Public Health England

Guidance

COVID-19: investigation and initial clinical management of possible cases

Updated 18 March 2020

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1. Preparing for an assessment

Clinicians should:

- implement infection prevention and control measures whilst awaiting test results, including isolation and cohorting of patients in line with your Trust seasonal influenza operational plan
- assess individuals in a single occupancy room
- wear personal protective equipment (PPE) – as a minimum, this should be a fluid resistant surgical mask, single use disposable apron and gloves and eye protection if blood and or body fluid contamination to the eyes or face is anticipated. If a patient meeting the case definition undergoes an aerosol generating procedure, then a FFP3 respirator, long-sleeved disposable fluid-repellent gown, gloves and eye protection must be worn; refer to infection prevention and control (IPC) guidance
- ask the patient to wear a surgical facemask while transporting them to the single room or cohort area

2. Case definitions: possible case, as of 13 March 2020

2.1 Patients who meet the following criteria (inpatient definition)

- requiring admission to hospital (a hospital practitioner has decided that admission to hospital is required with an expectation that the patient will need to stay at least one night)

and

- have either 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)

Note: Clinicians should consider testing inpatients with new respiratory symptoms or fever without another cause or worsening of a pre-existing respiratory condition.

2.2 Patients who meet the following criteria and are well enough to remain in the community

- new continuous cough and/or
- high temperature

Individuals with cough or fever should now stay at home.

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

Alternative clinical diagnoses and epidemiological risk factors should be considered.

3. Action to take if inpatient definition is met

3.1 Isolation

Ensure the patient is placed in respiratory isolation or within a specified cohort bay and the PPE described in the infection prevention and control guidance is worn by any person entering the room.

Ensure that the patient, potentially contaminated areas, and waste are managed as per the infection control guidance.

3.2 Sampling and testing

Arrange diagnostic sampling for individuals meeting the inpatient definiton. Do not wait for results of local testing for other pathogens before sending samples for SARS-CoV-2 testing.

Testing should be organised through the local hospital. See how to arrange laboratory testing and the guidance for sampling and diagnostic laboratories that includes an overview of laboratory investigations and sample requirements.

Designated PHE regional laboratories, in addition to the Respiratory virus unit (RVU) Reference laboratory at PHE Colindale, are able to carry out testing. See how to arrange laboratory testing.

3.3 Reporting to PHE

The local HPT should be informed of:

- any case from a longterm care facility
- any case from a prison or prescribed place of detention
- any hospital outbreak
- other unusual scenarios

Laboratories performing testing must ensure that their local LIMS is set up to report daily to PHE by 7am.

In addition, any case meeting the criteria for avian influenza or MERS-CoV testing should be reported to the local PHE Health Protection Team.

3.4 Discharge of patients

If the patient is clinically well and suitable for discharge from hospital, they can be discharged after:

- appropriate clinical assessment
- risk assessment of their home environment and provision of advice about staying at home
- there are arrangements in place to get them home

People in hospital who are not confirmed to have COVID-19 can be discharged. Decisions about any follow-up will be on a case by case basis.

3.5 Actions for PHE Health Protection Team

Enter relevant details on the HPZone system (using the specific topic 'COVID-19').

4. De-escalation of IPC measures in hospital

Decisions about de-escalation of IPC measures on admitted patients who will remain in hospital should be made on a case by case basis in discussion with local infection specialists.

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