

COVID-19 - guidance for health protection teams (HPTs)

Version 3.2

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Purpose and scope

This guidance is for staff working in health protection teams (HPTs) and healthcare settings across Scotland.
It supports staff managing coronavirus disease (COVID-19).

Using this guidance

The guidance supports, but does not replace:

- individual expert clinical judgment
- local response arrangements

The guidance supports maintenance of agreed health protection principles and national policy in line with the Public Health etc. (Scotland) Act 2008 including:

- exercising functions to encourage equal opportunities
- observance of equal opportunities requirements

Employers should consider specific conditions of each place of work and follow the Health and Safety at Work etc. Act 1974 and other appropriate legislation.

Related resources

This guidance should be read with reference to these related resources.

Health protection team contacts

Access up-to-date contact information for local HPTs.

Introduction

The disease COVID-19 is caused by severe acute respiratory syndrome coronavirus 2, also known as SARS-CoV-2.

The first cases of COVID-19 in the UK were detected on 31 January 2020.

The World Health Organization (WHO) declared COVID-19 as a pandemic on 12 March 2020.

On 5 May 2023, WHO stated that COVID-19 was "...over as a global health emergency".

Symptoms

The cardinal symptoms of COVID-19 include:

- high temperature, fever or chills
- new and continuous cough
- change in, or absence of, normal sense of smell (anosmia) or taste (ageusia)

Other symptoms can be:

- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea
- feeling sick or being sick

Symptoms of COVID-19 vary in severity.

Mortality is a potential outcome in those with severe disease.

Be alert to the possibility of atypical and non-specific presentations in:

- children
- older people with frailty: more information can be found in PHS COVID-19 information and guidance for social, community, and residential care settings
- those with pre-existing conditions
- those who are immunocompromised

Transmission

SARS-CoV-2 is spread by respiratory particles. This occurs mainly through close contact with infectious individuals.

Transmission risk increases when:

- people are close to each other (usually within 2 metres) or overcrowding
- people are displaying symptoms
- in indoor and in poorly ventilated environments not cleaned regularly

There is limited evidence of long-range aerosol transmission. Further research is needed to better understand aerosol transmission of SARS-CoV-2 virus.

SARS-CoV-2 virus can survive on surfaces from a few hours to days.

The amount of virus on surfaces is not always enough to cause infection.

SARS-CoV-2 can be transmitted even if the infected person does not have symptoms. This is called asymptomatic transmission.

Infectious and incubation periods

Studies show that the highest risk of transmission occurs a few days before and within the first 5 days after symptom onset, but can be up to 10 days after symptom onset.

The average incubation period is between 3 and 6 days, with a range from 1 to 14 days.

Public Health Scotland (PHS) provides a dashboard with the latest available data including, but not limited to:

- estimated COVID-19 infection levels and number of reported positive COVID-19 cases
- acute COVID-19 admissions to hospital and intensive care unit admissions
- hospital and intensive care unit bed occupancy

We also publish COVID-19 vaccination data.

General prevention measures

General prevention advice is recommended to:

- help reduce the spread of COVID-19 and other respiratory infections
- protect those at highest risk

This includes:

- adhering to the recommended vaccination schedule – see NHS inform on COVID-19 vaccination
- ensuring effective hand hygiene, respiratory and cough hygiene and safe management of the care environment (see NIPCM and CH IPCM for care home information)
- allowing fresh air into indoor environments – see Health and Safety Executive (HSE) ventilation in the workplace guidance.
- staying at home and avoiding contact with other people, in case of high fever or feeling unwell

Find out further advice on prevention on NHS inform.

Health and social care settings

Health and social care settings are advised to adopt and implement the infection prevention and control (IPC) guidance for standard infection control precautions and transmission-based precautions.

These are detailed in the NIPCM:

- standard infection control precautions
- transmission-based precautions

Care homes settings

Care Home settings are advised to adopt and implement infection prevention and control (IPC) guidance for standard infection control precautions and transmission based precautions.

These are detailed in the CH IPCM:

- standard infection control precautions
- transmission-based precautions

Workplace and community settings risk assessment

Risk assessments help to identify the most effective mitigation measures to be followed by organisations, their employees and service users.

