Health Protection Scotland

Novel coronavirus (COVID-19) Guidance for primary care

Management of patients in primary care

Including general medical practice, general dental practice, optometry and pharmacy

Version 13.2

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This document is uncontrolled when printed.

Before use check the HPS COVID-19 page to verify this is the current version.

NHS National Services Scotland

Public Health Scotland

Version history

An archive of all **previously published versions of this guidance and supporting resources that relate to COVID-19** is available on the HPS website. This includes resources that have been retired from the website because they have been superseded or are no longer required.

Version	Date	Summary of changes
V12.0	10/07/20	Update to section 11: Community optometry
V12.1	16/07/20	Update to section 9: addition of "Annex 2: Infection Prevention and Control for General Dental Practice during the period of COVID-19" Amended appendix 1: HPTs emails added
V12.2	17/08/20	Section 2: update to general measures Section 3.1: extended self-isolation to 10 days Section 3.3: update to testing to include individuals under 5 Section 5: addition of IPC section Section 8: update to advice for healthcare staff Section 11: update to community and domiciliary optometry Section 12: update to community pharmacy
V12.3	20/08/20	Addition of Appendix 3: PPE table 2 Addition of Appendix 4: PPE table 4
V12.4	17/09/20	Section 10: update to community optometry section
V13	29/01/21	Relevant links to the Scottish COVID-19 Community Health and Care Settings IPC addendum have been added throughout the guidance to replace IPC advice previously included in this guidance. Section 1: Introduction refreshed to capture current approach Section 2: General update on the immunisation programme. Section 3: Updated advice on physical distancing, staying safe advice and inclusion of the SG local COVID protection levels, addition of advice around PH requirements for contacts of positive cases and overseas arrivals, updated advice on shielding Section 4: Updated case definitions as currently approved Section 5: Updated advice on testing – including expanded testing and lateral flow testing Section 6: Refreshed to capture current approach Section 8: Section amended to reflect the publication of the Scottish COVID-19 Community Health and Care Settings IPC addendum Section 9: Update on when to contact HPTs Section 11: Now links out to the COVID: 19 Infection prevention and control dental appendix regarding PPE Section 12: Now links out to the Scottish COVID-19 Community Health and Care Settings IPC addendum regarding PPE Appendix 2: Contact details for HPTs including email addresses Updated Former Appendix 3: Moved out of the document - replaced by link out to the COVID-19 IPC addendum

Version	Date	Summary of changes
		Former Appendix 4: Moved out of the document - replaced by link to the COVID-19 IPC addendum Appendix 3: Appendix 3 added. This contains details on the self-isolation periods for cases and contacts.
V13.1	01/02/21	Section 11: Dental advice updated
V13.2	09/02/21	Section 11: Dental advice updated

Contents

1. Introduction

The disease COVID-19 is caused by a new strain of coronavirus (SARS-CoV-2) that was first identified in Wuhan City, China in December 2019. Symptoms range from mild to moderate illness to pneumonia or severe acute respiratory infection requiring hospital care. COVID-19 was declared a pandemic by the World Health Organization on 12 March 2020.

The first cases in the UK were detected on 31 January 2020.

A range of measures are being used to control transmission of COVID-19, including physical distancing, hand hygiene, face coverings, testing and contact tracing. Contact tracing is being undertaken for cases confirmed by a positive polymerase chain reaction (PCR) test. In Scotland, the programme of community testing, contact tracing isolation and support is known as **'Test and Protect'.**

Details and arrangements for the COVID-19 immunisation programme currently in place in Scotland can be found in **section 2**.

Further details on COVID-19 can be found on the Scottish Government **website** and **NHS inform**.

2. COVID-19 immunisation programme

The **Medicines & Healthcare products Regulatory Agency** has given regulatory approval to a number of vaccines.

It is important to note that vaccination does not change the need to continue all current COVID-19 mitigation measures (for both vaccinated and unvaccinated individuals). In particular:

- A person's vaccine status does NOT change subsequent public health actions or interventions (including isolation) at this time
- Vaccinated people should continue to comply with ALL testing regimes as per unvaccinated people
- It is unlikely that the vaccines currently being used will affect PCR test results for COVID-19. This may not be the case for other vaccines with different structures or for other tests.

