

COVID-19 Hub Team Q&A

MARCH 2020

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Owned and updated by the Hub Team

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Last update: 16th March 2020

Intended use: This 'Comprehensive brief' is an internal document which can be used by the Hub team as a place to store all new lines and information which may be relevant for creating briefing and answering correspondence. To avoid the document becoming unwieldy, we'll make a new version each month.

Contents

Top Lines	2
General	3
Communication	5
Funding	6
Adult Social Care	7
Prevention	12
Regulations	13
NHS	14
Tracing and Testing	14
Supplies.....	18
Implications for Parliamentarians	24
Workforce.....	24
Insurance	25

Top Lines

Q. What is 'herd immunity'?

- Herd immunity is not part of the Government action plan but is a natural by-product of an epidemic
- Our aims are to save lives, protect the most vulnerable, and relieve pressure on our NHS
- We have now moved out of the contain phase and into delay, and we have experts working round the clock
- Every measure that we have or will introduce will be based on the best scientific evidence
- Our awareness of the likely levels of immunity in the country over the coming months will ensure our planning and response is as accurate and effective as possible

Q. What steps have we taken to contain the spread of the virus?

- We have acted to contain the spread of the virus so far.
- We have carried out some of the highest number of tests in Europe, our surveillance testing is among the most sophisticated in the world and the UK's plans for the rapid response to and mitigation of the spread of an epidemic are ranked number one above any other country by the Global Health Security Index.

Q. We are no longer containing the virus, does that mean contact tracing didn't work?

- Thanks to our record levels of tracing the number of people who came into contact with the first people who caught the virus, the initial growth was slowed significantly, and the growth of the virus in the UK has been slower than many major European countries.
- This action has already prevented the NHS being put under greater pressure in its hardest season of the year.
- We have bought valuable time to prepare.

Q. How are you communicating with the public?

- We took action to advise anyone with symptoms, however mild, to stay at home
- This advice from the Chief Medical Officer will be reinforced with a national communications campaign so everyone knows what they can do: how you can play your part
- The new campaign will set out the latest clinical advice, for people to stay at home for seven days if they develop a high temperature or new continuous cough.
- We can all keep doing our bit by continuing to wash our hands more often, for 20 seconds or more and having plenty of tissues around to 'catch it, bin it, kill it'.
- Following this new advice may sound simple, but it could be lifesaving for others around us, especially the most vulnerable.

Q. What about the elderly?

- SAGE has advised the next planned effective interventions will need to be instituted soon, including measures to 'shield' older and medically vulnerable people from the virus.
- Everyone will need to help to ensure they get the support they need to stay at home, and to protect them from the consequences of isolation: loneliness, and a lack of support.

- Government, local councils, charities, friends and neighbours will need to be part of the national effort to support the shielded.
- We will provide expert advice and support as soon as we progress to introducing these interventions.

General

Q. What does the Coronavirus action plan cover?

The Coronavirus action plan to tackle COVID-19 aims to:

- Contain: detect early cases and prevent the disease taking hold in the UK
- Delay: Slow the spread in the UK, if it does take hold, lowering the peak impact and pushing it away from the winter season
- Mitigate: provide the best care for those who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.
- Research to inform policy development: better understand the virus and the actions that will lessen its effect on the UK population, and innovate responses including diagnostics and vaccines

Q. What does moving to the Delay phase actually mean?

- The Government announced on 12 March that we are moving out of the contain phase and into delay, in response to the ongoing coronavirus (COVID-19) outbreak.
- The UK Chief Medical Officers have now raised the risk to the UK from moderate to high.
- As per the current advice, the most important thing individuals can do to protect themselves remains washing their hands more often, for at least 20 seconds, with soap and water. Make sure you cough or sneeze into a tissue, put it in a bin and wash your hands.
- We are asking anyone who shows certain symptoms to self-isolate for 7 days, regardless of whether they have travelled to affected areas. This means we want people to stay at home and avoid all but essential contact with others for 7 days from the point of displaying mild symptoms, to slow the spread of infection.
- The symptoms are a high temperature (37.8 degrees and above) and a new, continuous cough
- You do not need to call NHS 111 to go into self-isolation. If your symptoms worsen during home isolation or are no better after 7 days contact NHS 111 online at 111.nhs.uk. If you have no internet access, you should call NHS 111. For a medical emergency dial 999.

Q. Why don't we introduce further measures now?

- We will be introducing further social distancing measures for older and vulnerable people, asking them to self-isolate regardless of symptoms.
- If we introduce this next stage too early, the measures will not protect us at the time of greatest risk but could have a huge social impact. We need to time this properly,

continue to do the right thing at the right time, so we get the maximum effect for delaying the virus.

- Our decisions are based on careful modelling.
- We will only introduce measures that are supported by clinical and scientific evidence.