Find out more information in the Scottish Government safer workplaces and public settings.

People at highest risk

Some groups of people are at higher risk of severe illness if they catch COVID-19, even when fully vaccinated.

This includes those with a weakened immune system.

Scottish Government provides advice for people who are immunosuppressed.

Pregnancy

View further information on COVID-19 and pregnancy on:

- NHS inform
- Royal College of Obstetricians & Gynaecologists (RCOG)

Pregnant staff may also seek advice from their line manager or local occupational health (OH) service.

COVID-19 vaccines are recommended in pregnancy.

Vaccination

The best protection against the virus are COVID-19 vaccinations and boosters.

The Joint Committee for Vaccines and Immunisation (JCVI) provides details on the groups that are to be prioritised for vaccination.

The Green Book, chapter 14a (COVID-19) provides up to date information on COVID-19 vaccines, effectiveness, schedule and other relevant information.

Case definition

For the purposes of public health management case definition has been updated to reflect changes to community testing practice.

Confirmed COVID-19 case

A person with detection of SARS-CoV-2 by any one of the following:

- laboratory-confirmed polymerase chain reaction (PCR) in a clinical specimen
- a positive lateral flow device (LFD) test

The case definition may differ from the epidemiological definition in the context of an outbreak investigation.

Testing for SARS-CoV-2

In the absence of testing, it may not be possible to know if a person has COVID-19, flu or another respiratory infection based on symptoms alone.

Most people can no longer get free covid tests and do not require them since presumed COVID-19 can now be generally managed based on symptoms.

However, the public can still access tests if eligible for new COVID-19 treatments due to a health condition.

Further details on how to request this, if eligible, are provided on NHS inform.

Eligibility for SARS-CoV-2 testing

Testing for COVID-19, from 30 August 2023, remains to:

- support clinical diagnosis, when advised by a healthcare professional
- test those who are eligible for COVID-19 treatments
- support surveillance
- support outbreaks management, as per the National Infection Prevention and Control Manual or on advice from local IPC teams or local HPT teams.

Testing individuals for COVID-19 prior to their discharge from hospital to a care home or hospice remains in place, as advised in government policy.

The routine COVID-19 testing of symptomatic health and social care staff is no longer required, in line with the SGHD/CMO(2023)12 letter.

Health and social care staff should adhere to the NHS inform advice on managing symptoms of a respiratory infection.

Highest-risk groups

People in the highest-risk group who are eligible for COVID-19 antivirals, monoclonal antibody therapies and other treatments require a positive LFD test result to access these.

Find out more information on COVID-19 treatments on NHS inform.

Patients and residents in health and social care settings

Patients and residents of health care settings may undergo testing for appropriate management (including placement) within the setting.

For social care settings, refer to PHS COVID-19 information and guidance for social, community, and residential care settings.

Lateral flow device (LFD) test

LFD tests are rapid antigen tests, usually self-administered, that can be used to identify cases with a high viral load.

A positive LFD test result indicates that someone is infected with SARS-CoV-2.

Confirmatory PCR is not routinely required following a positive LFD test.

People who receive a negative LFD result must not regard themselves as definitively free from infection, as the test could be a false negative. In periods of low prevalence an LFD can indicate false positivity.

In addition, they may still be incubating the virus or could go on to acquire the infection in the period before their next test.

Everyone must remain vigilant to the development of COVID-19 symptoms and continue to follow existing IPC general control measures appropriate to the setting as per both the NIPCM and CH IPCM.

Polymerase chain reaction (PCR) test

PCR is the gold standard diagnostic test for SARS-CoV-2 and is used in Scotland in NHS laboratories.

Positive PCR test result

A positive PCR test result indicates that someone is infected with SARS-CoV-2.

In some instances, a positive PCR result may reflect past infection (remnant viral RNA), but without a previous positive result it is not possible to know this.

It may need to be managed as evidence of active infection following risk assessment.

Where a test is processed

Occasionally, a query may arise where a PCR test has been performed in a non-NHS (often private) laboratory.

A risk assessment should be carried out for results from non-NHS laboratories that are not aligned with their local NHS laboratories or UK-accredited.