The Chief Medical Officer (CMO) has issued the following letters detailing the arrangements for the COVID-19 immunisation programme:

For the **Pfizer/BioNTech vaccine** (4 December 2020)

For the **AstraZeneca vaccine** (1 January 2021)

Advice for both the **Pfizer/BioNTech vaccine and the AstraZeneca vaccine** (8 January 2021)

All healthcare professionals who require COVID-19 immunisation information can find this in the **Green Book (Immunisation against infectious diseases).**

The Joint Committee for Vaccines and Immunisation (JCVI) provides details on the **groups that should be prioritised for vaccination**. The JCVI has recommended that the second dose of both vaccines should be routinely scheduled from between four and 12 weeks after the first dose. This will allow more people to benefit from the protection provided by the first dose during the rollout phase. Longer term protection will then be provided by the second dose.

Information for healthcare professionals and the public about the Pfizer/BioNTech vaccine is available **here**. Information for healthcare professionals and the public about the AstraZeneca vaccine is available **here**.

Workforce education materials are available on the **Turas Learn site**.

Resources from Public Health Scotland are available to promote the COVID-19 immunisation programme to **frontline healthcare worker staff** and to **social care worker staff**.

Suspected side effects to medicines, vaccines, or medical devices used in COVID-19 treatment should be reported to the Medicines and Healthcare products Regulatory Agency via the dedicated **Coronavirus Yellow Card reporting site**.

Local arrangements for escalation of adverse events should also be followed, as should the newly established process for escalating adverse events relating to the COVID-19 immunisation programme in Scotland. For details on the PHS process for escalating adverse events relating to the COVID-19 immunisation programme, refer to the **COVID-19 immunisation programme - escalation of significant adverse events during out of hours (Guidelines for on call PHS consultants) in SHPIR**.

Contact details for immunisation coordinators:

During office hours (9am to 5pm, Monday to Friday)

Phone: COVID-19 incident team (0141 300 1414) or

Email: **phs.immunisation@phs.scot** (please flag email as urgent).

Out of hours and weekends:

Phone: 0141 211 3600 (ask to be put through to PHS out-of-hours on-call)

Please follow the call up with an email to **phs.immunisation@phs.scot** to summarise discussion with on-call consultant.

More information on the COVID-19 vaccine is available on **NHS inform** and a helpline has been set up on 0800 030 8013. Leaflets explaining why the coronavirus (COVID-19) vaccine is being offered and how, when and where it will be given, are available on **NHS inform**.

3. Key public health measures to prevent spread of COVID-19 and protect people at increased risk of severe illness

3.1 Physical distancing

Physical distancing measures should be followed by everyone, including children, in line with the advice to **stay safe (physical distancing)**. Guidelines vary by age group – for up to date information see the **Scottish Government website**. The aim of physical distancing measures is to reduce the transmission of COVID-19.

People at extremely high risk of severe illness from COVID-19 should rigorously follow physical distancing and hygiene measures. Their household and other contacts should strictly follow physical distancing measures to protect them.

A description of the conditions considered within the increased risk group and the extremely high risk group, as well as up-to-date information on how to adapt physical distancing for those with additional needs, can be found on the **NHS inform** website.

Local COVID protection levels (tiers)

Each local authority area of Scotland has a local COVID protection level (also known as tiers). The Scottish Government's **Coronavirus (COVID-19): local protection levels** page provides further information.

3.2 Staying safe and protecting others at work

- Physical distancing by staff of at least 2 metres should be followed in all areas of the workplace, including non-clinical areas, where possible. Physical distancing is a key mitigation measure and should be followed alongside the additional mitigation measures detailed in this section whenever possible. 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 the 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" advice as in the **HPS/PHS information and guidance for general (non-healthcare) settings guidance**.

- Specific guidance for each of these settings, including business, health, education and housing, are available on the Scottish Government **website**.

- 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 Scottish Government and can be found at **COVID-19: creating and maintaining safer workplaces**. Note that face coverings are not considered PPE.

- 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**.

- Staff in secondary care settings should refer to the **COVID-19 IPC addendum** within the National Infection Prevention and Control Manual (NIPCM) for all IPC guidance relating to care provision as well as the use of PPE in the secondary care setting. Further details in the **PHS/HPS COVID-19 Guidance for secondary care settings**.

3.3 Self-isolation of cases and contacts

Guidance for households with possible or confirmed COVID-19 infection (household isolation) should be followed by people with symptoms or a COVID-19 diagnosis (whether they have symptoms or not) and their household contacts, to reduce the community spread of COVID-19. Self-isolation of cases and contacts is explained on **NHS inform**.

Public health requirements for contacts of confirmed cases and for international (returning) travellers

The self-isolation period for contacts of a confirmed case of COVID-19 and for international (returning) travellers from non-exempt countries is 10 days. This excludes individual resident in care homes for older adults and in-patient clinical settings, who must continue to isolate for 14 days.

The decision to reduce the self-isolation period from 14 to 10 days follows discussions between the four UK Chief Medical Officers and is based on the latest available scientific evidence.

