



**NHS Greater Glasgow and Clyde Public Health advice for care home managers following identification of a positive COVID-19 case at the care home**

**Part 1: General information**

1. Introduction

This document provides public health information and action points for when a case of COVID-19 is identified in the care home. Please note that this document does not replace the national guidance but simply provides a summary of useful information for care homes, based on the guidance.

Further information should be accessed on the following websites:

Latest COVID-19 guidance for care homes from Public Health Scotland:  
<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-care-home-settings/>

Latest COVID-19 guidance from Scottish Government:  
<https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/>

The Care Home infection prevention and control addendum is available on the National Infection Prevention and Control Manual website:  
<https://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-care-home-infection-prevention-and-control-addendum/>.

If at any point you are unsure what to do, you should contact NHSGGC Public Health Protection Unit (PHPU) for advice.

Email: [phpu@ggc.scot.nhs.uk](mailto:phpu@ggc.scot.nhs.uk)

In-hours telephone: 0141 201 4917, Option 3.

Out of hours telephone: 0141 211 3600 and ask for Public Health

## **Part 2: Actions for the care home on identification of a positive case of COVID-19**

On identification of a positive case of COVID-19 at the care home, the care home manager should undertake the following public health actions:

- 1) Ensure that the case is immediately isolated and that you follow the HPS guidance for care homes on managing a case of COVID-19
  - **Staff cases** are required to isolate for a minimum of **10 days** from the date of symptom onset (or test date if asymptomatic).
  - **Resident cases** are required to isolate for a minimum of **14 days** from the date of symptom onset (or test date if asymptomatic).
- 2) Ensure that you have all appropriate Infection Control and Prevention arrangements (including use of PPE) fully in place, according to national guidance.
- 3) Check whether any other residents or members of staff have symptoms of COVID-19. If so, they should also immediately isolate and be tested at the earliest opportunity.
- 4) Inform PHPU of the case by email (including all of the details as requested in the cover email to this advice sheet)
- 5) Contact tracing must take place to identify contacts of the case. Identification of any contacts within the care home environment needs to be done by the care home, with the support of PHPU when needed.
- 6) Identify any contacts of the case in the care home, according to the instructions in Part 3 of this document. Once you have done so:
  - a. Instruct any staff who are contacts to self-isolate at home for 10 days, and advise them to seek a PCR test. Please refer to NHS Inform for the latest advice on self-isolation exemption for health and social care staff: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-self-isolation-exemption-for-health-and-social-care-workers>
  - b. Place any residents who are contacts into isolation for 14 days, and arrange for them to get a PCR test (all resident who are contacts must complete their full isolation period, regardless of vaccination status)
  - c. Complete the 'CONTACT TRACING OUTCOME: CARE HOMES' table at the bottom of this list and submit it to [ggctestandprotect@ggc.scot.nhs.uk](mailto:ggctestandprotect@ggc.scot.nhs.uk).
  - d. If no contacts are identified, there is no requirement to email to indicate this. If no email is received, it will be assumed that contact tracing has been completed and no contacts identified.
  - e. Keep your own record of any contacts that you have identified (both staff and residents) and of the circumstances, including any actions you have taken, any advice you have received and any information you have given to contacts.

- 7) Contact the HSCP care home testing team to organise mass testing of residents, unless one of the following exemptions apply. (p.10 for testing hub contact details)
- 7a) Exemptions from mass testing
- Mass testing has already been done at the care home within the 14 days prior to the start of the case's symptoms (or date of test if they have no symptoms).
  - The case is a staff member, and was not present in the care home in the 14 days prior to the start of his / her symptoms (or the date on which the test was done if they have no symptoms) and has not been present since then either. The 14 days include the infectious and pre-infectious/ incubation period: The infectious period of the case starts 2 days before date of symptom onset (or the date on which the test was done if they have no symptoms), the 12 days before that are the pre-infectious/ incubation period.
  - Currently, residents do not need to be routinely mass tested, if a staff case was only present on their unit in the pre-infectious period/incubation period (12 days before start of infectious period), as high community incidence is the most likely source of exposure for staff cases at present. This is being kept under review.
- 7b) Mass testing
- Residents on the units that the case worked on should be tested once by PCR in the week following a positive case – on day 2/3, if the case was present in their infectious period.
  - This testing should also take place in units linked through cross over of staff or residents (potentially the entire care home, if no separation between units).
- 8) Continue regular weekly testing of staff. The date for this does not need to be changed or brought forward. Ensure that all staff are tested as part of this process. Where a staff member has tested positive in the preceding 90 days, they are exempt from this testing unless they develop symptoms of COVID-19. Further information including on the symptoms of COVID-19 and how symptomatic staff should access a test can be found on the NHS Inform website.
- 9) In addition to PCR testing, staff on duty in the units identified for mass testing are required to undertake daily lateral flow testing for the week following the identification of a positive case. Staff who are not due in work do not need to participate in this testing.
- 10) All visiting can continue, whilst the results of the mass testing after a single case are awaited, if the care home management are content that they can continue to support this safely, ensuring strict adherence to IPC protocols and surveillance of residents and staff for any signs or symptoms of COVID infection. If the care home has had more than 1 case within 14 days, outbreak status of the home and visiting should be discussed with the PHPU.
- 11) New admissions can continue whilst the results of the mass testing after a single case are awaited, if the care home management are content that they can continue to support this safely, ensuring strict adherence to IPC protocols and surveillance of residents and staff for any signs or symptoms of COVID infection. If the care home has had more than 1 case within 14 days, outbreak status of the home and admissions should be discussed with the PHPU.