Samples positive by PCR have the advantage that they may be suitable for further testing by whole-genome sequencing (WGS).

The purpose of this is for surveillance – for example, the identification of variants and mutations (VAMs).

Further testing information

Find out more information on testing in the Medicines and Healthcare products Regulatory Agency (MHRA) guidance on the variety of tests available for COVID-19.

Testing for respiratory pathogens other than SARS-CoV-2 as part of an investigation of a cluster

When necessary, HPTs should consider testing for pathogens other than SARS-CoV-2 when respiratory symptoms are present.

This may include:

- influenza A
- influenza B
- respiratory syncytial virus (RSV)
- adenovirus

This particularly applies to closed settings, for example care homes or prisons, and in at-risk populations.

Virological testing should be done in discussion with the local microbiologist/virologist – depending on local arrangements. Generally, two swabs, or another respiratory sample, may be needed if testing for pathogens other than SARS-CoV-2.

This may be particularly important if testing of SARS-CoV-2 is negative during investigation of a cluster.

Public health management of COVID-19 cases

Individuals who are a confirmed COVID-19 case should follow the actions in this section.

NHS inform gives further advice on how confirmed COVID-19 cases can:

- reduce the risk of onward transmission
- protect those at higher risk of harm from COVID-19 infection.

Adults and children – including health and social care workers (HSCW) – who meet the confirmed COVID-19 case definition should:

- stay at home
- avoid contact with other people
- continue to avoid contact with other people until they no longer feel unwell and no longer have a high temperature.

There is no need to test to end isolation.

Staying away from others can end any time once they no longer have a high temperature and they feel well.

Staff should return to work once the fever and feeling of unwellness has subsided.

Patients and residents of health and social care settings

Healthcare settings

Implement chapters 1 and 2 of the NIPCM where a service user is:

- being transferred to hospital or another health and care setting
- recently discharged from hospital or another health and care setting

Care home and other social care settings

Refer to the CH IPCM for required IPC measures.

Health and social care workers (HSCWs)

Health and social care staff should adhere to the NHS inform advice on managing symptoms of a respiratory infection.

This recommendation follows the SGHD/CMO(2023)12 letter which took effect 30 August 2023.

Management of COVID-19 outbreaks

COVID-19 outbreaks should be managed following principles and practices outlined in management of public health incidents underpinned by the Public Health etc (Scotland) Act.

The outbreak can be declared as over when:

- there have been no new cases for a minimum of 14 days from the last potential exposure to a confirmed case
- HPT considers that:
 - existing cases have been isolated or cohorted effectively
 - guidance on IPC and other interventions is being applied appropriately

Patient access to clinical care

People should contact their GP if:

- they are unwell and worried about COVID-19
- symptoms worsen after seven days
- symptoms are severe at any time

Out of hours, call:

- **111** for help and advice
- **999** for emergencies

In emergencies

If it is an emergency and an ambulance is needed, tell the 999 operator that there is a concern about COVID-19.

Scottish Ambulance Service (SAS) will triage healthcare professional calls to provide the appropriate response.

Accessing healthcare services

Access to healthcare services should not be prevented for individuals with suspected infectious diseases.

An admission screening respiratory symptom assessment aide is available and further information on IPC measures can be found in the NIPCM and CH IPCM.

International travel

Travel guidance

Refer to the Scottish Government guidance for international travel for the most up-to-date advice on local and international travel.

Pre-travel guidance

Members of the public can find out the latest advice on [fitfortravel](#).

Health professionals can access more information on [TRAVAX](#).

Related resources

This guidance should be read with reference to these related resources.

Our guidance

COVID-19 guidance for specific settings, in particular for:

- PHS information and guidance for social, community and residential care settings
- PHS COVID-19 guidance for prison settings

Scottish Government and Scottish Health Protection Network (SHPN) guidance

- Guidance on the management of public health incidents

Infection prevention and control (IPC) guidance

- Antimicrobial Resistance and Healthcare Associated Infection Scotland (ARHAI) guidance is available in the National Infection Prevention and Control Manual (NIPCM).
- Care Home Infection Prevention and Control Manual (CH IPCM)

Scottish Government guidance

- COVID-19 guidance
- COVID-19 related legislation

Clinical guidance

The Scottish Intercollegiate Guidelines Network (SIGN) produces clinical guidance on COVID-19.

