

# Novel coronavirus (COVID-19) Guidance for secondary care

Management of possible/confirmed COVID-19  
patients presenting to secondary care

Version 9.1

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## Version history

| Version  | Date | Summary of changes  |
|----------|------|---|
| 23/01/20 | V1.0 | First publication   |
| 24/01/20 | V2.0 | 2nd draft – revised contact details in Appendix 3   |
| 31/01/20 | V3.0 | Case definition revised, nomenclature revised   |
| 02/02/20 | V4.0 | Revised meaning of “contact with a case” (page 2)   |
| 07/02/20 | V5.0 | Amended to align with updated case definition and contact definition issued by PHE on 06/02/20  |
| 07/02/20 | V5.1 | Small amendment to contact definition   |
| 13/02/20 | V6.0 | Amendment to epidemiological criteria of case definition to clarify that travel includes transit through a country.<br><br>Addition of sections on: <ul style="list-style-type: none"> <li>- Transport to hospital</li> <li>- Home isolation</li> <li>- Test results</li> <li>- Management of confirmed cases</li> <li>- Further information</li> <li>- Algorithm for management of suspected cases in secondary care.</li> </ul> |
| 25/02/20 | V6.1 | 2019-nCoV changed to COVID-19   |
| 02/03/20 | V6.2 | Revised with updated risk area<br>Corrected phone numbers in appendix 3<br>Addition of visitor and staff log advice from infection and control guidance   |
| 05/03/20 | V6.3 | Corrected phone numbers in appendix 3   |
| 11/03/20 | V6.4 | Case definition revised and links to guidance updated<br>IPC update<br>Appendix 1 updated   |
| 12/03/20 | V6.6 | Revised above updates, links and layout   |
| 13/03/20 | V7.0 | Revised with updated case definition  |
| 14/03/20 | V7.1 | Revised preparing for assessment<br>Revised actions for management  |
| 16/03/20 | V8.0 | Update: “stay at home” advice   |
| 19/03/20 | V8.1 | Pregnant healthcare worker advice added<br>Avian influenza information removed<br>CPR IPC information added   |

|          |      |  |
|----------|------|--|
| 27/03/20 | V8.2 | Update to case definition<br>Addition of “Measures to prevent spread of COVID-19 and protect people at increased risk of severe illness”<br>Addition of “Testing for COVID-19 infection to enable key workers to return to work”<br>Addition of “Death Certification during the COVID-19 Pandemic” |
| 30/03/20 | V8.3 | Update AGPs – via link to updated COVID 19 Guidance on Infection Prevention and Control in Healthcare settings.  |
| 02/04/20 | V9.0 | Update link and changes to PPE   |
| 11/04/20 | V9.1 | Amendment to case definition<br>Link to guidance on stepdown of infection control and discharge criteria<br>Amendment to transport information   |

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## 1. Introduction

The disease COVID-19 is caused by a new strain of coronavirus which was first identified in Wuhan, China. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection and death. COVID-19 was declared a pandemic by the World Health Organisation on 12/3/2020. We now have spread of COVID-19 within communities in the UK.

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

There is currently no vaccine to prevent COVID-19.

The following measures are recommended to help reduce the spread of COVID-19 and to protect people at increased risk of severe illness:

**Social distancing** measures should be followed by everyone, including children, in line with the government advice to [stay at home](#). The aim of social distancing measures is to reduce the transmission of COVID-19. Up to date information can be found on the [NHS Inform](#) website. Note that shielding advice should be followed by individuals at risk of severe infection.

**Shielding** is a measure to protect people, including children, who are extremely vulnerable to severe illness from COVID-19 because of certain underlying health conditions. The aim of shielding is to minimise interaction between these individuals and others to protect them from coming into contact with the virus that causes COVID-19. People with these serious underlying health conditions are strongly advised to rigorously follow shielding measures in order to keep themselves safe. Further information, including the list of underlying health conditions that make people extremely vulnerable, is available on the [NHS Inform](#) website.

**Stay at home guidance for households with possible COVID-19** should be followed by people with symptoms and their household contacts to reduce the community spread of COVID-19. This means that anyone who has symptoms of COVID-19 and anyone else living in the same household should follow 'stay at home' advice on [NHS Inform](#).

## 3. Case definition and testing for COVID-19

The case definition being used across the UK reflects our current understanding from the epidemiology available and will likely be subject to change as new information emerges. For most people COVID-19 will be a mild, self-limiting infection and will not require admission to hospital. People in the community who fit the definition should self-isolate.