Anyone who has been contacted through Test and Protect – including by the **Test & Protect app** – or by their Local Health Board and have been notified to self-isolate should do so.

Anyone who is required to quarantine following arrival into Scotland from overseas should self-isolate for a period of 10 days counting "day one" as the first day after the traveller left the most recent non-exempt country visited

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

The Scottish Government website provides details on exemption from self-isolation during the quarantine period. This includes exempt countries (or territories) and details on sector exemptions. More detail is available on legitimate defences to contravention of the requirements of the Health Protection (Coronavirus) International Travel (Scotland) Regulations 2020 – see **here** for further details. This includes compassionate grounds for reasons related to the end of a person's life.

Appendix 5 provides a summary of self-isolation periods for cases and contacts in different settings.

3.4 Shielding and protecting people at extremely high risk

Shielding is a measure to protect people, including children, who are at the highest risk of severe illness from COVID-19 because of certain underlying health conditions. Further information on shielding is available on the Scottish Government **website** and **NHS inform**. The Scottish Government provide information on what this means depending on the **local protection level in your area**.

If you are on the shielding list, you should follow the same advice as everyone else in your **local council area's protection level**. There is additional advice for individuals in the shielding category - see the **extra advice for people at highest risk from coronavirus**.

Shielding arrangements differ for individuals living in care homes, specific guidance for that setting should continue to be followed: **COVID-19: adult care homes visiting guidance**. Further information including exceptions can be found on the **Scottish Government website.**

3.5 Face coverings

Everyone needs to be aware of, and follow, Scottish Government guidance on face coverings. This can be found on the **Scottish Government website**. Note that face coverings are not considered PPE.

3.6 Test and Protect

Contact Tracing is a public health measure designed to break chains of transmission of COVID-19 in the community. In Scotland, Test and Protect is the national programme to support contact tracing.

Further details can be found on the Scottish Government **website** and **NHS inform**. The Scottish Government has also produced **COVID-19: Test and Protect advice for employers**. 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**.

4. Case definition

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 who fit the definition should self-isolate for at least 10 days along with any household members and arrange to be tested for COVID-19 using the routes described on the **NHS inform** website.

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.

A wide variety of clinical symptoms have been associated with COVID-19: headache, loss of smell, nasal obstruction, lethargy, myalgia (aching muscles), rhinorrhea (runny nose), taste dysfunction, sore throat, diarrhoea, vomiting and confusion; fever may not be reported in all symptomatic individuals[1]. Patients may also be asymptomatic[2].

Possible COVID-19 case

A person presenting recent onset of any of the following cardinal COVID-19 symptoms:

- new continuous cough OR

1. Grant, M.C.et al. The prevalence of symptoms in 24,410 adults infected by the novel coronavirus (SARSCoV-2; COVID-19); A systematic review and meta-analysis of 148 studies from 9 countries. (2020)
2. He, J., Guo, Y., Mao, R. & Zhang, J. Proportion of asymptomatic coronavirus disease 2019: A systematic review and meta-analysis. (2020)

- fever / temperature ≥37.8°C OR
- loss of, or change in, sense of smell (anosmia) or taste (ageusia).

5. Testing

PCR Testing

Anyone in Scotland who is experiencing any of the three cardinal symptoms of COVID-19 (**section 4**) can be tested through UK Government Testing sites. Further guidance on **eligibility** and access to testing is available on **NHS inform** and the Scottish Government **website**.

Testing appointments will be prioritised for **key workers and their household members**. For the purpose of testing, the Scottish Government has divided key workers into five priority groups (Priority Groups 1A, 1B, 2, 3 and 4). Further advice on keyworker testing is available 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.

People who have had a positive PCR test should be excluded from any asymptomatic testing, for example occupational or community testing initiatives, for 90 days following the initial positive. Anyone who develops new symptoms of COVID-19 at any point following a positive test should undertake a further test.

For social and health care settings, further information can be accessed from PHE guidance: **COVID-19: management of staff and exposed patients or residents in health and social care settings**. This also applies to healthcare staff who are routinely tested as part of a wider screening programme (as set out in **COVID-19: asymptomatic staff testing in NHS Scotland**).

Participants in surveillance studies (e.g. SIREN, ONS survey) will undertake regular repeat testing regardless of symptoms, in accordance with study protocols. First positive tests amongst surveillance study participants should be managed in accordance with routine guidance, including isolation of the individual with the positive result and contact tracing. ONS study guidance issued to **participants** and investigators advises that repeat positive tests within 90 days of an initial positive should not routinely be managed with repeat isolation of the positive test case nor their contacts, as long as the person with the repeat positive test:

- remains asymptomatic
- is not required to isolate as a contact of a confirmed case
- is not required to isolate having returned from travel to a non-exempt country

Repeat positive tests after 90 days should result in usual public health action, i.e. isolation of the person with the positive test and contact tracing.

