

Coronavirus/COVID-19/2019 novel coronavirus

This is a rapidly evolving area and this information is a guide only, to help you think and plan ahead. If you have contact with a patient with or concerned about COVID-19, you MUST check the relevant government websites, to ensure you are following the latest guidance.

The information is based on advice from Public Health England, accessed via the gov.uk website, on March 2nd 2020 14:00 (for Scotland, Wales and NI please follow your own guidance, although it will not be that dissimilar).

Under each heading we have given you a link to the relevant page of the website we gathered the information from, so you can check the latest information if needed.

Checklist for primary care:

Avoiding exposure in the first place

The NHS advice to patients with/possibly infected with COVID-19 is that they should NOT present to primary care, but contact 111 who will arrange appropriate testing/care. Have you got notices on your doors, information on your website and are reception staff screening patients to reduce the chance of someone turning up with the infection in the first place?

Advice to patients

If you suspect you may have COVID-19:

- Use the *111 online coronavirus service* to find out what to do next (it's a few simple questions and then tells you what to do!)
- Do not go to a GP surgery, pharmacy or hospital.
- In Scotland call your GP or NHS 24 on 111 out of hours. In Northern Ireland call 0300 200 7885.

Have you communicated this clearly to patients? (many practices are texting all their patients).

Keeping patients safe

Does everyone in the practice know what to do if someone rings/presents with possible COVID -19? (including immediate isolation, who to contact to get the patient tested, what to do if the patient is sick and needs immediate care/transfer to hospital and how to clean the room afterwards)

Preparedness

- Which room would be the best room for an isolation room (with a phone, one that could be decommissioned for a period before it was appropriately decontaminated, near a toilet that could also be put out of action until decontaminated?)
- Do you have appropriate PPE (gloves, apron, face mask)?
- Do you know how to dispose of this PPE after use?

What is the role of primary care in the current situation?

- **Identify potential cases as soon as possible**
- **Prevent potential transmission of infection to other patients and staff**
- **Avoid direct physical contact, including physical examination, and exposures to respiratory secretions**
- **Isolate the patient, obtain specialist advice and determine if the patient is at risk of COVID-19.**

The main guidance for primary care is on this page:

<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>

What is COVID-19?

- COVID 19 is a new virus from the coronavirus family, that includes SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome)
- Coronavirus are zoonotic (transmitted between animals and people) RNA virus and this one is thought to have started in a fish/animal market in China
- The main method of transmission is respiratory droplets, or in a healthcare setting, contact with bodily fluids.
- Treatment is supportive
- There is currently no vaccine
- It is not known if antivirals are effective
- The CDC suggest the incubation period is in the order of 2-14 days
- The mortality rate is difficult to calculate because of the way cases have been reported/definitions changes, but may be in the order of 1-2% outside China
- It is thought (but not currently proven) that those who are very old, very young or who have other health problems are most likely to be at highest risk of complications from the illness. It is not known whether these groups are at higher risk of acquiring the infection (and all may be a similar risk of infection, because this is a novel agent, so no one is likely to have immunity)

When should you consider COVID-19?

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection#interim-definition-possible-cases>

Clinical features

- Fever with no other symptoms
- Acute respiratory infection of any degree of severity, including at least one of shortness of breath (difficult breathing in children) or cough (with or without fever)
- Severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome

Remember in those who are immunocompromised, presentation may be atypical.

Epidemiological criteria

Travel history: in the 14 days before the onset of illness travelled to specified countries and areas (this includes transit, for any length of time in these countries)/ Affected areas are updated regularly here:

<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>

OR

Contact with a confirmed case defined as:

- Lives in the same household as someone with COVID-19
- Direct or face to face contact with a case, for any length of time
- Being within 2 metres of the case for any other exposure not listed above, for longer than 15 minutes

And in a health care setting:

- Direct contact with the case or their body fluids or their laboratory specimens, or in the same room of a healthcare setting when an aerosol generating procedure is undertaken on the case without appropriate PPE.

