prevention and Control Teams (IPCT) and Occupational Health services to identify and advise contacts in complex settings, as agreed locally.

**General principles for staff** are:

- staff wearing appropriate PPE during exposure to COVID-19 cases, where there has been no breach in that PPE, should have no significant exposure risk so should not be classified as contacts
- Staff who have not been wearing appropriate PPE during exposures to COVID-19 case, who meet the contact definitions described above, should be excluded from work and **self-isolate** in line with advice for general members of the public
- symptomatic staff must not report for duty, should self-isolate **and arrange to be tested**.

**General principles for patients/residents** are:

- If the case is a hospital inpatient, they should be isolated or cohorted with other confirmed COVID-19 cases. See the **stepdown pathway** for isolation and discharge of COVID-19 patients from hospital and residential settings. Full guidance **here**.
- Any inpatients identified as contacts should be isolated in a side room where possible for 14 days or until discharge. Where isolation facilities are not available, local risk assessment should be undertaken and cohorting considered.
- If a contact develops symptoms in keeping with COVID-19, they should be isolated in a side room and tested. If testing is negative, the 14-days isolation period must still be completed, as they may still be incubating COVID-19.

PHE Guidance for exposed health and social care workers and patients/residents is available **here**.

Breaches in **PPE** should be risk assessed in conjunction with **national IPC policy**. The following factors should be taken into consideration:

- the severity of symptoms the patient/resident has
- the length of exposure
- the proximity of the resident
- whether the health or social care worker had their eyes, nose or mouth exposed.

This would also apply to all individuals present in a care environment e.g. allied health visitor, visitor or family member, if they are following instructions from that institution. Any decision to deviate from the advice to self-isolate would be for local decision based on their risk assessment.
6.2 Non-health and social care workplace settings

Guidance on measures to reduce transmission of SARS-CoV-2 in non-healthcare settings is available on the HPS website and in specific sectoral guidance published by the Scottish Government.

Where Personal Protective Equipment (PPE) has been used, such as visors, masks, gloves etc., an individual risk assessment will have to be undertaken by the HPT to decide whether there has been an exposure risk sufficient to require contact isolation.

Assessment of appropriateness of PPE should include:
- whether the PPE is as recommended in approved guidance documents applicable to the setting; in settings where national guidance is not available, HPTs should undertake risk assessments and convene incident management teams as needed
- whether the PPE meets technical and quality standards
- whether staff are trained to use the PPE properly
- whether the PPE is adequate to protect in the situation e.g. eye protection and mask should be in use if the exposure is from spitting in the face.

Where an interaction has taken place through a Perspex (or equivalent) screen, there should be a low risk of any significant exposure and contact isolation would be unlikely to be required, provided that there has been no other contact as defined in section 4 above. Situational risk assessment may result in the recommendation of further measures, such as self-isolation and wider testing are outside the scope of this guidance.

7. Testing of contacts

All contacts who report symptoms consistent with the case definition should be advised to seek testing. Asymptomatic contacts may be tested under setting specific policies, for example in residential care settings, or by decision of an IMT. Ideally, testing should be undertaken in the first 3 days of symptoms appearing, although testing is effective until day 5, and can be undertaken at any time during illness that is suspected of being COVID-19, on clinical grounds.

Guidance on how symptomatic individuals in the community can book testing through the UK Government test sites can be found on NHS Inform and the Scottish Government website. If individuals are unable to access these websites, they can call NHS24 free on 0800 028 2816 or NHS 111.

Guidance on testing in health and care settings can be found in the Novel coronavirus (COVID-19) Guidance for Health Protection Teams.
- Any contact who has a **positive PCR test** during their isolation period will be managed as a case and subject to contact tracing.

- Any contact who has a **negative PCR test** during the isolation period must still complete the 14 days isolation recommended for contacts, as they may still be incubating COVID-19.

**8. Contacts from other health boards or other countries**
Details of any identified contacts who live in other Health Board areas should be passed directly to the NHS Board of residence. Contacts who live elsewhere in the UK should be passed to the relevant national public health agency (see Appendix 6), or to PHS for follow-up (Email phs.hpscoronavirus@nhs.net). Details of any identified contacts who live outside the UK should be passed to PHS, who will liaise with the relevant public health authority or national focal point.