Lateral Flow Device Testing

Twice-weekly Lateral Flow Device (LFD) testing is being rolled out to all patient-facing staff within hospitals, the Scottish Ambulance Service (SAS), COVID-19 Assessment Centres, Community and District Nurses and COVID-19 Vaccinators. LFD testing can be used to quickly identify asymptomatic individuals with a high viral load in medium to high-risk settings and lead to them self-isolating.

Symptomatic staff should not use lateral flow tests and must not attend work. They must access a PCR test as per usual symptomatic testing channels within their Board. On the occasion that a symptomatic staff member has used a LFD test and has returned a negative result, they should still self-isolate and arrange a PCR test.

Additionally, asymptomatic staff who are negative on LFD testing must not regard themselves as free from infection – the test could be a false negative – they may also go on to acquire the virus in the period before the next test. They should remain vigilant to the development of symptoms that could be due to COVID-19 and existing **Infection Prevention and Control (IPC) measures** must be followed. This includes following physical distancing measures at all times in the workplace where possible.

See **COVID-19: asymptomatic staff testing in NHS Scotland** for further information.

5.1 Testing in healthcare settings

- Clinicians should test all patients who meet any of the case definition criteria described in **section 4.**
- 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.
- A wide variety of clinical symptoms have been associated with COVID-19 (**section 4**). A clinical or a public health professional may consider testing even if the definition of a possible case is not met.
- The **CNO issued a letter** to all Chief Executives on 27 November 2020 with the testing expansion plan. This will apply to the following key areas:
    - All emergency admissions to hospitals
    - All planned admissions to hospitals
    - Routine testing of asymptomatic, patient-facing healthcare workers

- Advice for those working in residential care home settings is available in the **HPS Information and Guidance for care home settings**; a checklist containing advice for care home management of outbreaks is **here**.

- 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**.

6. Healthcare Staff

Staff 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**.

All health and care staff can have access to testing, and this should be done either by self-referral or an employer or organisation. Further guidance on eligibility and access to testing is available on **NHS inform** and on the Scottish Government **website**.

See **section 5** for information on staff testing. For those healthcare staff attending care homes, see the **COVID-19: adult care home visitor testing guidance**, for information on testing.

6.1 Staff exposure to COVID-19

All staff should be vigilant for COVID-19 symptoms. Staff who have not been wearing appropriate PPE during exposures to COVID-19 case, who meet the contact definitions described in **contact tracing guidance**, should be excluded from work and **self-isolate** in line with advice for general members of the public. PHE guidance for exposed health and care workers and patients/residents is available **here**.

HCW 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 **guidance for households with possible or confirmed COVID-19 infection** (household isolation) 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**.

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.

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 (**section 5**), but staff may require evidence of viral clearance prior to working with extremely vulnerable people. This is subject to local policy.

7. Triage of patients

Professionals should make every effort to triage all patients by telephone to avoid the patient presenting at the practice, department or premises unnecessarily and to minimise any contact between staff and patients with symptoms that may be due to COVID-19.

The mechanism for this will vary dependent on both the geographical location and service within primary care. If it is an emergency and you need to call an ambulance for the individual, dial 999 and inform the ambulance call handler of the concerns about COVID-19 infection.

From 0800 Monday 23 March 2020, people who are unwell and worried about COVID-19 were directed to consult **NHS inform** and phone NHS 24 (call 111) as the first point of contact, not their GP nor community pharmacy. **NHS inform** and NHS 24 will form the first point of contact for all COVID-19 related symptoms both in and out of hours. **NHS inform** hosts a range of public information resources including leaflets and posters which can be printed and shared. These can be found on NHS inform under **communication toolkit**.

Calls are triaged through NHS 24 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.

7.1 Management of patients identified through telephone consultation who do not require clinical assessment and meet the possible case definition for COVID-19

Advise the patient to self-isolate at home. Direct the patient to guidance for households with possible coronavirus infection which can be found on **NHS inform** if the patient shares a household with other people, they will also have to isolate at home.

Anyone with symptoms consistent with COVID-19 should be advised to request a test. **NHS inform** provides advice about how to book a test.

Advise the patient to phone NHS 24 (call 111) if their symptoms deteriorate or they are not better at the end of their isolation period. They should not attend the practice in person or go to A&E. If it is an emergency, they should phone 999 and inform the call handler of their symptoms.