Information for the public

NHS Inform provides information for the public, including translated materials.

Local NHS laboratory contact details

NHS Ayrshire and Arran	01563 827 420
NHS Borders	01896 826 250 or 01896 826 258
NHS Dumfries and Galloway	01387 241 560
NHS Fife	01592 648 169
NHS Forth Valley	01324 566 692
NHS Golden Jubilee	0141 951 5931
NHS Grampian	01224 552 444
NHS Greater Glasgow and Clyde	0141 201 8721 for virology 0141 211 4000 for out of hours – ask for on call virologist west.ssvc2@nhs.scot
NHS Highland	01463 704 206 or 01463 704 207
NHS Lanarkshire	01698 366 405
NHS Lothian	0131 536 3373 (option 2) for virology 0131 536 1000 for out of hours – ask for on-call virologist virologyadvice@nhslothian.scot.nhs.uk
NHS Orkney	01856 888 217
NHS Shetland	015950 743 011
NHS Tayside	01382 632 559
NHS Western Isles	01851 708 033

Abbreviations

ARHAI	Antimicrobial Resistance and Healthcare Associated Infection Scotland
CH IPCM	Care Home Infection Prevention and Control Manual
COVID-19	coronavirus disease 19
FFP	filtering face piece
HPT	health protection team
HR	human resource
HSCW	health and social care worker
HSE	Health and Safety Executive
IMT	incident management team
IPC	infection prevention and control
LFD	lateral flow device
MHRA	Medicines and Healthcare Products Regulatory Agency
NIPCM	National Infection Prevention and Control Manual
OH	occupational health
PCR	polymerase chain reaction
PHS	Public Health Scotland
POCT	point of care testing
PPE	personal protective equipment
RNA	ribonucleic acid
RSV	respiratory syncytial virus
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
SHPN	Scottish Health Protection Network
SIGN	Scottish Intercollegiate Guidelines Network
SIREN	SARS-CoV-2 immunity and reinfection evaluation
UKHSA	UK Health Security Agency (formerly Public Health England)
VAMs	variants and mutations

Version history

31 August 2023 - Version 3.2

Links refreshed and updated across the document.

Minor corrections across the document to clarify recommendations.

30 August 2023 - Version 3.1

This guidance has been updated to capture the advice on testing in healthcare settings in the CMO letter SGHD/CMO(2023)12 published on 9 Aug 2023, advising to pause all routine testing in health, social care and prison settings. An exception to the pause is for individuals in hospital, prior to being discharged to a care home or hospice; this routine testing will remain. These changes should take effect no later than 30 August 2023.

The full document has been synthesised and updated to capture the current situation in relation to COVID-19 infections, as well as the impact on public health management of outbreaks, in line with the approach on testing, adopted in the SGHD/CMO(2023)12.

19 July 2023 - Version 3.0

Advice on face coverings in non-healthcare settings updated, to reflect updates (17 July 2023) in Scottish Government recommendations on face coverings.

16 May 2023 - Version 2.9

- Removal of reference to the Scottish Government Coronavirus (COVID-19): extended use of face masks and face coverings in hospitals, primary care and community healthcare settings guidance, with reference to existing IPC guidance in the NIPCM.
- Removal of test defining 'fully vaccinated', provide link out to Green Book for definition.
- Updated links to PHS Information and guidance for social, community and residential care settings.
- Links to the new PHS COVID-19: guidance for prison settings added

10 March 2023 - Version 2.8

- Merged information from PHS guidance document 'Information and guidance for workplaces and community settings' – this has now been archived.
 - Added sections for 'non-healthcare settings' through 'General prevention measures' section.
 - Added section 'Workplace and community settings risk assessment' in 'General prevention measures' section.
 - Added section 'Workplace and community settings management' in 'Management of COVID-19 outbreaks' section.
- Updated links to Information and guidance for social, community, residential care and prison settings throughout and removed links to archived PHS guidance documents.

