OFFICIAL-SENSITIVE

NHS COVID-19 Test and Trace Programme
Frequently Asked Questions

Tier 1, 2 and 3 support document

22 May 2020, v02.0

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Contents

Scope

This document is designed to support Tier 1,2 and 3 staff working in the contact tracing function of the NHS COVID-19 Test and Trace Programme and covers frequently asked questions by call handlers themselves and by contacts.

Any questions not addressed in this FAQ document should be discussed with your team leader and managed in accordance with the escalation process.

FAQs

These FAQs are divided in to two main sections - questions asked by staff working in the contact tracing role & also questions asked by contacts that are being traced.

1. Call handlers

What is the NHS COVID-19 Test and Trace Programme?
The NHS COVID-19 Test and Trace Programme has been set up by PHE to enable people with coronavirus, including those who are showing symptoms, and their contacts to:

- provide information on their symptoms and how these are changing over time
- provide contact information for any people they have been in contact with (known as their 'contacts')
- receive advice on how to manage their symptoms, for example, through self-isolation

What is contact tracing?
Contact tracing is the process of **identifying people** who have come into contact with a COVID case while the case was infectious. People identified 'contacts' who assessed as likely to develop infection are then **followed up** and **provided with advice.** The purpose of contact tracing is to prevent further spread of COVID 19 and ensure that contacts are aware of what action they should take if they become unwell.

Who is considered a contact of a COVID 19 case?
A **contact** includes:
1. A person who lives with or spends significant time in the same household as a possible or confirmed case of coronavirus (COVID-19). This includes living and sleeping in the same home,

students in university accommodation sharing kitchen or bathroom facilities, or intimate contact such as kissing or sexual intercourse, **OR**

2. A person who has cleaned a household or workplace used by a possible or confirmed case of coronavirus (COVID-19) without personal protective equipment, **OR**

3. People who don't live in the same household as a case but who have:

    o had direct face-to-face contact with a possible or confirmed case of coronavirus (COVID-19) for any length of time, including being talked to or being coughed on;

    o been less than 2 metres from a possible or confirmed case of coronavirus (COVID-19) for more than 15 minutes or travelling in a small vehicle together.

    o travelled in a plane near a possible or confirmed case of coronavirus (COVID-19).

How do we decide is a someone is contact of a COVID 19 case?

Cases of COVID 19 have been asked to provide details of everyone they had direct of close contact with in the 2 days before to the 7 days after the onset of their symptoms (or date of test if they did not have symptoms). The information on their contacts was completed in a phone interview or via self-completion of a web-based questionnaire – not the NHSxApp.

What is a direct close contact?

A **direct close contact** is someone who had direct **face to face contact** with a COVID case while the case was infectious. This would include being coughed on, talked to and having an exposure within 1 metre for 1 minute or longer**.**

What is a proximity contact?

A **proximity contact** is someone who had direct **extended close contact** with a COVID case while the case was infectious. This would include having an exposure within 1-2 metres for 15 minute or longer**.**

Are there any other types of contact?

Yes - a contact will also include anyone who has **travelled in a small vehicle** with a COVID case while the case was infectious.

When will you communicate with someone who's a contact of a confirmed case?

We will communicate with contacts on receipt of a positive result on the case or after 48 hours if a result is not available.

How long do contacts self-isolate for?

Any contact including household contacts will be advised to **self-isolate for 14 days** (but will be released from self-isolation if and when a negative result on the case is received). This group will **not be offered testing**.

What happens if a contact develops symptoms?

Any contact who develops symptoms (symptomatic) will be advised to self-isolate and get tested. We will contact trace these as presumptive cases.

What happens if a person without symptoms (asymptomatic) is tested & POSITIVE?

Anyone without symptoms (asymptomatic) who has had a PCR test for SARS-CoV-2 and is POSITIVE - will be advised to self-isolate until 7 days after the date of the specimen (or reset the clock to 7 days after the onset of symptoms if they go on to develop symptoms). We will contact trace from 2 days prior to the specimen date.

I don't want you to use my data - please delete it?

I'm sorry that I can't do this for you, but I can give you the postal or an email address for PHE to request that your data is not to be used (or is deleted) it is: Public Information Access Office

Public Health England

Wellington House

133-155 Waterloo Road

London SE1 8UG

What should I say to friends and family about the work I'm doing?

It's ok to tell friends and family that you are involved with the NHS COVID-19 Trace Programme work. However, you must not discuss any information relating to the cases/contacts you have work on as this is confidential.

If I'm finding the work stressful what support can I get?

Please refer to the training material provided & speak to the team leader who can assist you or sign post you to appropriate support and advice.

What is an outbreak of COVID-19?

Two or more cases of COVID-19 in residents or patients or staff in the same setting within a 14-day period.

What do the Health Protection Team (HPT) do to manage an outbreak?

