Health Protection Scotland

Novel coronavirus (COVID-19) Guidance for primary care

Management of patients in primary care Including general dental practice, general medical practice, optometry and pharmacy

Version 11.1

Publication date: 16 April 2020

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

Version	Date	Summary of changes
V1.0	23/01/20	First publication
V2.0	24/01/20	Added: - Algorithm for suspect case of WN-Cov in primary care
V3.0	28/01/20	Added: - Section 4 – environmental cleaning following possible case in primary care - Appendix 3 – putting on and removing PPE in primary care Amended: - Appendix 1 updated to include NHS24
V4.0	31/01/20	Amended clinical and epidemiological case definition and updated appendix 1 (algorithm for management of suspected case of novel coronavirus in Primary Care), Reference to Wuhan Coronavirus (WN-Cov) changed to coronavirus (2019n-CoV)
V5.0	02/02/2020	Refined definition of contacts with a case (page 3).
V6.0	05/02/2020	Appendix 3 (pages 10 and 11): Advice amended for putting on and removing PPE (appendix 3 in version 5 was incorrect).
V7.0	07/02/2020	Amended to align with updated case definition and contact definition issued by PHE on 06/02/20
V7.1	07/02/2020	Small amendment to contact definition
V8.0	12/02/2020	Text and algorithm amended to include action re symptomatic contact of possible case Algorithm amended to clarify that travel includes transit through a risk area Addition of: - section on test results - section on further information Waste guidance amended to reflect management as Category B Appendix 3: Removed reference to double glove. Version history has been moved to page 1.
V8.1	24/02/2020	Reference to coronavirus (2019n-CoV) changed to COVID-19
V8.2	26/02/2020	Included links to PPE instructional videos
V8.3	28/02/2020	Phone numbers corrected in appendix 2
V8.4	05/03/2020	Phone numbers corrected in appendix 2
V8.5	12/03/2020	Update to • Case definition • Management section (including PPE) • Test result section
V 9.0	13/03/20	Updated to reflect move from containment to delay
V 9.1	14/03/20	Update to: Reporting to HPT Addition of AGPS and advice
V10	16/03/20	Update: stay at home advice Handling deceased

V 10.1	19/03/20	Update: Removal of avian influenza reference CPR IPC information added
V 10.2	20/03/20	Clarification: statement on triage of patients
V10.3	24/03/20	Update to triage of patients Addition of the section on “Measures to prevent spread of COVID-19 and protect people at increased risk of severe illness”
V10.4	27/03/20	Update to case definition Addition of “Testing for COVID-19 infection to enable key workers to return to work”
V10.5	02/04/20	Addition of “Death Certification during the COVID-19 Pandemic”. Revision in Personal Protective Equipment within Infection Prevention and Control section
V10.6	09/04/20	Amended case definition
V.11	10/04/20	Updated to include general medical practice, dentistry, optometry and pharmacy sections. Updated external links
v.11.1	16/04/20	Amended case definition Addition of outbreak definition Addition of testing in care homes

Contents

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:

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.

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.

Staff (such as health care workers) with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who are immunosuppressed, should not provide direct care to patients with possible or confirmed COVID-19. Staff who think they may be at increased risk should seek advice from their line manager or local Occupational Health service. Pregnant staff should also seek advice from their line manager or local Occupational Health service. Information for at- risk or pregnant healthcare workers can be found in Guidance for NHS Scotland workforce Staff and Managers on Coronavirus.

3. 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 in the community who fit the definition should self-isolate.

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 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 ≥37.8°C and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing).

Testing of patients largely occurs in secondary care based on the case definition. Clinicians should also consider testing any patient in hospital (whether a new admission or existing patient) with new respiratory symptoms, fever or worsening of a pre-existing respiratory condition. Clinicians should be alert to the possibility of atypical 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

Testing in care homes

Outbreak guidance states that the first 5 symptomatic residents in a care home setting should be tested to provide confirmation of an outbreak of COVID-19. On 15 April 2020 the Scottish Government announced the expansion of testing to include all care home residents who develop symptoms. Therefore Scotland will move to a system where any symptomatic patient in a care home will be clinically assessed and, where appropriate, offered testing for COVID-19.

4. Triage of patients

Professions should familiarise themselves with the advice on social distancing and shielding (see introduction). Professions will need to consider how best to deliver their services in light of these recommendations.

Primary Care should make every effort to triage all patients by telephone to avoid the patient presenting at the practice or department unnecessarily and to minimise any contact with patients with respiratory symptoms.

The mechanism for this will vary dependent on both the geographical location and service within primary care. An assessment hub model is utilised in many areas. **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, people who are unwell and worried about COVID-19 will be directed to consult NHS inform 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 during both in and out of hours. NHS inform have developed posters which can be printed and shared. It can be found at the NHS inform - Advice for professionals under communication toolkits.