Q. Why has COVID-19 become a notifiable disease?

- COVID-19 became a notifiable disease on 05 March
- This is part of government's evolving response to COVID-19
- Doctors and laboratories have already been making the necessary notifications and we are now formalising this through regulations
- This will help companies seek compensation through their insurance policies in the event of any cancellations they may have to make as a result of the spread of the virus
- This is a proportionate action to ensure that the government is notified of all cases of coronavirus

Q. Do we have confidence in containing the current community outbreaks of Coronavirus?

- The UK is extremely well prepared for these types of outbreaks – we are one of the first countries in the world to develop a test for the new virus. Public safety is the top priority.
- We are continuing to work closely with the World Health Organization and the international community as the outbreak develops to ensure we are ready for all eventualities
- Important that we all wash our hands regularly for 20 seconds.

Q. Can we expect more Coronavirus-related deaths in the UK?

- The number of COVID-19 cases around the world is rising every day – the UK is no exception
- The UK Chief Medical Officers' advice is that the risk to the UK is now high
- We can expect more deaths, particularly among the 'at-risk' groups

Q. Who is most 'at-risk' of catching coronavirus?

- People of all ages can get coronavirus.
- Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) are more likely to become severely ill with the virus.

Q. Are women and children less likely to catch Coronavirus?

- People of all ages can get coronavirus.
- Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) are more likely to become severely ill with the virus.

Q. Can pregnant women pass on the virus to their unborn child?

- We understand that expectant mothers are concerned about Covid19. There is very little evidence on Covid19 in pregnant women - experts believe that transmission during pregnancy is unlikely, but it is possible that transmission could occur during or after birth.
- Positive cases for a mother and child will need to be clinically assessed on a case by case basis.
- Our public health advice remains for all individuals – practise good hygiene to try and avoid infection.

Q. How can the public know if they have flu, or coronavirus?

- The symptoms – cough, high temperature, shortness of breath – do not necessarily mean you have the illness
- However, anyone with minor respiratory tract symptoms or a fever to self-isolate for seven days or until your symptoms clear if that is longer.

Q. Can animals get Coronavirus?

- We are aware of reports that a pet dog whose owner tested positive for COVID-19 reportedly contracted a low-level infection
- The WHO says there is currently no evidence that pet animals can transmit the disease to humans
- Hand washing is essential to curbing the spread of coronavirus, and an important hygiene measure after touching a pet animal

Why is the CMO advising seven days of self-isolation for people who feel unwell, not 14 days?

- The CMO set out that, given the disease's current trajectory, anyone with minor respiratory tract symptoms or a fever to self-isolate for seven days or until your symptoms clear if that is longer.
- The CMO's advice would apply from the onset of the symptoms, which usually begins around five days after exposure to the virus. The risk of transmission to others is highest in the first few days after symptoms begin. By seven days after the first symptoms, most patients are shedding much lower quantities of the virus and in the context of many more community cases, are unlikely to pose significant risk to other members of the public.

Q. Are you advising against shaking hands?

- The single most effective step people can take is to wash your hands for 20 seconds with soap and water after any direct contact.

Communication

Q. How is information being communicated to the public?

- PHE has produced content for posters and leaflets which are available in English and six other languages.
- These posters and leaflets are available at all UK international airports, all UK Eurostar terminals and Dover and key ferry ports. The posters inform people what to do if they have travelled in certain areas in the world, who to contact if they feel unwell, and the symptoms and signs of COVID-19.

- A UK-wide public information campaign has been launched to advise the public on how to slow the spread of coronavirus and reduce the impact on NHS services. Similar to the 'Catch it, Bin it, Kill it' campaign used for flu and norovirus, it promotes important hygiene practices, such as regularly washing hands and always sneezing into a tissue, to stem the spread of viruses.
- On 4 March we launched our refreshed public information campaign. This is available here <https://www.gov.uk/government/news/public-information-campaign-focuses-on-handwashing>
- Washing hands for 20 seconds is central to the expanded public awareness campaign to prevent and slow the spread of coronavirus (COVID-19).
- The campaign is rolling out across TV, Radio, social media and outdoor channels.

Q. How is the government working to combat disinformation?

- Disinformation is the deliberate creation and dissemination of false and/or manipulated information that is intended to deceive and mislead audiences, either for the purposes of causing harm, or for political, personal or financial gain. 'Misinformation' refers to inadvertently spreading false information.
- The Government takes the issue of disinformation very seriously and DCMS is leading work across Government to tackle this.
- We have brought together existing cross-government monitoring and analysis capabilities to provide the most comprehensive picture possible about the extent, scope and impact of disinformation and misinformation linked to Covid-19.
- We are also working with strategic communications experts to ensure that we are prepared to respond to disinformation campaigns where necessary. As part of this work, we are regularly engaging with the social media platforms.
- We know from experience of other health issues such as anti-vax that rumours spread online can range from unhelpful to dangerous from a public health perspective, so we're being proactive in looking for misleading content online and building the best possible understanding of the situation.
- As government one of the best things we can do is make sure that the public has access to the correct information about the virus and we are working with industry to support the introduction of systems and processes that promote authoritative sources and reduce dangerous advice.