The PHE HPT will risk assess the situation and advise on infection prevention & control measures (such resident isolation, minimising staff movement, improving hand hygiene, advice on PPE, increasing environmental cleaning etc) as well as organising testing for the first group of symptomatic residents.

The phone number I was given is wrong?

If the number is not correct - then please politely apologise and end the call. If you have another phone number for the case or contact, then please try this number.

What should I do if I know the person I have been asked to call

If call handlers are aware in advance then they should not make the call and take steps so that the call is completed by another call handler.

If the call handler becomes aware that they know the person they are calling at the time of the call then they should either seek consent from the person as to whether they are happy to proceed. If the person is not happy to proceed then the call handler should end the call and record in the comments the reason that the call was terminated. The person's record should then be made available for another call handler to complete.

What should I do if I have any concerns about safeguarding?

All concern's should be escalated in line with PHE's (or their organisations) escalation policy: Children and vulnerable adults protection policy and reported to the team lead for escalation to Tier 1, the local HPT and the safeguarding lead for follow up.

The call handler should ensure that collect the address and phone number for the person they can concerns regarding and provide a short summary of the concerns in the comment box. This should then be flagged/escalated to the call handler team lead – who would be advised to make phone contact with the appropriate Tier 1 team lead.

The safeguarding lead offer support and guidance on safeguarding concerns. Any safeguarding matters must be reported to the safeguarding lead in PHE who will action accordingly and review the incident on the TrackWise system. Please email safeguarding@phe.gov.uk if assistance is required for putting incidences on TrackWise.

What should I do if someone becomes unwell or collapses during a call?

Please take the following action the case or contact is, or becomes, desperately unwell during their call (e.g. struggling desperately to breathe, complaining of central chest pain or stroke-like symptoms, collapsing etc.)

1. Advice the case/contact that you will call 999, check that you have the current telephone number and address including post code for the current location of the case/contact

2. Advice the case/contact **"stay on the line, I will now transfer you to the 999 service. In the event we get cut off, please hang up and dial 999 yourself immediately."**

3. Place the case/contact on hold and rings **999**

4. On answer immediately state: **"Please can you disregard the calling number. I need an ambulance for a patient who is calling on the following number (pass the BT operator the patients contact number) and is located in <state town or city>"**

5. BT operator connects you with ambulance service based on the telephone number and address provided – <u>you must stay on the line to pass call details</u>

6.   999 service answers call with "Ambulance Emergency, is the patient conscious and breathing?"

7a   If YES, state "**YES, this is the NHS COVID-19 Trace Programme, I have a patient with [*state main symptom here, e.g. chest pain, stroke symptoms,*]**" – <u>you must provide the telephone number and address including post code of the case/contact.</u>

OR

7b   If NO state **"NO this is the NHS COVID-19 Trace Programme, I have a patient that has collapsed while on the line."** – <u>You must provide the telephone number and address including post code of the case/contact to 999 service.</u>

9   You will be asked some questions by the 999 service – they should request the case/contact's name and telephone number

10.   You transfer the caller to 999 and leave the call

11.   You record the outcome of the call in CTAS.

2. Cases & contacts

2.1 Information Governance and Privacy

What is the NHS COVID-19 Trace Programme?

The NHS COVID-19 Trace Programme has been set up by PHE to enable people with coronavirus, including those who are showing symptoms, and their contacts to:

- provide information on their symptoms and how these are changing over time
- provide contact information for any people they have been in contact with (known as their 'contacts')
- receive advice on how to manage their symptoms, for example, through self-isolation

Who or what is PHE?

Public Health England (or PHE) exists to protect and improve the nation's health and wellbeing, and to reduce health inequalities. It is an executive agency of the Government, sponsored by the Department of Health & Social Care. You can find out more about PHE and what it does by visiting
www.gov.uk/phe.

PHE's responsibilities include the duty to protect the public's health from infectious diseases such as coronavirus (also known as Covid-19).

How do I know you are who you say you are?

Staff should advise that details of the programme can be found at www.gov.uk. Alternatively, the case/contact can hang up and call the number they were called from - 0300 013 5000 where they will hear an automated message regarding the programme.

They should be advised that the NHS COVID 19 Test and Trace Programme will attempt to call them again the future to complete the questionnaire and provide the appropriate advice.

What information will you collect from me and why?

To provide advice to people with coronavirus, including those who are showing symptoms, and identify the people they have been in contact with, the NHS COVID-19 Trace Programme needs to collect personal identifiable information.

The information collected on people with coronavirus or those with symptoms includes their:

- full name
- date of birth
- home postcode and house number
- telephone number
- email address

It also collects information on the type of symptoms they have and how these are changing over time.

The information collected on the contacts of people with coronavirus includes, where available, their:

- full name
- home postcode and house number
- telephone number
- email address

This information is used by PHE to help control the spread of coronavirus by:

- providing advice to people with coronavirus and those who have symptoms
- identifying people who have been in contact with someone with coronavirus symptoms and who may be at risk of developing the infection

How will my information be protected?