**9. Data collection and recording**
All data collected as part of the contact tracing process, including in complex settings, should be recorded on the Case Management System (CMS). This will enable Scotland wide data collation on contact tracing for monitoring and evaluation of the approach, and surveillance of epidemiological patterns and any emerging risks, including frequency and severity of exposures in complex settings.

**10. Associated legislation**
This guidance is of a general nature and employers should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the **Health and Safety at Work etc. Act 1974**.

**11. Confidentiality**
The name or other identifiable details of confirmed cases should not be shared with contacts without the stated permission of the case. Cases should be advised that there is risk of deductive disclosure, i.e. of the contact being able to work out who the case is on the basis of the settings the contact has attended and people present.
12. Further information

Further information for health professionals can be found on the [HPS COVID-19 page](https://www.hps.gsi.gov.uk/covid-19).

Information for the general public is available on [NHS Inform](https://www.nhsinform.scot).

Further information on the Test and Protect programme can be found [here](https://www.scottishgovernment.gov.uk/health/coronavirus/testandprotect/).

Further information for arranging a COVID-19 test is available at [NHS Inform](https://www.nhsinform.scot) and the [Scottish Government website](https://www.gov.scot/health/coronavirus/covid19-testing/).

**The National Assistance Helpline (0800 111 4000)** is available for people staying at home to stop the spread of coronavirus who need extra help in order to self-isolate. This helpline is dedicated to supporting those who cannot leave their home and who cannot otherwise get the help they need, for example from family and friends.
## Appendix 1: Definition and classification of contacts

<table>
<thead>
<tr>
<th>Classification of contact</th>
<th>Type of contact</th>
<th>Definition</th>
<th>Isolation Period</th>
</tr>
</thead>
</table>
| Household                 | Household contacts living with the case      | • Those who are living in the same household as a case e.g. those that live and sleep in the same home, or in shared accommodation such as university accommodation that share a kitchen or bathroom. | • Contacts sharing the same household as the index case should isolate at home for 14 days from the date of onset of symptoms in the index case.  
• In situations where the index case is initially asymptomatic, isolation should be for 14 days from the date the test was taken from the index case. If symptoms develop subsequently, isolation should be re-started from the date of symptom onset in the index case. |
| Household                 | Household contacts not living with the case  | • Those that have spent a significant time in the home (cumulatively equivalent to an overnight stay and without social distancing e.g. 8 hours or more) with a case during the infectious period  
• Sexual contacts who do not usually live with the case  
• Cleaners (without protective equipment) of household settings during the infectious period, even if the case was not present at the time. | • Contacts from outside the household of the case should be told to self-isolate at home for 14 days from the date of last exposure to the case.  
• Other members of the contact’s household do not need to isolate unless the contact becomes symptomatic. |
<table>
<thead>
<tr>
<th>Classification of contact</th>
<th>Type of contact</th>
<th>Definition</th>
<th>Isolation Period</th>
</tr>
</thead>
</table>
| Non-household            | Direct contact | - Face to face contact with a case for any length of time, within 1m, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin). This includes exposure within 1 metre for 1 minute or longer without face-to-face contact.  
- A person who has travelled in a small vehicle (e.g. car or van) with someone who has tested positive for coronavirus (COVID-19) or in a large vehicle near someone who has tested positive for coronavirus (COVID-19). | - Contacts from outside the household of the case should be told to self-isolate at home for 14 days from the date of last exposure to the case.  
- Other members of the contact’s household do not need to isolate unless the contact becomes symptomatic. |
|                         | Proximity contact | - Extended close contact (between 1 and 2 metres for more than 15 minutes) with a case.  
- The duration of contact should be considered cumulatively over the infectious period (48 hours prior to symptom onset, or positive test if the case is asymptomatic, for 10 days from the date of symptom onset, or positive test if the case is asymptomatic). |
## Appendix 2: Summary of contact categories and guidance for travellers