09 February 2023 - Version 2.7

- Merged information from PHS guidance document 'Information and guidance for workplaces and community settings' – this has now been archived.
 - Added sections for 'non-healthcare settings' through 'General prevention measures' section.
 - Added section 'Workplace and community settings risk assessment' in 'General prevention measures' section.
 - Added section 'Workplace and community settings management' in 'Management of COVID-19 outbreaks' section.
- Updated links to Information and guidance for social, community, residential care and prison settings throughout and removed links to archived PHS guidance documents.

16 January 2023 - Version 2.6

- Under 'Introduction' section, updated information for infectious period to highlight variance in infectious period in SARS-CoV-2 variants. Aligned with UKHSA.
- Under 'Assessing Inequality' section
 - updated legislative information in line with expiry of Coronavirus Discretionary Compensation for Self-Isolation (Scotland) Act 2022

- Removed information referring to Scottish Government Self-Isolation Support Grant, as grant withdrawn from January 2023
- Added link to Social Care Staff Support Fund
- Under 'Positive LFD test result' removed 'need to apply for a self-isolation support grant' as reason for a confirmatory PCR test.
- Under 'Testing for respiratory pathogens other than SARS-CoV-2' added link out to Chief Medical Officer Antiviral letter CMO(2022)39
- Removed section 'Lab FAQ' after consultation with Labs cell and Boards (via WNHP meeting). Local NHS Lab contact details moved into 'Checklist'
- Removed references in document (7 in total, to websites and scientific articles) other than within-text hyperlinks. Removed 'References' list.

17 October 2022 - Version 2.5

- Alignment with policy change to remove routine asymptomatic testing for HSCW.
- Updated links to current Director's Letter.
- Updated links to PHS SCRC guidance.
- Removed Lab FAQ 'how reliable are tests performed outside of the NHS?'

12 July 2022 - Version 2.4

- Rephrasing of laboratory FAQ 'How do you test for new variants of SARS-CoV-2?'
- Addition of references throughout to appendix 22 of the NIPCM (community infection prevention and control COVID-19 pandemic measures).
- Updated references throughout to newly merged information and guidance for care homes for older people and social, community and residential settings v2.2.
- Under general prevention measures, addition of reference to Scottish Government advice on face coverings.
- Clarification of wording regarding requirements for ending the stay at home period for confirmed and possible cases.

21 June 2022 - Version 2.3

- Guidance produced in HTML format, includes changes to format and language throughout for accessibility.
- Updated references to COVID-19 Guidance for Prisons v2.0 published 14 June 2022.

31 May 2022 - Version 2.2

- Addition of reference to HPT contact details.
- Removal of reference to the NIPCM Winter (21/22) Respiratory Addendum throughout.
- Section 3.1 Addition of reference to NIPCM Appendix 18 for physical distancing guidance.
- Section 3.2 Addition of reference to NIPCM Transmission based precautions for face mask guidance in health and care settings and Scottish Government guidance of the extended use of face masks for hospitals and care homes.
- Section 3.3 Addition of reference to NIPCM Appendix 20 for ventilation guidance in health and care settings.
- Section 3.5 Addition of reference to NIPCM Standard infection control precautions for PPE guidance in health and care settings.
- Section 3.6 Removal of link to the Highest Risk List and inclusion of link to Scottish Government guidance for people who are immunosuppressed.
- Section 5.1 Addition of positive POCT to confirmed case definition.
- Section 6.1.3 Addition of reference to NIPCM for further information regarding use of POCT and testing follow up good practice for POCT.
- Section 6.2 Addition of reference to NIPCM Appendix 20 for guidance regarding testing and placement of patients in health and care settings.
- Section 7.1.2 Addition of reference to NIPCM Transmission based precautions for guidance regarding COVID-19 positive patient placement.
- Section 10. Addition of reference to NIPCM Standard infection control precautions for guidance for respiratory screening process in health and care settings.
- Appendix 1. Addition to FAQ 7 of reference to Scottish WGS service, addition of FAQ 8 for information sample packaging and transport and FAQ 9 for local laboratory contact details.