The personal identifiable information collected by the NHS COVID-19 Trace Programme is protected in several ways.

It is held on PHE's secure cloud environment, which is kept up-to-date to protect it from viruses and hacking.

It can only be seen by those who have a specific and legitimate role in the response and who are working on the NHS COVID-19 Trace Programme. All these staff have been trained to protect people's confidentiality.

The information collected is held in the UK only.

No information that could identify any person with coronavirus, including those who are showing symptoms, or the people they have been in contact with, will be published by PHE.

How long are my records held?

The personal identifiable information collected by the NHS COVID-19 Trace Programme on people with coronavirus or who have symptoms will be kept for 20 years.

The personal identifiable information collected on the contacts of people with coronavirus, including those who are showing symptoms, will be kept for 5 years.

The information needs to be kept for this long as may be needed to help control the spread of coronavirus, both currently and possibly in the future.

Who will you share my information with?

The information collected by the NHS COVID-19 Trace Programme may be shared with NHS doctors and nurses working alongside PHE if required including to trace the contacts of people with coronavirus and those who have symptoms so that they can be offered advice on what to do next.

What are my rights regarding the use of my information?

If your personal identifiable information is used by PHE Coronavirus Contact Tracing and Advisory Service, you have a number of rights.

- **Your right to get copies of your information**
  You have the right to ask for a copy of any information about you that is used.

- **Your right to get your information corrected**
  You have the right to ask for any information held about you that you think is inaccurate to be changed.

- **Your right to limit how your information is used**
  You have the right to ask for the use of any information held about you to be restricted. For example, you can ask this where you think the information PHE is using is inaccurate.

- **Your right to object to your information being used**
  You can ask for any information held about you not to be used. This is not an absolute right and PHE may need to continue to use your information. We will tell you why if this is the case.

- **Your right to get your information deleted**
  You can ask for any information held about you to be deleted. This is not an absolute right and PHE need to continue to use your information. We will tell you why if this is the case.

You can exercise any of these rights by contacting PHE at:
> Public Information Access Office
> Public Health England
> Wellington House

133-155 Waterloo Road
London SE1 8UG
Email: FOI@phe.gov.uk

You will be asked to provide proof of your identity so that we can be sure we only provide you with your personal information.

How did you get my phone number?
Public Health England and the NHS work closely together and to help reduce the spread of infection we are given appropriate access to patient information. You have been identified as a contact of someone with confirmed COVID-19 & we will have received your number from the NHS Spine/Patient Demographic Service or the case of COVID-19.

Why do you need my information?
It is important that all cases of COVID-19 and their close contacts are follow up so that we can provide individuals with the correct advice about what actions they need to take. This is to prevent further spread of the infection and to ensure that close contacts take the appropriate actions should they become unwell.

Are you following the GDPR guidance?
The law on protecting personal identifiable information, known as the General Data Protection Regulation (GDPR), allows PHE to use the personal identifiable information collected by the PHE Coronavirus Contact Tracing and Advisory Service.

The section of the GDPR that applies is:
- article 6(1)(e) 'processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller'

As information about health is a special category of information, a further section of the GDPR applies:

- article 9(2)(i) 'processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of healthcare'

PHE also has special permission from the Department for Health & Social Care to use personal identifiable information without people's consent where this is in the public interest. This is known as 'Section 251' approval and includes the use of the information collected by the PHE Coronavirus Contact Tracing and Advisory Service to protect the public from coronavirus.

How do I find out more about how my information will be used or to raise a concern?
If you could like to find out more about NHS COVID-19 Trace Programme, you can contact us at Feedback.ContactTracing@phe.gov.uk.

If you have any concerns about how your personal identifiable information is used and protected by PHE, you can contact our Data Protection Officer at dataprotectionofficer@phe.gov.uk or by writing to:

> Data Protection Officer
> Public Accountability Unit
> Public Health England
> 4th Floor, Wellington House
> 133-155 Waterloo Road
> London SE1 8UG

You also have the right to contact the Information Commissioner's Office if you have any concerns about how PHE uses and protects any personal identifiable information it holds about you.

You can do so by calling the ICO's helpline on 0303 123 1113 or by starting a live internet chat at https://ico.org.uk/global/contact-us/live-chat/live-chat-individuals/.

I don't want you to use my data - please delete it?

I'm sorry that I can't do this for you, but I can give you the postal or an email address for PHE to request that your data is not to be used (or is deleted) it is: Public Information Access Office , Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG Email: FOI@phe.gov.uk

How do you know who's getting a test?

PHE is working with testing and app colleagues to implement a mechanism to receive notification of people requesting a test.

2.2 Virus

What is coronavirus COVID-19?

COVID-19 is caused by a new strain of coronavirus first identified in Wuhan City, China. A coronavirus is a type of virus. As a group, coronaviruses are common across the world and cause the common cold.