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.

4.1 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 "stay at home" advice which can be found on NHS Inform. "Stay at home" advice differs depending on whether the patient lives alone or in a household with other people.

Provide the patient with worsening advice and direct them to phone NHS 24 (call 111) if their symptoms deteriorate. 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.

4.2 Self-isolation

Patients self-isolating should be advised to follow the "stay at home" advice on NHS Inform.

Stay at home advice differs depending on whether the patient lives alone or in a household with other people. Isolation notes are available by following the NHS Inform Symptom Checker for all categories of self-isolation.

4.3 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 should be taken.

Infection Prevention and Control in General Practice/Primary Care/Out of Hours settings.

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

For all consultations with patients presenting with symptoms in keeping with the case definitions described in section 3, appropriate Personal Protective Equipment (PPE) must be worn as per Table 2 of the guidance which can be accessed here.

Table 4 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 and can be accessed here.

Ensure that staff are:

- familiar with all 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.

An FFP respirator is only required if undertaking an Aerosol Generating Procedure (AGP) which should be avoided in the Primary Care setting for this group of patients. The following procedures are considered AGPs:

- Intubation, extubation and related procedures e.g. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract) *
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy and upper ENT airway procedures that involve suctioning
- Upper Gastro-intestinal Endoscopy where there is open suctioning of the upper respiratory tract
- Surgery and post mortem procedures involving high-speed devices
- Some dental procedures (e.g. high-speed drilling)
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP) **
- High Frequency Oscillatory Ventilation (HFOV)
- Induction of sputum
- High flow nasal oxygen (HFNO) ***

*Chest compressions and defibrillation (as part of resuscitation) are not considered AGPs; first responders can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other personnel who will undertake airway manoeuvres. On arrival of the team, the first responders should leave the scene before any airway procedures are carried out and only return if needed and if wearing AGP PPE.

** CPAP and BiPAP are considered Aerosol Generating Procedures (AGPs). Long Term Oxygen Therapy is not. The current recommended advice is as follows:

- Primary care staff should avoid visiting patients who have respiratory symptoms and are on CPAP/BiPAP at home.
- Consider phone consultations in the first instance to assess whether the patient requires a home visit. If it is safe to postpone the visit until symptoms have resolved, then do so.
- If you must carry out a home visit, phone ahead and establish what times of the day the patient is on their CPAP/BiPAP. Primary care staff should ensure they visit at least 1 hour after the CPAP/Bi PAP was switched off which will provide adequate time for the aerosols to dissipate (based on 3 Air Changes per Hour (ACH)
- If the clinical condition is such that the CPAP/BiPAP cannot be turned off for a full hour before the visit then the patient should, if possible, move to another room before the practitioner enters their home and the door of the room where the CPAP/BiPAP takes place should be closed. The practitioner can then enter the patient's home to assess their condition.
- If the patients clinical condition is such that neither of these is possible *and* there are no appropriate primary care practitioners available who have been face fit tested or there no access to FFP respirator masks, then the patient will require transfer to hospital for clinical assessment.
- Alert the ambulance that the patient is a suspected COVID-19 requiring CPCP/BiPAP

***Note: High Flow Nasal Oxygen, sometimes referred to as High Flow Nasal Cannula Therapy, is the process by which warmed and humidified respiratory gases are delivered to a patient through a nasal cannula via a specifically designed nasal cannula interface. These devices can be set to deliver oxygen at specific concentrations and flow rates (typically 40-60L/min-1 for adults). **This is different from standard home oxygen delivered through a nasal cannula which is not an AGP.**

For patients with suspected/confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential. Where possible, these procedures should be carried out in a single room with the doors shut. Only those healthcare staff who are needed to undertake the procedure should be present and are required to wear PPE in line with Table 2: performing an AGP.

Certain other procedures/equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk. Procedures in this category include:

- administration of pressurised humidified oxygen;
- administration of medication via nebulisation.

Note: During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.

NB: Table 2 also provides details of recommended PPE to be worn by staff providing direct care or visiting patients at home where the patient or someone in the household is within the extremely vulnerable group undergoing shielding.

4.4. Face to face clinical assessment

Where possible consider practical approaches to facilitate infection prevention and control measures for patients with suspected/confirmed COVID. This could include:

- 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 be kept clutter free with 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.

4.5. 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 per above. Practitioners should carry a waste bag to dispose of PPE following the visit. Where possible 2m social distancing should be maintained.

Following the patient consultation, PPE should be removed as per **appendix 2**. 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 social or community care and residential settings.**

4.6. Transport to and from home, or for further care

Patients must not 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 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 **Table 2** for PPE.