- 12) Complete the HPS care home outbreak checklist, even if you only have one case at the care home. This includes information about regular decontamination and enhanced cleaning and is available at <https://www.hps.scot.nhs.uk/web-resources-container/COVID-19-Supplementary-resources-for-care-home-settings/>
- 13) Care homes have additional reporting requirements from commissioners, regulators and other bodies which should continue to be followed.

<b>CONTACT TRACING OUTCOME: CARE HOMES</b>		
<b>Section 1: Case details</b>		
Name and address of care home		
Name and function of person completing form		
Name of case		
DOB of case		
Start of infectious period		
Is the case a <u>staff member</u> or a <u>resident</u> ?		
<b>Section 2: Staff who are contacts of the case</b>		
List all staff who are contacts of the case. Add more rows as needed. If none, enter - 'None - Nil return'.		
Name and DOB	Mobile phone number	Date of last exposure
<b>Section 3: Potential community contacts of a case who is a resident</b>		
You only need to complete this section if the case is a <u>resident</u> .		
Did the case leave the care home at any time during his/her infectious period? (eg to visit family or attend an appointment)? [Yes/No]		
Did the case receive any visitors (eg friends and family) at any time during his/her infectious period? [Yes/No]		

### **Lateral Flow Device Testing Results**

Lateral flow device tests should **not** be used for individuals with symptoms. If a staff member or resident has symptoms, they should be isolated and a PCR test should be organised.

If a staff member has a positive lateral flow device test result, they should immediately leave work and go home to isolate. A PCR test should be organised to confirm the result.

If the follow up PCR result is positive, the individual should complete their 10 day isolation period - starting on the date of positive lateral flow device test result (provided the individual is asymptomatic).

If the follow up PCR result is negative, the individual can return to work, provided they have no symptoms.

### **Part 3: Contact tracing within the Care home**

Identification of any contacts within the care home environment needs to be done by the care home manager, with the support of PHPU when needed.

Identification of any contacts outside the care home environment (such as in a staff member's own household) will be done by NHS GGC Test and protect.

Contact tracing is only done for individuals who are a confirmed case of COVID-19, (i.e. individuals who have had a positive test result). It does not need to be done for suspected cases who have not yet had a test result, although you may want to start gathering information to start the process whilst you are awaiting the result.

Contact tracing involves the following steps:

Step 1	Determine the start of infectious period (the date on which the case began to be infectious to others).
Step 2	Identify anyone in the care home setting (residents or staff) who had any interaction with the case during the infectious period that meets the definition of a contact.
Step 3	Determine whether anyone who meets the definition of a contact can be ruled out as a contact, for example because they wore PPE throughout the interaction.
Step 4	Determine what the last date of exposure was for each verified contact.
Step 5	Ensure that each verified contact self-isolates for correct time period based on the date of last exposure.

Further instructions on how to carry out each of these steps is set out below.

**If you have specific questions about this process, you should contact the NHS GGC Public Health Protection Unit (PHPU) for support.**

#### **Step 1: Determine the start of the infectious period**

For both staff members and residents, the infectious period starts two days before the onset of COVID-19 symptoms.

If the case does not have COVID-19 symptoms, the infectious period starts two days before the date on which the person was tested. Note that this is the date that the test was taken, NOT the date on which the results were received.

If the case is a staff member, you may need to ask them about the start date of COVID-19 symptoms. If the case is a resident, you can determine the start date from your observations.

Examples:

A resident develops a cough on Wednesday 5 November, is tested on Thursday 6 November, and the result comes back positive on Friday 7 November.

- The start of infectious period is Monday 3 November. [The case has COVID-19 symptoms, so the start of infectious period is two days before the date on which the symptoms began].

A staff member is tested as part of weekly staff testing on Wednesday 5 November, and the result comes back positive on Friday 7 November. He has not had symptoms.

- The start of infectious period is Monday 3 November. [The case has no symptoms, so the start of infectious period is two days before the date on which the test was taken].