<table>
<thead>
<tr>
<th>Category of contact exposure</th>
<th>Type of contact</th>
<th>Description</th>
<th>Alerting of contact</th>
<th>Public advice</th>
</tr>
</thead>
</table>
| Airline contacts            | International travellers from **countries exempt from UK border rules** and other local flights | Passengers sitting within two seats in every direction (i.e. the 2 seats either side, and then then 2 rows in front and behind these seats) of a case and cabin crew serving the area where the case was seated | After case receives positive test | Guidance for people travelling to Scotland on [NHS Inform](https://www.nhsinform.scot)  
[Scottish Government process](https://www.gov.scot) for people entering the UK |
|                            | International travellers from non-exempt countries who are subject to UK Border Force measures | Passengers sitting within two seats in every direction (i.e. the 2 seats either side, and then then 2 rows in front and behind these seats) of a case and cabin crew serving the area where the case was seated | After case receives positive test | As above |
# Appendix 3: 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 456 600</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:php@ggc.scot.nhs.uk">php@ggc.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Highland</td>
<td>01463 704886</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 4: E-mail text for GP of index case

The following template for email should be revised by the HPT to suit individual circumstances

Subject heading:  Contact tracing on confirmed case of COVID-19 for information only

Dear
RE: Insert name, address, and CHI of case

This email is for information only

Your patient named above has been confirmed by PCR testing as a confirmed case of COVID-19. Your patient is aware of their result and has been advised to self-isolate at home for 10 days from the onset of symptoms. All household members have been advised to isolate for 14 days from the date of symptom onset in the index case. Your patient has been given information on how to get further advice and how to get further help if their symptoms worsen.

Contact tracing has been undertaken by the (Board name) Health Protection Team.

Yours sincerely
Appendix 5: Contact Tracing Guidance by setting

Table 1: Summary of case and contact management in the community

<table>
<thead>
<tr>
<th>Setting</th>
<th>Relevant guidance</th>
<th>PCR Positive Case</th>
<th>Case isolation period*</th>
<th>Contact identification</th>
<th>Contact Isolation period</th>
</tr>
</thead>
</table>
| Community   | [COVID-19 Contact Tracing Guidance](#) | Symptomatic or asymptomatic        | 10 days from symptom onset.  
10 days from test if asymptomatic-reset clock is symptoms develop | Household and non-household as per Appendix 1 | Household contact living with index case:  
14 days from onset of symptoms, or  
14 days from date of test if asymptomatic.  
Household contact not living with index case, and non-household contacts:  
14 days from last contact with case.  
Reset clock if symptoms develop in a previously asymptomatic case. |
Table 2: Summary of occupational case and contact management

<table>
<thead>
<tr>
<th>Setting</th>
<th>Relevant guidance</th>
<th>PCR Positive Case</th>
<th>Case isolation period</th>
<th>Contact identification-occupational (including where exposure has been in staff rest areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Care</td>
<td>HPS Guidance for secondary care</td>
<td>Staff (including staff with inconclusive test)</td>
<td>10 days from onset of symptoms</td>
<td>Where appropriate PPE is in place and there has been no breach in PPE during exposure to COVID-19 case, no significant exposure risk so should not be classified as contacts</td>
</tr>
<tr>
<td></td>
<td>UK Guidance on management of exposed staff and patients in health and social care settings</td>
<td></td>
<td>10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For return to work guidance see <a href="https://www.gov.uk/government/publications/coronavirus-19-management-of-exposed-staff-and-patients">UK Guidance on management of exposed staff and patients in health and social care settings</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Staff may require evidence of viral clearance prior to working with extremely vulnerable people. This is subject to local policy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inpatients: follow relevant pathway in <a href="https://www.gov.uk/government/publications/coronavirus-19-management-of-exposed-staff-and-patients-in-primary-care">HPS stepdown guidance</a></td>
<td>10 days from symptom onset or 10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day case/outpatients: 10 days from symptom onset or 10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop</td>
<td>Where appropriate PPE is in place and there has been no breach in PPE during exposure to COVID-19 case, no significant exposure risk so should not be classified as contacts</td>
<td>Where case/contact not using appropriate PPE, or PPE breach-14 days isolation for contact if meets general definition</td>
</tr>
<tr>
<td>Primary Care</td>
<td>HPS Primary Care guidance</td>
<td>Staff</td>
<td>10 days from symptom onset</td>
<td>Where appropriate PPE is in place and there has been no breach in PPE during exposure to COVID-19 case, no significant exposure risk so should not be classified as contacts</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patients sharing a bay during any part of the *infectious period may be considered as household contacts</td>
</tr>
</tbody>
</table>