Clinicians should consider testing any patient in hospital (whether a new admission or existing patient) with new respiratory symptoms, fever or worsening of a pre-

existing respiratory condition. Clinicians should be alert to the possibility of atypical 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.

### 3.1 Case definition for individuals in the community

People with the following symptoms are advised to self-isolate for 7 days and COVID-19 testing is not required unless hospital admission clinically indicated:

Recent onset (within the last 7 days):

New continuous cough

**and/or**

High temperature.

### 3.2 Case definition for individuals requiring hospital admission

Clinical or radiological evidence of pneumonia

**or**

Acute respiratory distress syndrome

**or**

Influenza like illness (fever  $\geq 37.8^{\circ}\text{C}$  and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing)

## 4. Triage of patients

People who are unwell and worried about COVID-19 should consult NHS Inform online and phone NHS 24 (call 111) as the first point of contact, not their GP. [NHS inform](#) and NHS 24 will form the first point of contact for all COVID-19 related symptoms both in and out of hours.

Calls will be triaged through NHS24 to a local (non-patient facing) hub staffed with clinicians drawn from across both primary and secondary care. People who need to be seen will be offered appointments at dedicated local assessment centres, staffed and equipped to deal with COVID-19 related presentation. Transport to and from local assessment centre should follow local protocol.

### 5. COVID-19 infection prevention and control in secondary care

#### 5.1 Infection prevention and control and PPE

Ensure that staff are:

- familiar with all Personal Protective Equipment (PPE) required including provision of adequate supplies, safe donning and doffing procedures, where it is stored and how it should be used
- aware of what actions to take if an individual meeting the case definition presents

[COVID-19 Guidance for Infection Prevention and Control in Healthcare Settings](#)<sup>1</sup> describes the Infection Prevention and Control measures required for management of possible/confirmed COVID-19 patients.

Table 1 of the guidance details the recommended PPE for Healthcare workers within the secondary care inpatient clinical setting within the NHS and independent sectors and can be accessed [here](#).

Table 4 of the guidance provides additional considerations, in addition to standard infection prevention and control precautions, where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector and can be accessed [here](#).

#### 5.2 Staff caring for COVID-19 patients

The Scottish Government have produced guidance for NHS Boards in relation to the testing of key health and social care workers for COVID-19 infection to enable them to return to work. Further information can be found [here](#).

Staff with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who are immunosuppressed, should not provide direct care to patients with possible or confirmed COVID-19. Staff who think they may be at increased risk should seek advice from their line manager or local Occupational Health service. Further guidance for staff with underlying medical conditions is available [here](#).

Pregnant staff should also seek advice from their line manager or local Occupational Health service. Information for at risk or pregnant healthcare workers can be found in [Guidance for NHS Scotland workforce Staff and Managers on Coronavirus](#).

HCWs who come into contact with a COVID-19 patient or a patient suspected of having COVID-19 while not wearing personal protective equipment (PPE) should follow the advice on the guidance on [Management of Exposed Healthcare Workers and Patients in Hospital setting](#).

### 5.3 Transport to hospital

If a patient requires to be taken to a healthcare site for assessment, the principles in [appendix 1](#) should be followed.

### 5.4 Preparing for assessment of possible/confirmed COVID-19

Clinicians must:

- assess individuals in a single occupancy room or COVID-19 cohort area.
- admit patients requiring admission directly to a negative pressure isolation room where capacity allows. If this is not possible then a single room with en-suite facilities or a COVID-19 cohort area should be used. The room door must be kept closed.
- wear appropriate PPE.
- ask the patient (if tolerable) to wear a Fluid Resistant Surgical Mask (FRSM) while being transported to the isolation room.

### 5.5 Actions to take if possible case definition is met for COVID-19

#### 5.5.1 Management

Ensure the patient is placed in a negative pressure room, a single side room with en-suite facilities or within a specified cohort bay and the PPE described in [COVID-19 Guidance for infection prevention and control in healthcare settings](#), is worn by any person entering the room.

Ensure that the patient, potentially contaminated areas, and waste are managed as per the infection control guidance.

#### 5.5.2 Sampling and testing

Arrange diagnostic sampling for individuals meeting the case definition for individuals requiring hospital admission. Do not wait for results of local testing for other pathogens before sending samples for SARS-CoV-2 testing.

See separate [Guidance for sampling and laboratory investigations](#).

