

NHS Lothian

COVID-19 Coronavirus Frequently Asked Questions for Staff

(Please send any feedback or requests for new Q & As via your Site Directors)

ABOUT COVID-19

1. What is the novel Coronavirus, COVID-19?

In December 2019, a new strain of Coronavirus that has not been previously identified in humans was identified in China. This novel Coronavirus has now been named COVID-19.

2. Where do Coronaviruses come from?

Coronaviruses are viruses that circulate among animals but some of them can affect humans. After they have infected animals, they can then eventually be transmitted to humans. The range of human Coronaviruses include common cold Mers CoV and SARS

3. What is the mode of transmission? How (easily) does COVID-19 spread?

While animals are the source of the virus, it is now spreading from one person to another (human-to-human transmission). There is currently not enough information to know how easily the virus spreads between people and how long it will continue to spread in the community.

The virus seems to be transmitted mainly via respiratory droplets that people sneeze, cough, or exhale.

The incubation period for COVID-19 (i.e. the time between exposure to the virus and onset of symptoms) is currently estimated at between two and 14 days. At this stage, we know that the virus can be transmitted as soon as those infected show (flu-like) symptoms. However, there are still uncertainties as to whether mild or cases which do not yet show symptoms can transmit the virus.

If people with COVID-19 are tested and diagnosed promptly and thorough infection control measures are applied, the likelihood of ongoing human-to-human transmission in community settings in the UK is low. Testing, diagnosing and infection prevention and control measures were very effective in controlling previous outbreaks caused by other coronaviruses such as SARS and MERS.

4. How long will this outbreak last?

Unfortunately, it is not possible to predict how long the outbreak will last and how the epidemic will evolve overall. We are dealing with a new virus and therefore a lot of uncertainty remains. For instance, it is unknown whether transmission will decrease during the summer, as is observed for seasonal influenza.

COVID-19 AND HEALTH RISK

5. What are the symptoms of COVID-19?

From what is known so far, the virus can cause a range of symptoms such as

- fever
- cough
- difficulty breathing/shortness of breath
- pain in the muscles and
- tiredness.

The majority of cases develop mild flu-like illness. More serious cases develop severe pneumonia, acute respiratory problems, sepsis and septic shock that can cause death. The older age groups and those with chronic conditions are more at risk of serious illness.

6. Who is at risk for COVID-19 infection?

Currently, those at greatest risk of infection are persons who have had prolonged, unprotected close contact with a patient with **symptomatic**, confirmed COVID-19 infection and those with recent travel to China, especially Hubei Province.

For those who become infected, it seems possible that older adults, and persons who have underlying chronic medical conditions such as immune-compromising conditions, may be at risk of more severe symptoms and outcomes, though there is little data to be certain.

7. When should someone be tested for COVID-19?

Currently travellers returning or visiting the UK from high risk countries in the 14 days before the onset of illness are tested if they have:

- Travelled to or transited through: mainland China, Hong Kong, Japan, Macau, Malaysia, Republic of Korea, Singapore, Taiwan or Thailand OR
- Been in contact with a confirmed case of COVID-19 (see question 8)

AND have:

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

8. Who is a close contact?

A contact with a case is defined as a person:

- living in the same household

- direct contact with the case or their body fluids or their laboratory specimens, or in the same room of a healthcare setting when an aerosol generating procedure e.g. bronchoscopy is undertaken on the case
- direct face to face contact with a case, for any length of time
- being within 2 metres of the case for any other exposure not listed above, for longer than 15 minutes OR
- being otherwise advised by a public health agency that contact with a confirmed case has occurred

9. Is there a treatment for the disease caused by COVID-19?

There is no specific treatment for COVID-19 so the approach is to treat the clinical symptoms (e.g. fever). Supportive care (e.g. supporting the patient and monitoring – oxygen treatment, ensuring the right amount of fluid in-take and giving medicines currently used for treating other viruses) can be highly effective for those infected.

10. Is there a vaccine against COVID-19?

There are currently no vaccines against coronaviruses, including COVID-19.

The development of vaccines takes time and several pharmaceutical companies are working on a vaccine. It will however, take months before any vaccine could be widely used.

11. Am I protected against COVID-19 if I had the influenza vaccine this year?

Influenza and COVID-19 are entirely two very different viruses and the seasonal influenza vaccine does not protect against disease caused by COVID-19.