These viruses can cause more severe symptoms in those:
aged 70 or older (regardless of medical conditions)
under 70 with an underlying health condition (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):

- chronic (long-term) respiratory diseases, such as severe asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes

- problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- being seriously overweight (a body mass index (BMI) of 40 or above)
- those who are pregnant

2.3 COVID-19 Infection & spread

How do you become infected with COVID-19?

COVID-19 infection usually occurs through close contact with a person (less than 2 metres for more than 15 minutes) via cough and sneezes or hand contact. A person can also be infected by touching contaminated surfaces if they do not wash their hands.

How long is the infectious period COVID-19?

The period a person is consider most infectious is from 48 hours before symptoms develop until 7 days after the onset of symptoms.

What are the symptoms of COVID-19?

The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:
- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia)

For most people coronavirus (COVID-19) will be a mild illness. However, if you have any of the symptoms above you should be tested and you should stay at home without going out for at least 7 days.

New cough – a cough that you've not had before. For those with a chronic cough, this means that the cough has worsened.

Continuous means coughing for more than an hour on three or more occasions within a 24-hour period.

I have sickness, diarrhoea, runny nose and other symptoms – does this mean I have COVID-19?

Other symptoms have been linked to COVID-19 and this is being monitored closely. These symptoms occur often and are not good for predicting that you have coronavirus.

DO NOT CALL NHS 111 WITH MILD SYMPTOMS AS THIS WILL HELP REDUCE THE STRAIN ON THIS SERVICE ALLOWING RESOURCE FOR THOSE WITH MORE SEVERE SYMPTOMS

If you think you have symptoms of COVID-19 you can use the NHS 111 tool to find out what to do: https://111.nhs.uk/service/COVID-19/

I have used the NHS 111 online tool and it has told me to self-isolate/no further action required but I still want to speak to a clinician

- **Symptoms -** Advise the caller: "The assessment we have done indicates that you, although you have mild symptoms, these can be managed at home and you do not need to speak to a clinician in the NHS 111 service. They would only do a similar assessment and reach the same advice to manage your symptoms at home.
- **No symptoms** - "The assessment we have done indicates that you do not have any symptoms and therefore you do not need to speak to a clinician in the NHS 111 service. If you are worried about coronavirus and how to protect yourself please go to nhs.uk where you will find up to date information.

Are symptoms the same in the elderly?
Symptoms may be subtler in older people who may present with an Influenza like Illness, shortness of breath, new onset of confusion, reduced alertness, reduced mobility, or diarrhoea and sometimes will not develop fever.

What is an influenza-like illness?
Influenza like illness is a fever ≥37.8°C and at least one of the following respiratory symptoms of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing.

FOR CONTACTS: What should I do if I become unwell?
You should look for any of the following symptoms daily in the 14 days after the day you had your close contact:
- New continuous cough and/or
- fever (a temperature of 38°C or higher) and/or
- a loss of, or change in, your normal sense of taste or smell (anosmia)

If you become unwell, you should stay at home and do the following:

For non-emergencies
There is currently no specific treatment for COVID-19, but you can often ease your symptoms at home - information can be found from the NHS 111 page:
Link: https://www.nhs.uk/conditions/coronavirus-covid-19/what-to-do-if-you-or-someone-you-live-with-has-coronavirus-symptoms/how-to-treat-coronavirus-symptoms-at-home/

FOR CASES AND CONTACTS WHO DEVELOP SYMPTOMS: What should I do if my symptoms get worse?

If your symptoms worsen then for non-urgent advice go to NHS 111 online to check your symptoms & to book a call with a NHS 111 clinician.
Link: https://111.nhs.uk/covid-19

Please call 999 if you are having a medical emergency and inform the call handler/operator that you are a close contact of someone who has tested positive for COVID-19.

FOR CONTACTS: If I am at risk, shouldn't I be in hospital?
Although you have had close contact with someone who had COVID-19, you are not unwell at the moment and do not need to be in hospital. It is better for you to stay at home in familiar surroundings if you can. If you do become unwell, then you can access non-urgent support at NHS 111 online to check if you have coronavirus symptoms & to book a call with a NHS 111 clinician.
Link: https://111.nhs.uk/covid-19

2.4 The COVID-19 test

What is the COVID-19 test?
Different tests can be used to identify a current or past infection. The COVID-19 PCR test looks for the presence of the genes found in the virus so is only suitable for detecting a current infection.

How reliable is the test?
All tests can give false positive and false negative results & no test is 100% accurate, but we are confident in the accuracy of the tests themselves. The tests have shown high levels of agreement with the tests used by PHE and NHSE.

Does the test show if I have immunity to COVID-19?
Once you have recovered and the virus is no longer being shed the PCR test is no longer suitable as it will only tell if you are infected at the time the test is taken. This test is not suitable for determining whether someone has developed an immune response to the infection.