*Infectious period* may be considered as household contacts.
<table>
<thead>
<tr>
<th>Setting</th>
<th>Relevant guidance</th>
<th>PCR Positive Case</th>
<th>Case isolation period</th>
<th>Contact identification-occupational (including where exposure has been in staff rest areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>Guidance on management of exposed staff and patients in health and social care settings</td>
<td>10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop</td>
<td>to COVID-19 case, no significant exposure risk so should not be classified as contacts</td>
<td>Where case/contact not using appropriate PPE, or PPE breach-14 days isolation for contact if meets general definition</td>
</tr>
<tr>
<td>Patients</td>
<td></td>
<td>10 days from symptom onset&lt;br&gt;10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop</td>
<td>Where appropriate PPE is in place and there has been no breach in PPE during exposure to COVID-19 case, no significant exposure risk so should not be classified as contacts</td>
<td>Where case/contact not using appropriate PPE, or PPE breach-14 days isolation for contact if meets general definition</td>
</tr>
<tr>
<td>Care Homes</td>
<td>Guidance on the approach to control of COVID-19 in care home settings, including testing</td>
<td>Staff&lt;br&gt;<strong>Inconclusive result to be repeated</strong>, not treated as positive as for healthcare staff</td>
<td>10 days from symptom onset&lt;br&gt;10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop</td>
<td>Where appropriate PPE is in place and there has been no breach in PPE during exposure to COVID-19 case, no significant exposure risk so should not be classified as contacts</td>
</tr>
<tr>
<td>Resident</td>
<td></td>
<td>14 days from onset of symptoms.&lt;br&gt;14 days from test date if asymptomatic-reset clock if symptoms of COVID-19 develop</td>
<td>Where appropriate PPE is in place and there has been no breach in PPE during exposure to COVID-19 case, no significant exposure risk so should not be classified as contacts</td>
<td></td>
</tr>
<tr>
<td>Setting</td>
<td>Relevant guidance</td>
<td>PCR Positive Case</td>
<td>Case isolation period</td>
<td>Contact identification-occupational (including where exposure has been in staff rest areas)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Ambulance service       | As for other healthcare staff and PHE guidance for first responders                 | Staff or case attended | 10 days from symptom onset 10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop | Where case/contact not using appropriate PPE, or PPE breach-14 days isolation for contact if meets general definition  
                       |                                                                                    |                    |                                                                                         | Assessment of the setting is required to identify household equivalent contacts amongst other residents. Consider shared facilities such as lounges and dining rooms and bathroom facilities.                                                                 |
| Police/Fire and rescue  | Guidance for first responders for reduction in risk of exposure is on the PHE website  
                       | Employers should apply HSE hierarchy of risk approach to protection of staff from risk of exposure: | Staff or contact | 10 days from symptom onset 10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop | Where appropriate PPE is in place and there has been no breach in PPE during exposure to COVID-19 case, no significant exposure risk so should not be classified as contacts  
                       |                                                                                    |                    |                                                                                         | Where case/contact not using appropriate PPE, or PPE breach-14 days isolation for contact if meets general definition.                                                                 |
| Other workplaces        | The main protection is physical distancing in the workplace, accompanied           | Staff/clients/customers | 10 days from symptom onset                                                                 | Contact isolation for 14 days from exposure for people who meet general contact tracing definition.  
                       |                                                                                    |                    |                                                                                         | Risk assessment required to consider whether PPE, if used, is adequate to reduce exposure risk so that isolation not required – quality, training, effectiveness against specific exposure scenario. |
### Setting Relevant guidance | PCR Positive Case | Case isolation period | Contact identification-occupational (including where exposure has been in staff rest areas)
---|---|---|---
Prisons and detention settings | Key advice for prisons and detention settings now included in [Information and guidance for social, community and residential care settings](#) | Staff | 10 days from symptom onset 10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop | Contact isolation for 14 days from exposure for people who meet general contact tracing definition.  
Risk assessment required to consider whether PPE, if used, is adequate to reduce exposure risk so that isolation not required – quality, training, effectiveness against specific exposure scenario.  
Risk assessment required to consider whether PPE, if used, is adequate to reduce exposure risk so that isolation not required – quality, training, effectiveness against specific exposure scenario.  
Risk assessment required to consider whether PPE, if used, is adequate to reduce exposure risk so that isolation not required – quality, training, effectiveness against specific exposure scenario. 