However, as the European influenza season is still underway, the influenza vaccine is the best available protection against seasonal influenza and it is not too late to get vaccinated.

12. Can people who recover from COVID-19 infection be infected again?

The immune response to COVID-19 infection is not yet understood. Patients with the related Coronaviruses such as MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be seen in patients with COVID-19 infection.

13. Has anyone in the UK become infected?

A number of cases have been reported in the UK since the beginning of the outbreak. Given the extensive movement of people and the fact that the virus is transmitted from one person to another, it is expected that further cases will be reported in UK.

COVID-19 PREVENTION

14. What precautions can I take?

All health and social care staff are advised to follow these basic hygiene rules to protect their own health and that of others:

- Bin the tissue and, to kill the germs and kill germs by washing hands.
- Wash your hands with soap and water, or use alcohol based hand rub to decontaminate your hands. For more information on handwashing visit the link: <https://www.publichealth.hscni.net/publications/hand-cleaning-technique>
- Always carry tissues with you and use them to catch your cough or sneeze
- For detailed information on personal protection and safe working please visit the following link for infection prevention and control advice: https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2526/documents/1_infection-control-severe-respiratory-illness-novel-emerging-pathogens.pdf

15. What is the advice for hand washing?

Hand hygiene is the key to preventing infection. You should wash or decontaminate your hands often and thoroughly with soap and water for at least 20 seconds, or alcohol-based hand rub. Follow the WHO 5 key moments for hand hygiene. The virus enters your body via your eyes, nose and mouth, so avoid touching them with unwashed hands.

16. How should healthcare workers protect themselves when evaluating a patient who may have COVID-19 infection?

Although the transmission dynamics have yet to be determined, Health Protection Scotland currently recommends a cautious approach to suspected cases of COVID-19. Taking into account that the risk of infection increases with prolonged, unprotected close contact with a case, the following infection control precautions should be followed.

In primary care, healthcare professionals should limit direct contact with possible cases to the provision of urgent clinical care only. Where this is required, staff should wear a fluid resistant surgical face mask, disposable apron and gloves for contact. Further information can be found in the [HPS Guidance for Primary Care](#).

In an acute hospital setting, healthcare personnel evaluating a suspected case or providing care for patients with confirmed COVID-19 infection should adopt a combination of Contact, Droplet and, Airborne transmission based precautions. This includes the use of a long sleeved gown, gloves, face fit tested respirator (FFP3) and eye protection for all contact. For detailed information on personal protection and safe working please visit the following link for infection prevention and control advice: [HPS Guidance Acute Respiratory Illness Novel Infections](#)

17. Should any diagnostic or therapeutic interventions be withheld due to concerns about transmission of the virus?

Patients should receive any interventions they would normally receive as standard of care. Patients with suspected or confirmed COVID-19 should be asked to wear a fluid resistant surgical facemask as soon as they are identified and be evaluated in a single room with the door closed, ideally a negative pressure isolation room, if available. Healthcare personnel entering the room should use transmission based precautions as outlined in section 10.

18. Should I wear a face mask as a precaution at work?

The advice we have is that the risk of infection is low so routine extra protective measures are not necessary. All healthcare staff should follow standard infection control precautions and wear a fluid resistant surgical face mask and eye protection for any task or care episode where any contamination with blood or body fluid to the respiratory mucosa (mouth and nose) is anticipated.

It is a recognised custom for Asian communities to wear face masks to protect themselves and, in particular, others, from the possibility of infection. It is very important that we recognise and respect this.

19. I have an underlying health condition – what should I do?

Individuals who have an existing long-term condition and are concerned about COVID-19 should continue to follow standard infection control. If you have any specific healthcare concerns, contact your own GP or NHS 111. As advised by Health Protection Scotland, the risk of COVID-19 spreading in the UK continues to be low.

20. What should I do if I have had close contact with someone who has COVID-19?

- Notify your GP who will provide guidance on further steps to take. If you develop any symptoms, it is important that you call your GP for advice, mentioning that you have been in contact with a person diagnosed with COVID-19.
- Follow Occupational Health and Public Health Advice

COVID-19 AND TRAVEL ABROAD

21. Should I reconsider travelling to Asia at present, privately or for work?

At present, most cases are being reported in China, with a smaller number of cases reported in other Asian countries. The likelihood of becoming infected in other countries across Asia is currently considered low and the World Health Organization has not advised against travel to these areas. However, the outbreak is evolving very rapidly and the risk of infection is therefore changing. See the list

of areas with presumed community transmission: <https://www.hps.scot.nhs.uk/web-resources-container/novel-coronavirus-2019-ncov-risk-areas/>

Follow the travel advice Foreign and Commonwealth Office advice on the link: <https://www.gov.uk/guidance/travel-advice-novel-coronavirus>

If you are travelling for work, contact Occupational Health before you travel.