IF THESE CRITERIA ARE MET THE PATIENT MUST BE ISOLATED IMMEDIATELY AND APPROPRIATE TESTING ARRANGED.

If you identify a patient in the surgery who may have COVID-19

<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>

- **Isolate immediately: in a room away from other patients and staff:**
 - Ensure that the patient (and their belongings and any clinical waste and any accompanying relatives) stay in the room, with the door closed
 - Ensure no one else enters the room
- **If you a consultation has started and then COVID-19 becomes a possibility:**
 - Leave the room
 - Closing the door behind you
 - Wash your hands thoroughly
 - Complete the consultation via telephone
 - Avoid physical examination of a suspected case
- **If the patient needs to use the lavatory:**
 - They should be go directly to the lavatory, and then return to their room immediately afterwards.
 - They should be told to wash their hands thoroughly
 - **The lavatory should then not be used by anyone else until thoroughly cleaned (following advice on decontamination from the relevant authorities)**
- **If it is essential to enter the room with the patient, for example if the patient is very unwell:**
 - Wear personal protective equipment (PPE) in line with standard infection control precautions, such as gloves, apron and fluid resistant surgical mask (FRSM)
 - Keep exposure to a minimum
 - Dispose of PPE as clinical waste
- **If the patient requires urgent transfer to hospital:**
 - Inform the ambulance service call handlers
 - All potential admissions MUST be discussed with the hospital first, to ensure they are appropriately prepared
- **If the patient is relatively well, ask them to ring 111 from within the room in which they are isolated**
- **Once the patient has left the building, the room should not be re-entered or used until it has been appropriately decontaminated**

111 should NEVER refer a patient to primary care for assessment if COVID-19 is suspected

How to arrange laboratory testing

Contact the lab for your area, as per the information on this page (England)

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories/wuhan-novel-coronavirus-who-to-call-to-request-laboratory-testing>

On 2nd March the numbers for England were this:

NHS region	Lab	Normal hours	Out of hours
East of England	Cambridge PHL	01223 257037	01223 245151 (Ask for on call Virologist)
London	Colindale PHL	0208 327 7887	020 8200 4400 (Ask for Duty Doctor)
Midlands	Birmingham PHL	0121 424 3111	0121 4242000 (Ask for duty virologist)
North East	Newcastle lab	0191 233 6161 Ask for Consultant Virologist	0191 233 6161 (Ask for on-call Consultant Virologist)
North West	Manchester PHL	0161 276 8853	0161 276 1234 (Ask for on-call Microbiologist)

South East	Southampton lab	023 8120 6408	023 8077 7222 (Ask for out of hours Microbiology biomedical scientist)
South West	Bristol PHL	0117 414 6222	0117 950 5050 (Ask for on-call Virologist or Microbiologist)
Yorkshire and Humber	Leeds lab	0113 392 8750 (option 2) (Leeds Teaching Hospitals Trust, switchboard) Ask for on-call Consultant Virologist	0113 243 2799 or 0113 243 3144 (Ask for on-call Consultant Virologist)

What tests are required?

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/866111/COVID-19 Suspected cases samples taken A3 poster AandE 09.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/866111/COVID-19_Suspected_cases_samples_taken_A3_poster_AandE_09.pdf)

- Upper respiratory tract sample: nose or throat swab or nasopharyngeal aspirate

PLUS

- Sputum sample if obtainable in a universal container (i.e. a plain urine pot)

And if admitted:

- A blood sample

The lab should tell you which swabs/bottles to use, how to package it and where to send it.

Test can take 24-48h to come back.

When can an infected person return to normal activity?

Don't know!

In the US the CDC say they don't know when someone is no longer infectious but they are working on it being 14 days because that is the case for other coronaviruses, however it isn't clear if they mean 14d after onset of symptoms or after resolution of symptoms: be advised by your local health protection team!

Contact tracing

This will be the responsibility of the Public Health Teams.

The idea is to identify all those who the patient has come into contact with, assess the risk to that individual and contact/offer advice/test if appropriate.