**Step 2: Identify anyone in the care home setting who meets the definition of a contact**

A contact is someone who fulfils the [contact tracing definition](#). In the care home setting, this is anyone who meets any one of the following criteria during the case's infectious period:

- Been within 2 metres of the case for more than 15 minutes cumulatively, over a 24 hour period. This could be a single interaction with the case during the infectious period that lasts for more than fifteen minutes, or several shorter interactions over a 24 hour period that add up to more than fifteen minutes.
- Been within 1 metre of the case for one minute or longer.
- Been within 1 metre of the case for any length of time (even if it was less than a minute) if the person was coughed on by the case, had a face-to-face conversation with the case, or had skin-to-skin physical contact with the case
- Travelled in a small vehicle with a case (regardless of where they sat) or in a large vehicle near a case.

Examples:

Jane (staff member) was on shift with her colleague Mark (staff member) during Mark's infectious period, but at no time were they within two metres of one another and nor did they travel in a vehicle together.

- Jane is not a contact [None of the criteria are met].

Mary (staff member) sat near Mark during his infectious period in a morning handover meeting that lasted twelve minutes. They spoke to one another during the meeting. Their seats were 120 cm apart. They had no other interaction with each other.

- Mary is not a contact. [Although they she was within 2 metres of Mark, this was for less than 15 minutes. They had a conversation, but they were not within 1 metres of one another at the time. They had no other interaction.]

Mary also sat near Mark in a similar meeting the day before the start of his infectious period.

- Mary is not a contact. [Any additional interaction she may have had with him on this day does not count, because it took place before the start of his infectious period.]

John (staff member) had a brief conversation with Mark in his office during Mark's infectious period, to discuss his availability to work the next day. They sat immediately next to one another.

- John is a contact. [They were within 1 metre of each other. This was for less than a minute, but they had a face-to-face conversation. Had they sat further apart, he would have avoided becoming a contact.]

Elizabeth (resident) is a case. The day before she developed symptoms, she sat in the day room. Bill (another resident) sat in a chair next to her. The chairs were 90 cm apart, and they were in the room for half an hour.

- Bill is a contact. [Bill was within 2 metres of Elizabeth for more than 15 minutes. Had they been placed further apart, he would have avoided becoming a contact.]

### **Step 3: Determine whether anyone who meets the definition of a contact can be ruled out**

Any person who meets the definition of a contact in step 2 is a contact and will need to self-isolate. The only exceptions to this are where the interaction they had is sufficiently low-risk that the individual does not need to self-isolate. If so, the person can be ruled out as a contact and does not need to isolate.

In a care home setting, contacts can be ruled out if:

1. The interaction occurred *whilst direct care was being provided to a resident* **AND**
2. Full, appropriate PPE (as defined by national guidance for the activity that was taking place) was used throughout the interaction, **AND**
3. There was no breach in PPE (the one exception to this is if inadvertent skin-to-skin contact took place between a staff member and a resident during the interaction. If so, this does not count as a breach as long as the area of skin was immediately washed thoroughly with soap and water, or with alcohol based hand gel if soap and water was not available).

All three conditions must be met to be ruled out as contacts. These conditions **only apply in situations in which direct care was being provided**, and not in other situations such as whilst on break, when performing administrative tasks or when sharing a car to come to work.

The conditions also only apply to the use of PPE by staff. Even though the use of PPE (particularly masks) by residents may help to reduce risk in some situations, it does not allow the interaction to be defined as sufficiently low-risk that people can be ruled out as contacts.

The use of PPE by staff can be considered protective to both the person wearing the PPE and to others. This means that a staff member who was wearing PPE whilst interacting with a case can be ruled out as a contact. It also means that if a staff member is a case, anyone who was interacting with that staff member whilst he/she was wearing PPE can also be ruled out as a contact, as long as the conditions are met.

#### Examples:

Elizabeth (resident) is a case, and was cared for by Mary during her infectious period. Mary helped her to get dressed in the morning, and chatted at length with her throughout this. Mary put on gloves, apron and a type 2 fluid-resistant surgical mask before entering Elizabeth's room, wore these throughout her interaction with Elizabeth, and then removed and disposed of them carefully upon leaving the room. There was no breach in PPE.

- Mary is not a contact. [Mary meets the definition of a contact because she was within 1 metre of Elizabeth for over a minute, and also because she had face to face conversation with her. However she used full, appropriate PPE throughout the interaction according to national guidance and there was no breach in PPE. This is therefore a low-risk interaction and Mary can be ruled out as a contact.]

Later that afternoon, Mary went back into Elizabeth's room to give her a cup of tea. She chatted with Elizabeth whilst standing next to her for about a minute, and had forgotten to put on a mask. Elizabeth was however wearing a mask at the time.