People who require evidence for an employer that they are required to isolate can obtain an isolation note by following the **NHS inform Symptom Checker** for all categories of self-isolation.

7.2 Management of patients requiring face to face clinical assessment

For patients who meet the case definition or those who are **self-isolating** but who require clinical assessment for non COVID-19 matters the following precautions to facilitate infection prevention and control should be taken:

- Designated area or rooms for seeing patient with respiratory symptoms.
- Seeing such patients at a specific time of day (e.g. end of a list or separate clinic).
- Rooms used for assessment of these patients should contain essential items only and equipment kept in closed cupboards to minimise potential for contamination. Soft furnishings should be avoided where possible. Tie back examination curtains to avoid contamination. The practice should have a regular laundering regime in place for curtains.
- Segregation of patients with respiratory symptoms from other patients e.g. using separate entrances, separate waiting areas, dedicated staff for respiratory patients.
- All non-essential items including toys, books and magazines should be removed from receptions, waiting areas, consulting and treatment rooms.

7.3 Clinical assessment at home visit

All home visits should be appropriately triaged. If carrying out a home visit, follow **infection prevention and control** advice as appropriate to the task. Where possible, 2m physical distancing should be maintained. The **COVID-19 IPC addendum** gives further **guidance on PPE** in sustained transmission.

Following the patient consultation, PPE should be removed as per **Appendix 2** and the **COVID-19 IPC addendum**. This should be disposed of by the patient in accordance with guidance on **NHS inform**.

If the visit is in a nursing or residential home, please also consult HPS **COVID-19 - information and guidance for care home settings**.

For more information regarding providing care to people in their home please consult **COVID-19 - guidance for domiciliary care**.

7.4 Transport to and from home, or for further care

Patients with COVID-19 symptoms must be advised not to use public transport or private commercial vehicles to travel. Transport options include:

- Patients can be transported by an accompanying friend or family member if they have already had significant exposure to the patient and are aware of the possible COVID-19 diagnosis.
    - The patient should sit in the rear of the car and wear a surgical face mask if available. The car should be well ventilated with an open window. They should be given clear instructions on what to do when they get to their destination to minimise risk of exposure to others.

OR

- If the patient is clinically well enough to drive themselves, then they can do so. They should be given clear instructions on what to do when they get to their destination to minimise risk of exposure to others.

OR

- Arrange transfer by Scottish Ambulance Service (ensuring that you inform the ambulance call handler of the concerns about COVID-19) and proceed with management as follows:
    - Staff should withdraw from the room if the patient is clinically well enough to be left unattended.
    - Close the door to the room.

- Wash your hands with soap and water.
- If required, identify suitable toilet facilities that only the patient will use.
- If required to re-enter the room, see the **COVID-19 IPC addendum** for PPE.

OR

- Alternative local arrangement approved by the NHS board.

8. Infection Prevention and Control in Primary Care settings

The Antimicrobial and Healthcare Associated Infections (ARHAI) Scotland, **National Infection Prevention and Control Manual** (NIPCM), is a practice guide for use in Scotland, which, when used can help reduce the risk of Healthcare Associated Infection (HAI) and ensure the safety of those being cared for, staff and visitors in the community health and care environment.

ARHAI Scotland have developed a **COVID-19 IPC addendum** in collaboration with stakeholders to provide Scottish context to the UK COVID-19 IPC remobilisation guidance. The purpose of this addendum is to provide COVID-19 specific IPC guidance for community health and care settings on a single website platform to improve accessibility for users. The information within the addendum is in line with the UK IPC remobilisation guidance, however, some deviations for NHS Scotland exist.

The **COVID-19 IPC addendum** provides information on nationally agreed IPC measures that are required to prevent the spread of COVID-19. The content of the addendum will be reviewed and updated in real time as evidence emerges, it is therefore important that users access the online version in order to ensure that they obtain the most up to date information and advice.

The **COVID-19 IPC addendum** includes information on, but not limited to, the following areas:

- **Hand hygiene**
- **Personal Protective Equipment (PPE)**
- **Safe management of the care environment**
- **Safe management of care equipment**
- **Safe management of linen**
- **Safe management of blood and body fluid spillages**
- **Safe disposal of waste (including sharps)**

- Physical distancing

9. Reporting to Local Health Protection Team – approach to outbreak management

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

Individual suspected cases in community do not need to be reported to local HPTs.

However, if a cluster or an outbreak of COVID-19 is suspected within any settings, this should be discussed with local HPTs.

For certain settings, the number of cases which would trigger a discussion with the local Health Protection Team may differ. A single case of infection in care home, prison and detention and school settings should prompt contact with the local HPT as it may also signal the start of a possible outbreak.