02 May 2022 - Version 2.1

- Updated references to NHS Inform throughout the guidance.
- Rationalisation of introduction to remove out of date text.
- Rationalisation of general prevention measures to make it clearer that there are still requirements for physical distancing and face masks in some settings whilst retaining guidance for NPIs in most settings.
- Rationalisation of PPE section to make it clear that the NIPCM should be referred to for most up to date advice and inclusion under general prevention measures.

- Inclusion of a 'People at highest risk' section for use when considering mitigations for individuals at highest risk.
- Rationalisation of the vaccination section to ensure HPTs are utilising the most recent information regarding vaccine programmes. The vaccination definitions have also been moved into this section.
- Update of case definitions: confirmed case definitions now include those with a positive LFD test for SARS-CoV-2, probable cases have now been removed, possible cases now include the wider range of respiratory symptoms.
- Testing has been updated to remove symptomatic PCR testing and includes an updated eligibility criteria list for access to testing in line with the Test and Protect Transition Plan.
- Case management has been updated to reflect the move to the 'Stay at home guidance' which replaces self-isolation criteria. This includes guidance for staying at home for confirmed and possible cases and includes updated references to Stay at Home advice and DL (2022) 12.

14 April 2022 - Version 2.0

- In line with Scottish Government announcements on the 15 March 2022, the following updates are effective from 18 April 2022:
 - Routine asymptomatic testing recommendations have been removed from the general population. Only Health and social care workers should continue to test routinely.
 - Asymptomatic LFD testing for social care staff reverted to twice a week, in line with health care staff.
- Update to introduction on evidence for transmission.
- Update to 28 day exemptions for residents of care homes with residents now exempt from routine asymptomatic testing and contact tracing from 28 days after testing positive.
- Update to outbreak management and outbreak checklist to reflect a risk based approach to management.
- Update to references to COVID-19 Guidance for Care Home Settings (For Older Adults).
- Update to LFD test kit access: kits should now be ordered from the UK Gov website or collected from local test sites

Not published online - Version 1.9

- Addition of Appendix 3 Lab FAQs
- clarification of wording throughout regarding frequency of asymptomatic LFD testing for social care workers, as per DL(2022) 05 social care workers should continue to test prior to each shift.
- 6.2.1 Addition of text regarding the ability of a HPT to seek support from a local authority support team for a person needing to self-isolate despite a negative PCR test.

28 February 2022 - Version 1.8

- This guidance now incorporates an updated version of COVID-19 Guidance for Healthcare Settings. This includes the addition of the following sections:
 - section 2.1 NIPCM addendum
 - section 3.7.1. General prevention measures for healthcare workplaces
 - section 12. Patient access to clinical care
- Updated in line with the updated DL(2022)01 from 24/01/22.
- Updated in line with the DL(2022)05 regarding change in testing frequency for HSCW to align with the general public.
- Removal of the need for a negative PCR result for a fully vaccinated HSCW identified as a contact to return to the workplace.
- Addition of 28-day exemption for all, regardless of vaccination status, from routine and contact asymptomatic LFD testing after testing positive.
- Addition of Appendix 3 which details the case and contact isolation periods for various high-risk settings.
- Addition of Appendix 4 which gives exemplars of case and contact isolation periods for two common scenarios.

07 January 2022 - Version 1.7

- Update to definition of fully vaccinated to include those with three doses of a primary course.
- Added clarity on the need for a negative PCR test for HSCW contacts to return to work in line with updated DL (2022) 01.
- Clarification that those who self-isolated prior to 06/01/2022 should follow the advice they were provided with at the time i.e. no retrospective application.
- Clarification to not PCR test following an asymptomatic positive LFD if symptoms subsequently develop
- Clarification that those with COVID symptoms who do take an LFD which returns negative should still undertake a PCR.
- Clarification for asymptomatic case and household contacts to not reset isolation period if case subsequently develop symptoms post-test.
- Reference and Hyperlink to DL (2022) 01 added throughout.

- Minor wording updates to vaccination section to reflect the current advice on boosters.
- Clarity given regarding testing within 90 days of a positive test; if cardinal symptoms develop the person should test with a PCR unless already having tested positive by LFD in the current episode.
- Clarity given regarding no need to retest with a PCR if a positive LFD test result already received.
- Additional wording on 14-day window post household contact where no further isolation is required.