Why do some people have a negative result & then a positive result?
The level of virus present in samples can fluctuate which will impact on the ability of the test to detect the virus in a person over time.
https://www.sciencedirect.com/science/article/pii/S1473309920301134?via%3Dihub

When should someone with symptoms get a test?
The test has been designed to detect the virus in people with symptoms so the test is best used as close to the onset of symptoms as possible (cough, runny nose). Ideally you should get tested in the first few days of COVID-19 symptoms appearing.

FOR CONTACTS: If I am at risk shouldn't I get a test?

The COVID-19 PCR test looks for the presence of the genes found in the virus so is only suitable for detecting a current infection.

Who can be tested?

Everyone in England, 5 years and over who is showing coronavirus symptoms is eligible to book a swab test to find out if they have the virus. This means that individuals need to self-isolate immediately – and will be eligible for a test – if they have a new continuous cough, or they have a high temperature, or they feel a loss or changed sense of normal smell or taste. All members of their household must also self-isolate according to current guidelines, unless the symptomatic individual receives a negative test result.

People can register for a test at www.nhs.uk/coronavirus, after checking their symptoms. Arrangements for essential workers are set out below.

Those in England who do not have any access to the internet, or who have difficulty with the digital portals, will be able to ring a new **119** service to book their test.

Access to Testing for Essential Workers

Essential Workers and members of their household who have symptoms should continue to register for a test through the Self-Referral and Employer Portals on gov.uk.

Care Homes in England can continue to register for delivery of tests for all their staff and residents, whether or not they have symptoms: https://www.gov.uk/apply-coronavirus-test-care-home. We

2.5 Personal Protective Equipment (PPE) & infection control measures

Why do I need to wash my hands?

Droplets containing the virus that can be expelled when someone infected sneezes or coughs and can land on objects and surfaces around the person (tables, handled etc). People can become infected by touching these surfaces then touching their eyes, nose or mouth. This is why it is important to wash your hands regularly with soap and water or clean with alcohol-based hand rub and avoid touching your face where possible.

I'm a health care worker, when do I wash or clean my hands to reduce the risk to my patients?

You should use soap & water, or alcohol hand gel (containing at least 60% alcohol) if hands aren't soiled. You should wash your hands:

- Before touching a patient
- Before clean/aseptic procedures
- After body fluid exposure/risk
- After touching a patient

- After touching patient surroundings

Should I wear a face mask?

Close contacts and members of the public are not currently advised to wear face masks.
Facemasks play a very important role in clinical settings, such as hospitals. However, there is very little evidence of widespread benefit from their use outside of these clinical settings. If used facemasks must be worn correctly, changed frequently, removed properly, disposed of safely and used in combination with good universal hygiene behaviour for them to be effective. Research also shows that compliance with these recommended behaviours reduces over time when wearing facemasks for prolonged periods.

PHE have published recommendations for which PPE to wear in different settings (links below):

Table 1: For healthcare workers by secondary care clinical context
Table 2: For primary, outpatient, community and social care
Table 3: For ambulance, paramedics, transport, pharmacists
Table 4: Additional considerations for any settings

I work in a care home & can't get access to PPE & our supplies are low, what can I do?

If your usual supplier is out of PPE stock & you have immediate concerns over your supply contact National Supply Distribution Line
Telephone: 0800 915 9964
email: supplydistributionservice@nhsbsa.nhs.uk

What is donning & doffing of PPE?

Donning is putting on the PPE & doffing is taking off PPE.
More details of how to do this correctly can be found here:
https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes
There is a YouTube clip which show how to put on (don) and take off (doff) in a care home setting:
https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video

Where can I find all of the Infection Prevention Control information?

Precautions to prevent person-to-person transmission are appropriate for both suspected and confirmed cases & PHE has produced guidance on this & this information can be found on the gov.uk website PHE
Link: infection prevention and control guidance.

What is sessional use of PPE?

Normally all PPE would be single use However, there is some guidance on the use of PPE such as face masks & eye protection between residents (as long as these are not touched). **Please note that gloves & aprons are always single use.**
More information can be found in the PHE IPC guidance.

Link: infection prevention and control guidance.

2.6 Isolation, social distancing & shielding

What is the difference between self-isolation and social distancing?
Self-isolation means restricting activities and separating people who are ill or have been exposed to a known COVID-19 case. The goal is to prevent spread of the disease from cases just before developing symptoms and once ill with symptoms of COVID-19.
Social distancing means being physically apart by keeping at least 2-metres distance from others. This is a general measure that everyone should take even if they are well with no known exposure to COVID-19. Requiring people to stay at home, except for very limited purposes. Closing certain businesses and venues. Stopping all gatherings of more than two people in public.

FOR CONTACTS: why am I being asked to stay at home for 14 days (self-isolate)?
You have had close contact with someone who has tested positive for COVID-19. This means that it is possible that you could develop infection within 14 days of this close contact.

FOR CASES: Why am I being asked to stay at home for 7 days (self-isolate)?
This will reduce the risk of you infecting others.