When considering any potential outbreak, assessment of resident cases should also include symptomatic cases who have been transferred from the facility to hospital as a result of infection, and any 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 individuals who are at higher risk or severe illness or at extremely high risk of severe illness living in group settings. This will need to be considered on an individual basis. A control measure tool for the control of incidents and outbreaks in care home settings, specific for COVID-19, is available **here**.

Contact the local HPT for advice on testing of residents and staff as well as other IPC measures to help limit further spread of the virus and control the outbreak. 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 currently on shift.

All staff should be tested, irrespective of the presence or absence of symptoms, subject to consent and clinical practicality. If, however, the clinical assessment of 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, the entire care home including all residents and all staff should then be tested urgently.

Guidance on Testing in Care Homes can be found **here**.

Please see **Appendix 1** for contact details of local HPTs.

10. Attending deaths

The IPC measures described in this document and the **NIPCM** continue to apply whilst the individual who has died remains in the care environment. This is due to the ongoing risk of infectious transmission via contact, although the risk is usually lower than for living individuals. Where the deceased was known or suspected to have been infected with COVID-19, there is no requirement for a body bag, and viewing, hygienic preparations, post-mortem and embalming are all permitted. Body bags may be used for other practical reasons such as maintaining dignity or preventing leakage.

For further information on funerals, burial and cremation, please check the **Scottish Government** website.

10.1 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:**

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

b. where to the best of the certifying doctor's knowledge, there are reasonable grounds to suspect that the deceased may have contracted the virus in the course of their employment or occupation.

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.

The following sections are specific to the various primary care disciplines.

11. General Dental Care

NHS Dental Services can provide routine and emergency care. There may be some limitations due to the need for physical distancing and fallow time, that reduces the volume of care that can be provided.

Specific Dental Guidance and information relating to COVID-19 for General Dental Practice for dental teams to refer to and enable application to their own practice setting is available on: **https://www.scottishdental.org/professionals/covid-19-summary-page/**. This specific dental guidance has been approved by the four UK Chief Dental Officers for the purposes of dentistry in Scotland.

12. Community Optometry

Practice premises

For face-to-face eye care provided in community optometry practice premises, PPE should be worn as detailed in the **COVID-19 IPC Addendum**. Sustained transmission of COVID-19 is occurring within Scotland. The **COVID-19 IPC Addendum** provides additional considerations for PPE where there is sustained transmission of COVID-19 taking into account individual risk assessment for this new and emerging pathogen.

In addition, the College of Optometrists has recommended that a plastic breath shield should be attached to all slit lamps, which must be disinfected in between patients, provided manufacturer's instructions say they are suitable for decontamination between patients and aren't single use items. Practitioners are advised to avoid speaking whilst at the slit lamp.

Practices should also consider having shields/guards as appropriate over fundus camera and Optical Coherence Tomography equipment.

All PPE should be removed as per **Appendix 2.** All PPE should be placed in a disposable plastic bag, then placed in a secondary disposal bag, tied and held for 72 hours before being placed in the domestic waste bin. If the practice has an appropriate waste contract with the capacity to take PPE, all PPE can be placed into waste immediately.

Domiciliary eye care

Community optometry practitioners seeing a patient face-to-face in a domiciliary setting (the patient's own home, or a day centre or residential centre including a care home) should follow the advice in:

- **Section 7.3: Clinical Assessment at Home Visit** of this guidance, for eye care provided in a patient's own home.

- HPS guidance: **COVID-19 - information and guidance for social or community care and residential settings** and Scottish Government **adult care homes visiting guidance**, for eye care provided in a day centre or residential centre, including a care home.

For face-to-face eye care provided in a domiciliary setting, PPE should be worn as indicated in the **COVID-19 IPC addendum** and removed in accordance with **Appendix 2**. Sustained transmission of COVID-19 is occurring within Scotland. The **COVID-19 IPC addendum** also provides additional considerations for PPE where there is sustained transmission of COVID-19 taking into account individual risk assessment for this new and emerging pathogen.

13. Community Pharmacy

Community Pharmacy staff must undertake a local risk assessment and document outcomes to ensure that national guidance is adopted and implemented including:

- Signage displayed clearly to ensure that all individuals are aware of the advice around the use of face masks/face coverings and physical distancing, available at **NHS inform**.

- It is essential that the clear recommendation of the 2m rule outlined in the physical distancing guidance is adhered to (see physical distancing in **section 8** of this guidance). Where the 2m rule cannot be followed despite all possible steps being taken to try to maintain this; in those circumstances a risk based approach should be used. Information on PPE is detailed in the **COVID-19 IPC addendum**.