OR

- Alternative local arrangement approved by the health board.

5. Environmental cleaning following a suspected case

Once a suspected case has left premises, the room where the patient was placed/isolated should not be used until adequately decontaminated. The room door should remain shut until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back into use immediately.

5.1. Preparation

The person responsible for undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- Collect any cleaning equipment and waste bags required before entering the room.
- Any cloths and mop heads used must be disposed of as single use items.
- Before entering the room, perform hand hygiene then put on a disposable plastic apron and gloves.

5.2. On entering the room

- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- Bag any disposable items that have been used for the care of the patient as clinical waste.
- Provided curtains have been tied back during the examination and no contamination is evident, these can be left in situ. Otherwise, remove any fabric curtains or screens and bag as infectious linen.
- Close any sharps containers, wipe the outer surfaces with either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.).

5.3. Cleaning process

Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room, following one of the 2 options below:

1. Use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)

OR

2. A neutral purpose detergent followed by disinfection (1000 ppm av.cl.):
    - follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
    - any cloths and mop heads used must be disposed of as single use items

5.4. Cleaning and disinfection of reusable equipment

- clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal
- clean all reusable equipment systematically from the top or furthest away point

5.5. Carpeted flooring and soft furnishings

Ideally the use of examination rooms that are carpeted should be avoided. For carpeted floors/items that cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.

5.6. On leaving the room

- Discard detergent/disinfectant solutions safely at disposal point.
- Dispose of all waste as clinical waste.
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles.
- Remove and discard PPE as clinical waste as per local policy.
- Perform hand hygiene.

5.7. Cleaning of communal areas

If a possible case spent time in a communal area used for non-respiratory patients, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant (as above) unless there has been a blood/body fluid spill which should be dealt with immediately (guidance is available at Appendix 9 of the National Infection Prevention and Control Manual). Once cleaning and disinfection have been completed, these areas can be put back into use immediately.

6. Attending deaths

The principles of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) continue to apply whilst deceased individuals remain 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 patients. 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.

6.1. Death certification during the COVID-19 pandemic

According to the CMO letter on "Guidance to Medical Practitioners for Death Certification during the COVID-19 Pandemic" medical practitioners do not need to report deaths as a result of COVID-19 disease or presumed COVID-19 disease to the Procurator Fiscal where they would otherwise require to be reported in terms of 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.

7. Reporting to Local Health Protection Team

Individual suspected cases in community or social or residential care settings do not need to be reported to local HPTs.

The local Health Protection Team (HPT) should be informed of clusters or outbreaks in:

- A long-term care facility
- A prison or place of detention or other closed setting
- Any other group residential setting such as boarding schools

An outbreak is defined as two or more clinical or laboratory confirmed cases of COVID-19 where nosocomial infection and ongoing transmission is suspected to have occurred within a 14 day period.

This outbreak definition should also include cases who have been transferred out of hospital following infection or have died in this same time period. Please check appendix 1 for contact details of local HPTs.

8. Healthcare Staff

Staff who have been in contact with a suspected case are not required to self-isolate.

Staff should follow national advice on **"staying at home"** if they or a member of their household develops symptoms consistent with COVID-19.

All staff should also follow national guidance on social distancing and shielding. Further details can be found on **NHS Inform**.

8.1 Staff with underlying health conditions that put them at increased risk of severe illness from COVID-19

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. 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.**

As part of this risk assessment, you should consider that persons with symptoms of COVID-19 should practice household isolation and defer any non-urgent appointments and therefore you should not be providing care/have contact to patients with COVID-19. Staff with conditions that increase their vulnerability to COVID-19 should be taking shielding or stringent social distancing measures and should therefore not be on the premises.

8.2 Testing for COVID-19 infection to enable key workers to return to work

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**.

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

9. General Dental Care

Individuals should not attend for routine dental treatment whilst the stay at home advice is in place. Delivery of dental services has been restructured under the direction of the Chief Dental Officer and Scottish Government.

Practices should ensure that patients are advised in advance of their appointments not to attend and defer their treatment. Dental practices should triage calls by telephone and offer clinical advice. Where face to face assessment is required, dental practitioners should follow locally agreed protocols which may include assessing people in a local dental hub. Where patients are being seen for a face to face assessment, follow the **COVID-19: Infection Prevention and Control** PPE guidance in **Table 1** or **Table 2** as appropriate. Additional Standard Operating procedure for dentistry can be found in **Annex 1: Infection Prevention and Control in Urgent Dental Care Settings during the period of COVID-19.**

10. General Medical Practice

From 23rd March 2020, the model for assessing patients with COVID-19 related illness changed such that patients use **NHS Inform** and if they require to be seen they will be seen at community assessment centres.