The PHE guidance states that I should return to work after 7 days but WHO guidance states people can remain infectious for 12 days - which is correct & how long should I stay away from work?
Current guidance is to return to work after 7 days but only if you are well & not taking any medicine to control your fever. PHE and the Chief Medical Officer keep all guidance under review and if this changes we will of course let you know.

What do I need to do for the next 14 days at home (self-isolation)?
There is no specific treatment for COVID-19, so you are being asked to monitor your own health, looking out for any symptoms such as fever, cough or difficulty breathing daily.

Is there any guidance on what I can do at home to reduce the infection risks to other people in my household?
Yes - there's stay at home guidance on the gov.uk website:
https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#ending-isolation

Those who live with others
If living with others, then all household members who remain well may end household-isolation after 14 days. The 14-day period starts from the day illness began in the first person to become ill. 14 days is

the incubation period for coronavirus; people who remain well after 14 days are unlikely to be infectious.

After 7 days, if the first person to become ill feels better and no longer has a high temperature, they can end their isolation and return to their normal routine.

If any other family members become unwell during the 14-day household-isolation period, they should follow the same advice i.e. after 7 days of their symptoms starting, if they feel better and no longer have a high temperature, they can also end their isolation and return to their normal routine. They can enter and leave the house as normal even if other household members are self-isolating.

Should a household member develop coronavirus symptoms late in the 14-day household-isolation period (e.g. on day 13 or day 14) the isolation period does not need to be extended but the person with the new symptoms must stay at home for 7 days.
The 14-day household-isolation period will have greatly reduced the overall amount of infection the rest of the household could pass on, and it is not necessary to re-start 14 days of isolation for the whole household. This will have provided a high level of community protection. Further isolation of members of this household will provide very little additional community protection.

At the end of the 14-day period any family member who has not become unwell can leave household isolation. There is a useful diagram explaining this guidance available here:

If you have a person aged 70 or over living with you
- Minimise as much as possible the time they spend in shared spaces such as kitchens, bathrooms and sitting areas, and keep shared spaces well ventilated.
- Aim to keep 2 metres (3 steps) away and encourage them to sleep in a different bed where possible. If they can, they should use a separate bathroom from the rest of the household. Make sure they use separate towels from the other people in your house, both for drying themselves after bathing or showering and for hand-hygiene purposes.
- If you do share a toilet and bathroom, it is important that you clean the facilities every time you use them (for example, wiping surfaces you have come into contact with). Another tip is to consider drawing up a rota for bathing, with the older person using the facilities first.
- If you share a kitchen with a person aged 70 or over, avoid using it while they are present. If they can, they should take their meals back to their room to eat. If you have one, use a dishwasher to clean and dry the family's used crockery and cutlery. If this is not possible, wash them using your usual washing up liquid and warm water and dry them thoroughly. If the person aged 70 or over is using their own crockery and cutlery, remember to use a separate tea towel for drying these.

Advice for the children in the household

Children with coronavirus appear to be less severely affected. It is nevertheless important to do your best to follow this guidance. Children should exercise at home and not go to school or any childcare settings even if they are children of key workers.

Children should also be encouraged to follow good hygiene – frequent handwashing with soap and water and avoid touching their eyes, nose and mouth with unwashed hands.

Reducing the spread of infection

When you're at home, there are some important habits to get into that can help reduce spread to others in the house:

- Wash your hands more often than usual, for 20 seconds using soap and hot water or hand sanitiser, particularly after coughing, sneezing and blowing your nose.
- To reduce the spread of germs when you cough or sneeze, cover your mouth and nose with a tissue, or your sleeve (not your hands) if you don't have a tissue, and throw the tissue away immediately. Then wash your hands or use hand sanitiser straight away.
- Clean and disinfect regularly touched objects and surfaces using your regular cleaning products to reduce the risk of passing the infection on to other people.

What do you mean by avoiding coming into contact with others?

There's stay at home guidance on the gov.uk website - but here are the main areas to focus on:

- staying in private accommodation (either at home or in another appropriate location)
- not attending work
- avoiding intimate contact (including kissing and sexual intercourse)
- not sharing towels, toothbrushes or razors
- not going to any social gatherings, including not going shopping
- not inviting others to visit you in your home
- not travelling with other people (e.g. public transport, private cars or taxis)
- postponing any non-essential medical or dental treatment

https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#ending-isolation

Is there anything you recommend that can make self-isolation easier?

There's stay at home guidance on the gov.uk website - but here are the main areas to focus on:

- plan and think about what you will need in order to be able to stay at home for the full 14 days
- talk to your employer, friends and family to ask for their help to access the things you will need to make your stay at home a success
- think about and plan how you can get access to food and other supplies such as medications that you will need during this period

- ask friends or family to drop off anything you need or order supplies online, but make sure these are left outside your home for you to collect
- make sure that you keep in touch with friends and family over the phone or through social media
- think about things you can do during your time at home. People who have successfully completed a period of staying at home have kept themselves busy with activities such as cooking, reading, online learning and watching films
- many people find it helpful to plan out the full 14 days, such as on a make-shift calendar. You may also find it helpful to plan in advance what you will do if, for example, someone in the household were to feel much worse, such as have difficulties breathing
- when you are feeling better, remember that physical exercise can be good for your wellbeing. Look for online classes or courses that can help you take light exercise in your home

Aren't my family at risk?