21 December 2021 - Version 1.5

- Section 6.2: Daily LFD testing for HSCWs from DL 2021-51
- Section 8.2.1 and 8.2.2: Update to add 2 x LFDs for contacts with previous PCR positive in last 90 days
- Section 8.2.4: Update to align with DL 2021-50 (17-12-21) and additional clarity for HPTs on when isolation exemption applies
- Section 8.2.5: As above for Critical Workers.

Not published online - Version 1.4

- Section 2.0: Broken link on transmission removed
- Section 3.3: New section added for guidance on social interactions and limits on visitors in health and social care settings
- Section 3.7: Measures in workplaces updated to reflect new guidance on working from home and reducing social interactions
- Section 4.0: Clarification on wording around vaccination time frames and booster eligibility
- Section 6.1.1: Updated to reflect change to exemption criteria which now includes other workplaces undertaking routine PCR testing; and change to exemption criteria, HSCW and critical service workers who have tested positive in last 90 days should test with an LFD to meet exemption criteria no longer PCR
- Section 6.2: Updated to reflect new guidance from SG regarding routine LFD testing in general population and extended workplace schemes
- Section 7.0: Updated wording on managing acutely unwell cases
- Section 8.2.1: Clarified wording around household isolation for multiple cases in a single household outbreak
- Section 8.1.2: Red list link removed as no longer relevant to case management
- Section 8.1.3: Clarification on high risk and low risk contact definition
- Section 8.1.4: Wording clarification of clinical mask
- Section 8.2: Update to testing requirements in response to update on 90 day testing exemptions
- Section 8.2.5: Addition of critical service worker contacts section, drawn from SG guidance
- Section 10.0: Reinfection wording updated to reflect Omicron reinfection risk

Not published online - Version 1.3

- Title page: removed mention of contact tracing
- Added in list of abbreviations
- Updated all mentions of PHE with UKHSA
- Updated all mentions of IPC addenda to refer and link to new Winter (21/22) Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum
- Section 1: removed link to reference document for variants and mutations (currently not on SHPIR) and added in a link to contact details for HPTs
- Section 2: Introduction. Text and references reviewed and updated.
- Section 3: general prevention measures updated and reworded for clarity; in line with PHS guidance for healthcare settings
- Section 4: vaccination section updated and reworded for clarity Section 6: removed link to lab FAQs (currently not available on PHS website)
- Section 6.1: additional clarification around eligibility for PCR testing
- Section 6.1.1: additional clarification around interpreting PCR results
- Section 6.2: additional clarification around LFD testing
- Section 6.2.1: additional clarification around interpreting LFD results
- Section 6.3: added for point of care testing and interpretation Section 6.4: testing for other pathogens updated to remove human metapneumovirus and added in respiratory syncytial virus
- Section 8.1: flight contact definitions updated to remove traffic light system, household and non-household contact definitions updated and high/low risk for definitions added for children and young persons
- Section 8.2: fully updated self-isolation advice
- Section 8.2.3: wording updated around self-isolation requirements for children and young people for clarity and to explain why this is different to requirements for adults; further emphasis that these requirements apply to all settings; additional clarification around the use of high and low risk contacts.
- Section 8.2.4: wording updated for clarity around health and social care workers on self-isolation exemptions for general activities; to clarify that exemptions do not apply to unvaccinated HSCWs under 18 years old and to add that participants in vaccine trials may be eligible for this exemptions following risk assessment
- Section 9.3: all mentions of “warn and inform” letters have been replaced with “information letters

- Section 10.1: wording added for consideration of reinfection in the case of epidemiological links
- Section 12: international travel and managed isolation updated in line with changes to regulations
- Appendix 2: added in link to contact details for HPTs
- Removed appendices 8 and 9 which previously contained sample “warn and inform” support letters. These have been shared with all health boards and local authorities.
- Removed appendix 3 and 4 which contained redundant household and contact isolation information.
- Removed appendix 6 which has been moved up to be contained within the text.

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