- Mary is a contact. [She meets the definition of a contact, and was not using appropriate PPE. Elizabeth's use of PPE does not change the assessment].

Mark provided care to Susan (resident) during his infectious period. They were within 2 metres of each other for about ten minutes in the morning, and for a similar length of time later in the afternoon. He wore full, appropriate PPE throughout, and there was no breach in PPE. Susan wore no PPE.

- Susan is not a contact. [Although she meets the definition of a contact, Mark's use of PPE is likely to have been sufficiently protective of her that this can be considered a low-risk interaction, and she can be ruled out as a contact.]

During his conversation with Mark (see step 2 examples), John was wearing a mask.

- John is a contact. Neither of them was providing direct care during this interaction, and so his use of PPE is not taken into consideration.]

#### **Step 4: Determine the last date of exposure**

This is the most recent date during the case's infectious period on which a contact had an interaction with the case that meets the definitions of a contact and which cannot be ruled out as low risk due to the use of PPE. It provides the start date for working out the isolation period for the contact.

##### Examples:

On Tuesday 3 November, three members of staff (John, Mary and Bill) became contacts of Mark during a handover meeting. Mary and Bill had no further contact with Mark during his infectious period, but John had a conversation with him in his office the following day, during which they were less than a metre apart.

- For both Mary and Bill, the last date of exposure is 3 November, and they need to self-isolate for a minimum of 10 days from that date. [John had a further interaction with Mark that makes him a contact on the following day, so his last date of exposure is 4 November. The end of his 10-day isolation period will therefore also be a day later.]

Mary provided care to Elizabeth on two days during Elizabeth's infectious period: Tuesday 3 November and Wednesday 4 November. On both dates, Mary's interaction with Elizabeth meets the definition of a contact. She wore full, appropriate PPE throughout on 4 November, but not on 3 November.

- Mary's last date of exposure is 3 November. [Her interaction with Elizabeth on 4 November can be ruled out due to her use of PPE, but her interaction with her on 3 November still makes her a contact on that date.]

#### **Step 5: Determine the correct isolation time period**

The isolation periods for staff and residents in care homes are different for both cases and contacts.

Any **resident** who is determined to be a contact of a case needs to be isolated for **14 days from the date of last contact and should receive a PCR test, ideally between day 3**

**and 5 from last contact (unless already tested as part of mass testing in that period)**, as set out in the HPS guidance for care homes. The care home needs to put this measure into place for any resident who is identified as a contact. Test and Protect will not routinely be involved. All residents identified as contacts to a case need to complete the full 14 day isolation period, regardless of vaccination status.

Any **staff member** who is determined to be a contact of a case should be instructed by the care home manager to self-isolate at home for **10 days from the date of last contact, and seek a PCR test**. The staff member should not wait for a message from Test and Protect before self-isolating. Please refer to NHS Inform for the latest advice on self-isolation exemption for health and social care staff: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-self-isolation-exemption-for-health-and-social-care-workers>

For both residents and staff members, the date of last exposure counts as day 1 of the isolation period.

Examples:

Mary's last date of exposure is 3 November. How long do she need to isolate for?

- The first day of her isolation period is 3 November, and the last day is 16 November. She can stop isolating on 17 November, as long as she does not develop symptoms.

Mary develops a cough on 14 November. What should she do?

- Mary should seek a COVID-19 test and continue to self-isolate in the meantime. If her test result is positive she will need to self-isolate for a minimum of ten days from the onset her symptoms (ie up to and including 23 November). Further information is available on the NHS Inform website.

Further information on self-isolating can be found on the NHS Inform website.

**Appendix A: Testing Hub Contacts**

- Glasgow City – 531 9204  
[BarrStreet.AssessmentCentre@ggc.scot.nhs.uk](mailto:BarrStreet.AssessmentCentre@ggc.scot.nhs.uk)
- East Ren – 451 0505  
[EastRenCovid@ggc.scot.nhs.uk](mailto:EastRenCovid@ggc.scot.nhs.uk)
- East Dun – 232 8214  
[EastDunHSCPTestingHub@ggc.scot.nhs.uk](mailto:EastDunHSCPTestingHub@ggc.scot.nhs.uk)  
FAO Karen Gillespie
- West Dun – 531 5328  
[Fiona.Taylor2@ggc.scot.nhs.uk](mailto:Fiona.Taylor2@ggc.scot.nhs.uk)
- Renfrewshire – 01505 821417  
[RenfrewshireCHTesting@ggc.scot.nhs.uk](mailto:RenfrewshireCHTesting@ggc.scot.nhs.uk)
- Inverclyde – 01475 506004/501346  
[Inverclydetestcentre@ggc.scot.nhs.uk](mailto:Inverclydetestcentre@ggc.scot.nhs.uk)  
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