11. Opticians and Optometry

Practices are advised to display the appropriate COVID-19 poster available in the coronavirus communication toolkit on the **NHS Inform**.

The Scottish Government has recommended that all face to face consultations occur in Emergency Eye Care Treatment Centres. Requests for care should be triaged. If an individual requires assessment, this should be referred to an Emergency Eye care treatment centre as agreed locally. Adhere to local protocols and transport guidance. Alert clinicians where individuals are suspected to be symptomatic of COVID 19.

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.

For face to face consultations, PPE should be worn as detailed in **Table 2**. In addition, Scottish Government and the Royal College of optometrists have recommended that for all assessments, a FRSM should be worn and a plastic breath shield should be attached to the slit lamp, which must be disinfected in between patients. Practitioners are advised to avoid speaking whilst at slit lamp.

Emergency Domiciliary Eye examinations

Practitioners should follow the advice in section 4.5: **Clinical Assessment at Home**. Routine domiciliary eye care has been suspended to patients in their own homes as well as those in day or residential centres. If an optometrist or dispensing optician is required to make an emergency home visit, then they should appropriately triage the appointment before attending.

Please consult HPS **COVID-19 - information and guidance for social or community care and residential settings.** PPE should be worn as indicated in **Table 2.**

12. Pharmacy

Pharmacy staff:

- Should display signage to ensure that individuals are aware of the advice around social distancing, available at **NHS Inform**.
- Should make every effort to ensure the 2 metre social distancing rules are applied when individuals are in the pharmacy. Personal Protective Equipment is

recommended where 2 metre social distancing cannot be applied and is detailed in Table 3 of the guidance which can be accessed **here**.

- 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. 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).
- **If an individual telephones or attends the pharmacy** suffering from respiratory symptoms or a new continuous cough and/or high temperature, they should be advised to return home and consult the **NHS Inform** website for further advice. The website includes 'stay at home advice' individuals with these symptoms, plus any members of their household, must follow.
- On leaving 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 (in section 5 of the Guidance for 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. 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. The room door should remain shut until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back into use immediately. Follow the **guidance for environmental cleaning following a suspected case (in section 5 of the Guidance for primary care).**

  The pharmacy should remain open unless advised otherwise.
- At the end of a session involving use of PPE, masks 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 for 72 hours before being placed in the pharmacies domestic waste bin. If the pharmacy has a waste contract, masks once removed can be placed into waste immediately.

13. Further information

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

Information for the general public NHS Inform.

Appendices

Appendix 1 – 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 885858	01563 521 133 Crosshouse Hospital switchboard
Borders	01896 825560	01896 826 000 Borders General switchboard
Dumfries and Galloway	01387 272 724	01387 246 246
Fife	01592 226435	01592 643355 Victoria Hospital switchboard
Forth Valley	01786 457 283 Ask for CPHM on call	01324 566000 Ask for CPHM on call
Grampian	01224 558520	0345 456 6000
Greater Glasgow & Clyde	0141 201 4917	0141 211 3600 Gartnavel switchboard
Highland	01463 704886	01463 704 000 Raigmore switchboard
Lanarkshire	01698 858232 / 858228	01236 748 748 Monklands switchboard
Lothian	0131 465 5420/5422	0131 242 1000 Edinburgh Royal switchboard
Orkney	01856 888034	01856 888 000 Balfour Hospital switchboard
Shetland	01595 743340	01595 743000 Gilbert Bain switchboard
Tayside	01382 596 976/987	01382 660111 Ninewells switchboard
Western Isles	01851 708 033	01851 704 704

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

Putting on PPE

PPE should be put on before entering the room where the patient is. Put PPE on in the following order:

1. Disposable plastic apron
2. A Type IIR (Fluid Resistant Surgical Facemask) FRSM. This should be close fitting and fully cover the nose and mouth. Do not touch the front of the mask when being worn
3. Disposable non-sterile nitrile, latex or neoprene gloves. There is no requirement for double-gloving

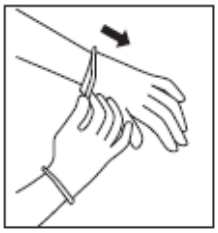
The order given above is a practical one; the order for putting on is less critical than the order of removal given below.

Removal of PPE

PPE should be removed in an order that minimises the potential for cross-contamination. Before leaving the room where the patient is, gloves, apron and FRSM should be removed (in that order, where worn) and disposed of as clinical waste. Guidance on the order of removal of PPE is as follows:

1. Gloves

- Grasp the outside of glove with the opposite gloved hand; peel off.
- Hold the removed glove in the remaining gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Discard as clinical waste.



2. Apron

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

3. Fluid Resistant Surgical Facemask (FRSM)

- Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only and discard as clinical waste.

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