#### 5.5.3 Step down of infection control and discharging patients Discharge

If the patient is clinically well and suitable for discharge from hospital, they can be discharged after:

- appropriate clinical assessment
- risk assessment of their home environment and provision of advice about staying at home / self-isolation as appropriate (see [NHS Inform](#) for details)
- arrangements are in place to get them home (see [Appendix 1: Safe forms of transport to and from hospital for possible and confirmed cases](#)).



Decisions about any follow-up will be on a case by case basis.

Further advice on the appropriate discontinuation of infection prevention and control (IPC) precautions for patients recovering or recovered from COVID-19 and either remaining in hospital, being discharged to their own home or to residential care can be found in [Guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings \(COVID-19\)](#).

## 6. Death certification during the COVID-19 pandemic

Information on death certification can be found on [CMO letter on “Guidance to Medical Practitioners for Death Certification during the COVID-19 Pandemic”](#).

DCRS will continue to provide advice via their enquiry line on 03001231898 or [dcrs@nhs24.scot.nhs.uk](mailto:dcrs@nhs24.scot.nhs.uk) and authorise disposal of repatriations to Scotland.

## 7. 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](#).

Underlying disease-specific clinical guidance for COVID-19 patients is becoming increasingly available, some of which will be signposted from HPS.

Pre-travel guidance can be found on [fitfortravel](#) for the public, and on [TRAVAX](#) for health professionals.

### Appendices

#### Appendix 1 – Safe forms of transport to and from hospital for possible and confirmed cases

##### Possible or Confirmed Cases

The overall aim is that exposure to a potentially infectious patient is minimised during transport to and from hospital or when the patient travels from their home / other accommodation / GP surgery.

The following principals should be followed:

- Public transport and private commercial vehicles should not be used.
- The patient should not walk to hospital.
- They should be given clear instructions on what to do when they get to the hospital to minimise risk of exposure to staff, patients and visitors.
- If the patient is driving their own car, and is well enough, they may drive to the hospital providing the hospital is aware and has arranged to meet them and ensure a secure route from the car to an isolation room (no waiting in communal areas).
- If the patient is accompanied by someone with their own car and it is determined that that person has already had significant exposure and is aware that the patient has been diagnosed with COVID-19 and is content to drive them home. The patient should sit in the rear of the car, wear a face mask if provided with one. The car should be well ventilated with an open window. Ensure the patient has a supply of tissues and a waste bag for disposal for the duration of the journey. The waste bag should then be taken into their house and held for a period of 72 hours before disposal with general household waste.
- Additional alternative arrangements may be provided locally for transport of patients with suspected or COVID-19.
- If none of the above are possible, the Scottish Ambulance Service (SAS) should be contacted to arrange transport. Inform the SAS that the patient meets the case definition for possible COVID-19 and appropriate infection control measures must be applied. SAS will be able to advise on arrangements for transporting the patient to hospital.

Appendix 2 – Contact details for local Health Protection Teams

| Organisation            | Office Hours Telephone Number         | Out of Hours Telephone Number                    |
|-------------------------|---------------------------------------|--|
| Ayrshire and Arran      | 01292 885 858                         | 01563 521 133<br>Crosshouse Hospital switchboard |
| Borders                 | 01896 825 560                         | 01896 826 000<br>Borders General switchboard     |
| Dumfries and Galloway   | 01387 272 724                         | 01387 246 246                                    |
| Fife                    | 01592 226 435 /798                    | 01592 643355<br>Victoria Hospital switchboard    |
| Forth Valley            | 01786 457 283<br>Ask for CPHM on call | 01324 566000<br>Ask for CPHM on call             |
| Grampian                | 01224 558 520                         | 0345 456 6000                                    |
| Greater Glasgow & Clyde | 0141 201 4917                         | 0141 211 3600<br>Gartnavel switchboard           |
| Highland                | 01463 704 886                         | 01463 704000<br>Raigmore switchboard             |
| Lanarkshire             | 01698 858 232                         | 01236 748 748<br>Monklands switchboard           |
| Lothian                 | 0131 465 5420/5422                    | 0131 536 1000<br>Edinburgh Royal switchboard     |
| Orkney                  | 01856 888 034                         | 01856 888 000<br>Balfour Hospital switchboard    |
| Shetland                | 01595 743 340                         | 01595 743000<br>Gilbert Bain switchboard         |
| Tayside                 | 01382 596 976/987                     | 01382 660111<br>Ninewells switchboard            |
| Western Isles           | 01851 708 033                         | 01851 704 704                                    |