Although you have had close contact with someone who had COVID-19, you are not unwell at the moment and therefore your family do not need self-isolate although they should continue to follow the social distancing guidelines. However, if you do develop a new continuous cough and/or a fever (a temperature of 38°C or higher), your household contacts will need to self-isolate for 14 days from the first day of your symptoms.

What is a clinically vulnerable group in relation to COVID-19?

Clinically vulnerable people are those who are at increased risk of severe COVID-19 infection. This group includes:

- those who are aged 70 or older (regardless of medical conditions)
- those under 70 with a specified, underlying health condition (for adults, this usually means anyone instructed to get a flu jab each year on medical grounds)
- pregnant women

There are some clinical conditions that put people at even higher risk of severe illness from COVID-19 & these groups are known as 'extremely vulnerable' Guidance for clinically extremely vulnerable (shielded) groups.

What is a clinically extremely vulnerable group in relation to COVID-19?

Expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place someone at greatest risk of severe illness from COVID-19.

Clinically extremely vulnerable people may include the following people. Disease severity, history or treatment levels will also affect who is in the group.

1. Solid organ transplant recipients.
2. People with specific cancers:
   - people with cancer who are undergoing active chemotherapy

- people with lung cancer who are undergoing radical radiotherapy
- people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- people having immunotherapy or other continuing antibody treatments for cancer
- people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs

3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

People who fall in this group should have received a letter from the NHS to tell them they are clinically extremely vulnerable and advised that they should stay at home at all times and avoid all face-to-face contact for a period of at least 12 weeks. This is set out in the Public Health England Shielding Guidance.

If you're still concerned, you should discuss your concerns with your GP or hospital clinician

Why have I/ my relative received a letter from the NHS with advice for keeping safe from coronavirus?

You have received this letter because you have been identified as having a condition(s), or are taking medication, or receiving treatment, that puts you at the highest risk of severe illness if you catch COVID-19. People falling into this extremely vulnerable group include:

A copy of the letter can be accessed through the NHS England website:

www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/at-risk-patient-letter-march-2020.pdf

What is shielding for vulnerable groups?

Shielding is a measure to protect extremely vulnerable people by minimising interaction between those who are extremely vulnerable and others. This means that those who are extremely vulnerable should not leave their homes, and within their homes should minimise all non-essential contact with other members of their household. If you think you have a condition which makes you extremely vulnerable or have received a letter from NHS England you are strongly advised to shield yourself, to reduce the chance of getting coronavirus (COVID-19) and follow the face-to-face distancing measures below.

The measures are:
- Strictly avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough.

- Do not leave your house.
- Do not attend any gatherings. This includes gatherings of friends and families in private spaces for example family homes, weddings and religious services.
- Do not go out for shopping, leisure or travel and, when arranging food or medication deliveries, these should be left at the door to minimise contact.
- Keep in touch using remote technology such as phone, internet, and social media.

We know that stopping these activities will be difficult. You should try to identify ways of staying in touch with others and participating in your normal activities remotely from your home. However, you must not participate in alternative activities if they involve any contact with other people.

2.7 Information on Cleaning

What should I do about cleaning at home?
Virus control and prevention - decontamination (healthcare and non-healthcare settings
Cleaning of shared spaces

Direct all enquirers to the online Covid-19-decontamination-in-non-healthcare-settings guidance. The guidance describes the cleaning required, the appropriate disposal of materials, the disinfection of equipment and hard surfaces, and the personal protective equipment (PPE) that should be worn.

Public areas where an individual with symptoms has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned as directed by any existing workplace risk assessment or manufacturer's instructions on the safe use of their cleaning products.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including: objects which are visibly contaminated with body fluids all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells.

What should I do about waste at home?
The following advice may be helpful if you are concerned that environmental contamination may have taken place in your home or workplace:

https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings

What do I do with my rubbish and recycling?
When cleaning you should use your usual household products, like detergents and bleach as these will be very effective at getting rid of the virus on surfaces. Clean frequently touched surfaces. Personal

waste (e.g. used tissues) and disposable cleaning cloths should be stored securely in a rubbish bag. Wash your hands after handling rubbish bags. Other household waste can be disposed of as normal.

I live in a flat and have communal bins, am I allowed out to put the rubbish out?
Yes, as long as you stay at least two metres away from other people.

2.8 Work & business

I am self-isolating do I need a doctor's note for my absence from work?
If you need to provide evidence to your employer that you have been advised to self-isolate due to coronavirus, either because you have symptoms, or you live with someone who has symptoms and so cannot work, an isolation note is available from NHS 111 online without contacting a doctor.

