

Novel coronavirus (COVID-19) Guidance for secondary care

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

Version 8.1

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Before use check the [HPS COVID-19 page](#) to verify this is the latest publication.

Version history

Date	Version	Summary of changes
23/01/20	V1.0	First publication
24/01/20	V2.0	2 nd 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. Addition of sections on: <ul style="list-style-type: none"> - Transport to hospital - Home isolation - Test results - Management of confirmed cases - Further information - Algorithm for management of suspected cases in secondary care.
25/02/2020	V6.1	2019-nCoV changed to COVID-19
02/03/2020	V6.2	Revised with updated risk area Corrected phone numbers in appendix 3 Addition of visitor and staff log advice from infection and control guidance
05/03/2020	V6.3	Corrected phone numbers in appendix 3
11/03/2020	V6.4	Case definition revised and links to guidance updated IPC update Appendix 1 updated
12/03/2020	V6.6	Revised above updates, links and layout
13/03/2020	V7.0	Revised with updated case definition
14/03/20	V7.1	Revised preparing for assessment Revised actions for management
16/03/20	V8.0	Update: “stay at home” advice
19/03/20	V8.1	Pregnant healthcare worker advice added

		Avian influenza information removed CPR IPC information added
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Introduction

Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan, China. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. Because of this, patients with COVID-19 could present to primary care either via telephone or in person.

It has been announced by the UK/Scottish Government that as of 16 March anyone developing symptoms consistent with COVID-19, however mild, should stay at home for 7 days from the onset of symptoms as per existing advice. In addition, it is now recommended that anyone living in the same household as a symptomatic person should self-isolate for 14 days.

Information on COVID-19, including stay at home advice for people who are self-isolating and their households, can be found on [NHS Inform](#).

Further, people are advised to take social distancing measures to help reduce the transmission of COVID-19. In particular, this is strongly advised for people aged 70 or over, people with underlying medical conditions and pregnant women. Further advice on these measures will be available on NHS Inform.

Investigation and initial clinical management of possible cases

Case definition

As of 13 March 2020, the possible case definition for COVID-19 is based purely on clinical criteria. For most people COVID-19 will be a mild, self-limiting infection and will not require testing. The case definition differs depending on whether the patient requires admission to hospital or not.

1. Case definition for individuals in the community

People with the following symptoms are advised to self-isolate for 7 days. Testing for coronavirus is not recommended.

Recent onset (within the last 7 days):

- New continuous cough

and/or

- High temperature

2. Case definition for individuals requiring hospital admission

Patients requiring hospital admission **and** meeting the clinical criteria below should be tested for COVID-19.

- 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)

Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised.

Guidance for secondary care

Ensure that you are following the most up to date guidance and case definitions on the [HPS COVID-19 page](#).

Ensure that staff are:

- familiar with all Personal Protective Equipment (PPE) required including, provision of adequate supplies, safe donning and removal procedures, where stored and how it should be used
- aware of what actions to take if an individual meeting the case definition presents
- aware of where a patient meeting the case definition will be isolated and the need for a negative pressure room, (where available) or a single side room

[COVID-19 Guidance for infection prevention and control in healthcare settings](#)¹

describes the Infection Prevention and Control measures required for management of possible/confirmed COVID-19 patients.

Please note the following regarding CPR:

Chest compressions and defibrillation can be performed whilst wearing fluid resistant surgical face mask, apron and gloves (you should also wear goggles or a visor if risk of splashing/spray). However, an FFP3 mask, fluid resistant surgical gown, eye protection and gloves are required for airway manoeuvres or bag and mask manual ventilation. Further information can be found at [Resuscitation Council \(UK\)](#).

Staff who are pregnant or otherwise immunosuppressed should not provide direct care for a patient with possible or confirmed COVID-19, this includes obtaining samples. Any deviation from this should be a local decision. Pregnant staff or staff who are immunosuppressed should seek advice from the local Occupational Health Department.

Transport to hospital

If a patient is being brought in to a healthcare site for assessment, appropriate transport arrangements must be arranged (see [Appendix 1](#)).

¹ The four UK countries are adopting the COVID-19 Guidance for infection prevention and control in healthcare settings. This official guidance was produced jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency (Northern Ireland), Health Protection Scotland and Public Health England.

Preparing for assessment

Clinicians must:

- Assess individuals in a single occupancy room.
- Admit patients requiring admission directly to a negative pressure isolation room. If this is not possible then a single room with en-suite facilities 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.

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

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.

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](#).

3. Reporting

The local Health Protection Team (HPT) should be informed of any confirmed case in:

- a long-term care facility
- a prison or place of detention or other closed setting
- in a healthcare worker.

4. 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).
- there are arrangements 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 information

Further Information for health professionals can be found on the [HPS COVID-19 page](#)

Information for the general public and travellers returning from at-risk areas can be found on [NHS Inform](#).

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

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

Possible or Confirmed Cases

The overall aim is to ensure others are not exposed to a potentially infectious patient who requires admission to hospital, when the patient travels from their home / other accommodation / GP surgery.

The following principals should be followed:

- Public transport and taxis are not acceptable.
- Walking to hospital is not acceptable.
- 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, who 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 care 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 house hold waste.
- 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 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 Ask for Public Health On Call
Ayrshire and Arran	01292 885 858	01563 521 133 Crosshouse Hospital switchboard
Borders	01896 825 560	01896 826 000 Borders General switchboard
Dumfries and Galloway	01387 272 724	01387 246 246
Fife	01592 226 435 /798	01592 643355 Victoria Hospital switchboard
Forth Valley	01786 457 283 Ask for CPHM on call	01324 566000 Ask for CPHM on call
Grampian	01224 558 520	0345 456 6000
Greater Glasgow & Clyde	0141 201 4917	0141 211 3600 Gartnavel switchboard
Highland	01463 704 886	01463 704000 Raigmore switchboard
Lanarkshire	01698 858 232	01236 748 748 Monklands switchboard
Lothian	0131 465 5420/5422	0131 536 1000 Edinburgh Royal switchboard
Orkney	01856 888 034	01856 888 000 Balfour Hospital switchboard
Shetland	01595 743 340	01595 743000 Gilbert Bain switchboard
Tayside	01382 596 976/987	01382 660111 Ninewells switchboard
Western Isles	01851 708 033	01851 704 704