- If an individual telephones or attends the pharmacy suffering from respiratory symptoms or a new continuous cough, or fever, or loss of/ change in sense of smell or taste, they should be advised to return home and consult the **NHS inform** website for further advice and request a test. The website includes ‘stay at home advice’ individuals with these symptoms, along with any members of their household, must follow.

- Individuals with symptoms consistent with COVID-19 could present to their local pharmacy for advice. Patient information posters for NHS settings should be displayed so they can be seen before patients enter the premises, encouraging them to return home and be advised as above. Posters are available on **NHS inform**.

- If a patient who is self-isolating because of presumed COVID-19 makes contact seeking pharmacy advice and the guidance cannot be provided over the telephone, ask the patient to contact NHS 24 (phone 111).

- For face-to-face consultations, PPE should be worn as detailed in the **COVID-19 IPC addendum**. Sustained transmission of COVID-19 is occurring within Scotland. The **COVID-19 IPC addendum** also provides additional considerations for PPE where there is sustained transmission of COVID-19 taking into account individual risk assessment for this new and emerging pathogen.

- In addition to routine cleaning schedules, commonly touched surfaces should be cleaned at least twice daily paying particular attention to counter tops, door handles, tablets, mobile phones and light switches. If an individual has been in the pharmacy displaying symptoms, once left the pharmacy, if the individual has had contact with the counter top and door handles, they should be cleaned by following the guidance for environmental cleaning following a suspected case (see **COVID-19 IPC addendum** for further information).

- If it is an emergency and you need to call an ambulance for the individual, dial 999 and inform the ambulance call handler of the concerns about COVID-19 infection. While awaiting ambulance transfer, show the individual into a room. Seat them at the rear of the room and make sure that no other individuals enter. Leave the room if safe to do so. If you have to enter the room, stay at least 2 metres away from the individual if possible.

- Once the individual has left the room in which they have been isolated the room should not be used until cleaned. The room door should remain shut until it has been cleaned. Once this process has been completed, the room can be put back into use immediately. Those carrying out the cleaning must be familiar with the required environmental and equipment decontamination processes, be trained in these accordingly and ensure they are wearing the appropriate PPE. People responsible for cleaning should be advised to clean the COVID-19 areas and isolation room(s) after all other unaffected areas of the facility have been cleaned. Follow the guidance for environmental cleaning following a suspected case (see **COVID-19 IPC addendum** for further information). The pharmacy should remain open unless advised otherwise.

- At the end of a session involving use of PPE, PPE should be removed as per **Appendix 2**. This should be placed in a disposable plastic bag, then placed in a secondary disposal bag, tied and held in a safe and secure storage area, for 72 hours before being placed in the pharmacy's domestic waste bin. If the pharmacy has an appropriate waste contract with the capacity to take clinical waste, masks once removed, can be placed into waste immediately.

14. Further information

Further Information for health professionals can be found on the **HPS COVID-19 page**.

Information for the general public can be found on **NHS inform**.

Appendices

Appendix 1 – Contact details for local Health Protection Teams

Health Board	Office Hours Telephone Number	Out of Hours Telephone Number Ask for Public Health On Call	Health Protection Team Email
Ayrshire and Arran	01292 885858	01563 521 133 Crosshouse Hospital switchboard	hpteam@aapct.scot.nhs.uk
Borders	01896 825560	01896 826 000 Borders General switchboard	Healthprotection@borders.scot.nhs.uk
Dumfries and Galloway	01387 272 724	01387 246 246	dg.hpt@nhs.scot
Fife	01592 226435	01592 643355 Victoria Hospital switchboard	fife.hpt@nhs.scot
Forth Valley	01786 457 283 Ask for CPHM on call	01324 566000 Ask for CPHM on call	Fv.healthprotectionteam@nhs.scot
Grampian	01224 558520	0345 456 6000	gram.healthprotection@nhs.scot
Greater Glasgow & Clyde	0141 201 4917	0141 211 3600 Gartnavel switchboard	phpu@ggc.scot.nhs.uk
Highland	01463 704886	01463 704 000 Raigmore switchboard	hpt.highland@nhs.scot
Lanarkshire	01698 858232 / 858228	01236 748 748 Monklands switchboard	healthprotection@lanarkshire.scot.nhs.uk
Lothian	0131 465 5420/5422	0131 242 1000 Edinburgh Royal switchboard	health.protection@nhslothian.scot.nhs.uk
Orkney	01856 888034	01856 888 000 Balfour Hospital switchboard	ORK.publichealth@nhs.scot
Shetland	01595 743340 (answer phone only) 01595 743060 (Board HQ who will pass on to	01595 743000 Gilbert Bain switchboard	shet.publichealthshetland@nhs.scot

	appropriate PH person)		
Tayside	01382 596 976/987	01382 660111 Ninewells switchboard	**tay.healthprotectionteam@nhs.scot**
Western Isles	01851 708 033	01851 704 704	**wi.healthprotection@nhs.scot**

Appendix 2 – Putting on and removing Personal Protective Equipment (PPE)

Putting on PPE

Before putting on PPE:

- Check what the required PPE is for the task/visit (see **PPE section**)
- Select the correct size of PPE
- Perform hand hygiene.