22. What should I be most cautious of when travelling abroad, to high risk countries?

Before deciding to travel follow the travel advice Foreign and Commonwealth Office advice on the link: <https://www.gov.uk/guidance/travel-advice-novel-coronavirus>

If you decide to go:

- avoid contact with sick people, in particular those with a cough;
- avoid visiting markets and places where live or dead animals are handled;
- follow general rules concerning hand hygiene and food hygiene;
- wash your hands with soap and water OR use an alcohol-based disinfectant solution before eating, after using the toilet and after any contact with animals;
- avoid contact with animals, their excretions or droppings.

Wherever you travel, you should apply general hand hygiene and food hygiene rules.

For specific country advice please visit fit for travel website: <https://www.fitfortravel.nhs.uk/home.aspx>

23. What is the advice if I am travelling back from China or I have recently travelled back from any of the high risk countries?

The advice varies depending on which part of China you have visited.

Travel to the UK from Wuhan or Hubei province

If you have travelled from Wuhan or Hubei province, China to the UK in the last 14 days you should immediately:

- Stay indoors and avoid contact with other people
- Call your own GP or NHS 111 to inform them of your recent travel to the area.

Please follow this advice **even if you do not have any symptoms of the virus** (symptoms include fever, cough, runny nose, sore throat and difficulty breathing).

If you have travelled from elsewhere in mainland China or any of the high risk countries (Hong Kong, Japan, Macau, Malaysia, Republic of Korea, Singapore, Taiwan or Thailand) to the UK in the last 14 days and develop symptoms of cough,

fever or shortness of breath, you should follow the above advice. **Please follow this advice even if your symptoms are minor.**

If you are a healthcare worker with no symptoms and you have travelled to a risk area and returned to the UK within the past 14 days, inform your line manager and contact the Occupational Health department on 0131 536 1135 Option 5 followed by Option 3 for further advice before returning to work.

24. What is the advice if I feel unwell following my return from high risk areas?

Anyone who feels unwell and develops problems with their breathing following return from a high risk area should telephone their GP or ring NHS 111 for advice. Do not visit your GP.

COVID-19 AND THE ENVIRONMENT

25. Why are people arriving from China not being checked for COVID-19 at the airport?

There is evidence that checking people on arrival at the airport (known as entry screening) is not very effective in preventing the spread of the virus. This is especially when people may not have symptoms or the symptoms of the disease are very similar to those for other illnesses and the timeline coincides with increased activity in seasonal influenza across the EU and in China.

26. What about animal and/or food products imported from China?

Only a few live animals and unprocessed animal products from China are authorised for import into the UK. There is no evidence that any of the animals or animal products authorised for entry into the UK pose a risk to the health of UK citizens due to COVID-19 in China.

As with the imports of animals and animal products, only a few products of animal origin are authorised for import into the EU and UK from China. For the same reasons, travellers entering the EU customs territory are not allowed to carry any meat, meat products, milk or dairy products in their luggage.

There has been no report of transmission of the COVID-19 via food and therefore there is no evidence that food items imported into the European Union in accordance with the applicable animal and public health regulations governing imports from China pose a risk for the health of EU and UK citizens in relation to COVID-19. The main mode of transmission is from one person to another.

27. What about contact with pets and other animals in the UK?

Current research links COVID-19 to certain types of bat, but does not exclude the involvement of other animals. Several types of coronaviruses can infect animals and

be transmitted to other animals and people. There is no evidence that companion animals (e.g. dogs or cats) pose a greater risk of infection than humans. As a general precaution, observe basic principles of hygiene when in contact with animals.

28. Is it safe to receive a package from China or any other place where the virus has been identified?

Yes, it is safe. People receiving packages are not at risk of contracting COVID-19. From experience with other coronaviruses, we know that these types of viruses don't survive long on objects, such as letters or packages.