- by hygiene measures and staff awareness to remain off work or leave work if they develop symptoms.  
Key messages in the workplace can be found [here](#)  
Employers should apply [HSE hierarchy of risk approach to protection of staff from risk of exposure](#):  
Additional guidance for [non-healthcare settings is available on the HPS website](#)  
Scottish Government has published [specific sectoral guidance](#)  
- 10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop  
- Risk assessment required to consider whether PPE, if used, is adequate to reduce exposure risk so that isolation not required – quality, training, effectiveness against specific exposure scenario.
**Setting** | **Relevant guidance** | **PCR Positive Case** | **Case isolation period** | **Contact identification-occupational (including where exposure has been in staff rest areas)**
---|---|---|---|---
Aircraft | **Scottish Government Public Health measures at borders** | Passenger | 10 days from symptom onset 10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop | Contacts within 2 seats in all directions plus cabin crew serving area. Apply criteria for non-household contacts |
 | | Crew | 10 days from symptom onset 10 days from test if asymptomatic-reset clock if symptoms of COVID-19 develop | |

*Infectious period for contact tracing purposes* is from 48 hours prior to symptom onset (or date test is taken if asymptomatic) to 10 days from symptom onset (or 10 days from date test is taken if asymptomatic).
Appendix 6: Contact tracing points of contact for UK public health agencies and UK armed forces

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>England</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health England (PHE)</td>
<td>Tel: 0208 495 5403</td>
<td><a href="mailto:WNCoV.escalation@phe.gov.uk">WNCoV.escalation@phe.gov.uk</a></td>
</tr>
<tr>
<td>Contact Tracing Cell</td>
<td></td>
<td>For any correspondence transferring personal information: <a href="mailto:phe.borderCT@nhs.net">phe.borderCT@nhs.net</a></td>
</tr>
<tr>
<td><strong>Wales</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Wales (PHW)</td>
<td>Tel: 0300 0030032</td>
<td><a href="mailto:phw.Covid19ContactTracing@wales.nhs.uk">phw.Covid19ContactTracing@wales.nhs.uk</a></td>
</tr>
<tr>
<td><strong>Northern Ireland</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Agency (PHA)</td>
<td>Monday to Friday 9am-5pm</td>
<td><a href="mailto:pha.dutyroom@hscni.net">pha.dutyroom@hscni.net</a></td>
</tr>
<tr>
<td></td>
<td>Tel: 0300 555 0119</td>
<td>Monday to Friday 9am-5pm only</td>
</tr>
<tr>
<td></td>
<td>Out of hours (Monday to Friday 5pm-9am and 9am-9am Sat/Sun and public holidays)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tel: 028 90404045 and ask for the public health doctor on call</td>
<td></td>
</tr>
</tbody>
</table>

UK Armed Forces personnel

Where a case is identified as someone who works or resides in a military establishment, and they are reluctant to divulge any contact details, movements or locations, HPTs may request the support of the Defence Public Health Team to interview the case (Email SG-DMed-Med-DPHU-GPMailBox@mod.gov.uk). This mailbox should not be used to transfer personal identifiable information but as a first point of contact for these scenarios. Responsibility for the follow up of contacts once identified can be determined on a case by case basis.