PPE should be put on before entering the room.

- The order for putting on is apron, surgical mask, eye protection (where required) and gloves
- When putting on mask, position the upper straps on the crown of head and the lower strap at the nape of the neck. Mould the metal strap over the bridge of the nose using both hands.

The order given above is a practical one; the order for putting on is less critical than the order of removal given below.

When wearing PPE:

- Keep hands away from face and PPE being worn
- Change gloves when torn or heavily contaminated
- Limit surfaces touched in the care environment
- Always clean hands after removing gloves.

Removal of PPE:

PPE should be removed in an order that minimises the potential for cross-contamination.

Gloves:

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist
- Peel the glove off and discard appropriately.

Gown:

- Unfasten or break ties
- Pull gown away from the neck and shoulders, touching the inside of the gown only
- Turn the gown inside out, fold or roll into a bundle and discard

Eye Protection:

- To remove, handle by headband or earpieces and discard appropriately

Fluid Resistant Surgical facemask:

- Remove after leaving care area
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only (as front of mask may be contaminated) and discard as clinical waste
- For face masks with elastic, stretch both the elastic ear loops wide to remove and lean forward slightly. Discard as clinical waste.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

Perform hand hygiene immediately after removing all PPE.

Instructional video

An instructional video for the correct order for donning, doffing and disposal of PPE for healthcare workers in a primary care setting has been produced.

You can access this in the following locations:

YouTube

Vimeo

Appendix 3: Self-isolation periods for cases and contacts

Table 1a: Self-isolation periods for cases and contacts - care home settings

Case or Contact	Staff or Residents	Self-isolation period (days) *
COVID-19 cases	Residents	14
COVID-19 cases	Staff	10
Close contacts of cases	Residents	14
Close contacts of cases	Staff	10

Table 1b: Self-isolation periods for cases and contacts - healthcare settings

Case or Contact	Staff or Residents	Self-isolation period (days) *
COVID-19 cases	In-patients (case) remaining in the hospital	14
COVID-19 cases	In-patients (case) discharged to older adult residential setting	14
COVID-19 cases	In-patients (case) discharged to residential setting other than older adult	14
COVID-19 cases	In-patients (case) discharged to own home	14
COVID-19 cases	Staff	10
Close contacts of cases	In-patients (contact) remaining in the hospital	14
Close contacts of cases	In-patients (contact) discharged to older adult residential setting	14
Close contacts of cases	In-patients (contact) discharged to residential setting other than older adult	Requires risk assessment with regards to 10 or 14 days
Close contacts of cases	In-patients (contact) discharged to own home	10
Close contacts of cases	Staff	10

Table 1c: Self-isolation periods for cases and contacts - prisons

Case or Contact	Staff or Residents	Self-isolation period (days) *
COVID-19 cases	People in prisons	10
COVID-19 cases	Staff in prisons	10
Close contacts of cases	People in prisons	10
Close contacts of cases	Staff in prisons	10

Table 1d: Self-isolation periods for cases and contacts - general public

Case or Contact	Self-isolation period (days) *
COVID-19 cases	10
Close contacts of cases	10

Table 1e: Self-isolation periods for cases and contacts - returning travellers

Case or Contact	Self-isolation period (days) *
Traveller returning from non-exempt countries**	10 days self-isolation counting day one as the first day after the traveller left the most recent non-exempt country visited*

Notes:

1. For cases, day one of isolation is the first day of symptoms (or the date that a positive test was taken, if asymptomatic).
2. For close contacts day one of isolation is the last day exposure occurred (with a case).
3. Isolation ends at 23h59 on the 10th or 14th day of isolation*

*These are minimum isolation periods and should be extended in line with guidance if the following apply prior to the end of the stated isolation period:

- a case has not recovered (and been asymptomatic for 48 hours without anti-pyretics)
- a close contact develops symptoms or has a positive COVID test result

Please see **COVID-19: guidance for Health Protection Teams (HPTs) for further details about quarantine exemptions and defensible reasons for breaching