For more information see this PHE blog for more info:

<https://publichealthmatters.blog.gov.uk/2020/02/13/expert-interview-what-is-contact-tracing/>

Healthcare workers and staff: when should staff not work?

Advice on what to do if your staff have a relevant travel history, have a household contact or are exposed to COVID-19 in the healthcare setting:

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-guidance-for-healthcare-providers-with-staff-who-have-travelled-to-china/guidance-for-healthcare-providers-healthcare-workers-who-have-travelled-to-china>

Asymptomatic health care worker, with exposure within the past 14 days	14 day work exclusion?	Other actions
Exposure due to TRAVEL		
Travel to specified Category 1 countries/areas (at time of going to print, but this may change rapidly) specific areas in China, Iran, Korea and Italian towns under lockdown	Yes	Self-isolation at home for 14 days after return to the UK
Travel to specified Category 2 countries/areas Check website, as rapidly evolving, but includes the rest of China, much of the far east including Japan, and parts of northern Italy, not under lock down	No	Inform line manager and occupational health. No restrictions unless advised by occupational health, employers or local health protection team
Contact with a confirmed case in any country	Yes	Self-isolation at home for 14 days after return to the UK
Exposure due to HEALTHCARE WORK (in UK or overseas)		
Contact with a symptomatic possible case whilst wearing recommended PPE with no breaches	No	No restrictions
Contact with a confirmed case whilst wearing recommended PPE with no breaches	No	No restrictions, but passive follow up for 14 days after last exposure
Contact with a symptomatic possible case without wearing recommended PPE	No	Exclusion and self-isolation may be recommended in certain circumstances based on a risk assessment by occupational health, employers, or the local health protection team
Contact with a confirmed case <u>with-out</u> wearing recommended PPE	Yes	Self-isolation at home for 14 days after last contact (HPT will advise on follow-up)
Exposure to healthcare settings (e.g. working in healthcare, admission or visit to hospital) in specified Category 2 countries/areas)	Yes (from last healthcare exposure)	No other restrictions unless advised by occupational health, employers or local health protection team
OTHER exposure, including household contact		
Contact with a possible case	No	Exclusion and self-isolation may be recommended in certain circumstances based on a risk assessment by occupational health, employers, or the local health protection team
Contact with a confirmed case	Yes	Self-isolation at home for 14 days after last contact (HPT will advise on follow-up)

What does self-isolation mean?

In practical terms it means:

- Go home, and stay at home, avoiding contact with other people
- Do not go to work, school or public areas
- Do not use public transport (including taxis)
- Avoid visitors to your home
- Ask friends, family members or delivery services to carry out errands for you – such as getting groceries, medications or other shopping
- Do not go to the GP/attend hospital without ringing in advance

There is more detailed advice here:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-self-isolation-for-patients-undergoing-testing/advice-sheet-home-isolation>

Take home messages: coronavirus/COVID-19

- Have you got notices on your doors, information on your website and are reception staff screening patients to reduce the chance of someone turning up with the infection in the first place?
- If you suspect you may have COVID-19:
 - Use the 111 online coronavirus service to find out what to do next
 - Do not go to a GP surgery, pharmacy or hospital
 - In Scotland call your GP or NHS 24 on 111 out of hours. In Northern Ireland call 0300 200 7885
- Does everyone in the practice know what to do if someone rings/presents with possible COVID -19? (including immediate isolation, who to contact to get the patient tested, what to do if the patient is sick and needs immediate care/transfer to hospital and how to clean the room afterwards)
- Do you have an isolation room?
- Do you have appropriate PPE (gloves, apron, face mask)?

Useful websites

Main information for GPs on Gov.UK website:

<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>

The RCGP COVID-19 page can be found here, and includes prompt sheets for receptionists , and a leaflet for patients in isolation within the surgery: <https://www.rcgp.org.uk/policy/rcgp-policy-areas/covid-19-coronavirus.aspx>

Main advice to patient on NHS website: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

The coronavirus symptom checker is available at: <https://111.nhs.uk/covid-19>

We make every effort to ensure the information in these articles is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, side-effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these articles.

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