You do not need to get an isolation note for the first 7 days of absence, instead you can self-certify for this period. If your employer asks for evidence to support your absence after this 7-day period; to obtain the isolation note you can visit NHS 111 online if experiencing symptoms. If you are not displaying symptoms visit NHS UK. The isolation note will be emailed to you at an email address of your choice.

What if I have my own business and need support for my business, whilst I'm off?
The government has launched a business support finder to help businesses see what support is available. The Business support finder: https://www.gov.uk/business-coronavirus-support-finder

2.9 Support for cases and contacts

I live on my own is it possible to have someone contact me?
The 'goodSAM' NHS volunteering scheme can provide support for this with:
- Check in and Chat Support which provides short-term telephone support to individuals who are at risk of loneliness because of self-isolation.
- Link: https://www.goodsamapp.org/nhs

Is there any advice regarding mental health support?
- There is PHE guidance on how to look after your mental health and wellbeing during the coronavirus (COVID-19) outbreak - https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19
- Guidance on supporting children and young people's mental health and wellbeing is also available.

I'm having a mental health crisis and I feel like I can't cope anymore, please help.

The added stress of the current situation could have a big impact on your mental health. You may feel that you are having a mental health crisis as you no longer feel able to cope or be in control of your situation. You might experience great emotional distress or anxiety, feel that you cannot cope with day-to-day life or work, think about self-harm or even suicide, or experience or hear voices (hallucinations).

 If you are in this situation you should get immediate expert assessment and advice to identify the best course of action:

- if you have already been given a Crisis Line number from a health professional, please call it
- if you're under the care of a mental health team and have a specific care plan that states who to contact when you need urgent care, follow this plan
- Mind also provides information about how to plan for a crisis
- Samaritans has a free to call service 24 hours a day, 365 days a year, if you want to talk to someone in confidence. Call them on 116 123
- find local crisis support services near you that can support you
- in a medical emergency, call 999 if you are seriously ill or injured and your life is at risk. A mental health emergency should be taken as seriously as a physical health emergency

See further advice from the NHS on dealing with a mental health crisis.

Social distancing is affecting my mental health- what can I do?
- The coronavirus (COVID19) outbreak is going to have an impact on everyone's daily lives, as the Government and the NHS take necessary steps to manage the outbreak, reduce transmission and treat those who need medical attention.
- It may be difficult, but by following guidance on social distancing, or staying at home, you are helping to protect yourself, your family, the NHS and your community.
- Try and think about how you can stay in touch with friends and family via telephone, video calls or social media instead of meeting in person – whether it's people you normally see often or connecting with old friends.
- There are also people you can speak to via NHS recommended helplines or you could find support groups online to connect with.

How will I get food or medicine whilst at home?
We recommend that you think about and plan how you can get access to food and other supplies such as medications that you will need during this period

How do I get food?
If you are self-isolating with symptoms of COVID-19 you will need to ask friends or relatives if you require help with buying groceries, other shopping or picking up medication. Alternatively, you can order by phone or online. Make sure you tell delivery drivers to leave items outside for collection if you order online. The delivery driver should not come into your home.

If you do not have symptoms you are able to leave your home as infrequently as possible to shop for basic necessities including food and medication.

I don't have friends or family nearby, what can I do?

If you do not have anyone who can help you to get the things you need for your stay at home, you should contact your Local Authority as they may be able to help. Contact details will be on your Local Authority website.

NHS volunteering 'goodSAM' can provide support for:

- Community Support: Provides collection of shopping, medication or other essential supplies for someone who is self-isolating, and delivering these supplies to their home. Link: https://www.goodsamapp.org/nhs

Is there any guidance for me as I'm an unpaid carer to a friend (or family member)?

There is PHE guidance for you & this can be accessed via the gov.uk web page:

https://www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care/guidance-for-those-who-provide-unpaid-care-to-friends-or-family

The case/contact has social or clinical vulnerabilities and currently gets support from others and wants to know if this can continue and what additional support may be available.

You should not invite or allow social visitors, such as other friends and family, to enter your home. If you want to speak to someone who is not a member of your household, use the phone or social media.

If you receive essential care in your home, then carers should continue to visit. Carers will be provided with facemasks and gloves to reduce the risk of you passing on the infection.

If you require help with buying groceries, other shopping or picking up medication, or walking a dog, you should ask friends or relatives. Friends and family should not enter your house while you are self-isolating.

You can order medication by phone or online. You can also order your shopping online. Make sure you tell delivery drivers to leave items outside for collection if you order online. The delivery driver should not come into your home.

If you think you will require any additional support for either care or help with day to day activities you can either visit www.gov.uk/coronavirus-local-help and enter your post code to find details of local support services. We will send the link to you via a text or mobile.

If you do not have access to the internet, then I can look those details up and provide you with the number now.