Funding

Q. What can you say about new funding announced in the budget about coronavirus?

- Public safety is the government's top priority. The Chancellor has been clear that the NHS will get whatever funding it needs to respond to the Coronavirus.
- Through the Emergency Response Fund, HM Treasury stands ready to provide necessary funding to support our crucial frontline NHS and public services.
- We are providing the National Institute for Health Research with £30m of new funding in 20/21 to enable them to pursue rapid research into the disease.
- We will also increase the capacity and capability of diagnostic testing and surveillance, facilitated by Public Health England to support the NHS, by providing an additional £10m of funding in 20/21.

Q. Will the NHS be resourced to respond to COVID-19?

- Public safety is the government's top priority. The Chancellor has been clear that the NHS will get whatever funding it needs to respond to the Coronavirus.
- The Government is creating a £5bn contingency fund to ensure the NHS and other public services have the resources they need to tackle the impacts of Covid-19. It will fund pressures in the NHS, support local authorities to manage pressures on social care and support vulnerable people, and help deal with pressures on other public services. Funding will be available immediately.
- The Chancellor has said he will go further than the £5bn if required.

Q. What will the extra resource be spent on?

The funding could be used to pay for the following:

- Funding is available to allow the NHS to boost staffing - including by re-employing retired doctors and nurses and recruiting and offering compensation to volunteers who agree to help provide health and social care services full-time for the period of surge
- Funding is available to ensure the NHS can buy additional drugs, supplies and equipment that will be needed to handle a sustained increase in Covid-19 case numbers.
- Funding will be available for the NHS to deal with an anticipated back log of routine care after the Covid-19 incident is over

Q. Are we funding research into this virus?

- We have established a R&D Fighting Fund
- The £30m fund will enable the Government Chief Scientific Adviser and the Chief Medical Officer to pursue research priorities as needed, at speed, including the response to Covid-19 and other emergency situations.
- The fund will support HMG's public health response to the Covid-19 outbreak and will allow research by technical experts to inform HMG's decision making.
- The funding could allow rapid screening of potential therapeutics and support clinical trials to inform treatment to improve patient outcomes

Q. Is there enough money for testing and surveillance?

- The £10m fund will be directed at increasing the capacity and capability of diagnostic testing and surveillance which will support the NHS in their response to Covid-19.
- Public Health England are working through their appropriate response at pace, this funding could allow an increase in diagnostic capability, support a national programme of sequencing to better understand Covid-19 and a surveillance programme. All of this will help to support the NHS's delivery of care.

Adult Social Care

Q. How to ensure the most vulnerable people are protected?

- DHSC is working closely with the Ministry of Housing, Communities and Local Government, local authorities and providers themselves to make sure the adult social care sector is ready.
- Updated guidance to Councils and social care providers was issued last week

Q. Is the Adult Social Care system ready for Covid-19?

- We know social care will be at the frontline of our response to COVID-19, with social care providers looking after many of the most vulnerable in society.
- DHSC is working closely with MHCLG, local authorities and providers themselves to make sure the adult social care sector is ready.
- New ASC guidance is now available here
<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance>
- This covers Residential care provision, Supported living provision, Home care provision
- We know that in some areas there are high vacancy rates in the adult social care sector which is why we are working with local authorities to make sure essential care is still provided to all those who need it in the event of care workers falling sick
- We have created a new senior leaders group to oversee the development and execution of DHSC's preparations for adult social care (ASC) and Covid-19 in order to protect and support vulnerable people across England currently in receipt of adult social care, or likely to need it in future. This group is supported by the likes of LGA, NHSE and PHE, and builds on previous arrangements. The group will advise on action to be taken nationally to support local authorities and providers respond to the Covid-19 virus, act as a conduit for communications from the field into Government and vice versa and provide specialist expertise as necessary.

Q. How will you ensure continuity of care in the event of Covid-19 and staff going sick?

- We expect LAs to work closely with providers to ensure that, together, can maintain services
- We are working with sector leaders to strengthen preparations
- We will publish additional guidance this week
- Government are further strengthening the support to Local Resilience Forums (LRF) by establishing a Taskforce, led by a recently retired LRF Chair, Andy Battle, and the former Chief Medical Officer for Wales, Ruth Hussey. They will be supported by colleagues from resilience, local government, public health and adult social care. The Taskforce will work rapidly to assess LRF preparedness for Covid-19, including excess deaths planning, and bring in the support required to enable LRFs to respond as effectively as possible.

Q. What if residents in a care home fall sick?

- We know that residents and their families will usually have discussed what should happen if they fall ill and would expect these plans to be followed accordingly, subject to any steps that may need to be taken to prevent the spread of infection

Q. Are we going to stop people visiting relatives in care homes

- At this point we do not want a blanket ban on visits to care homes.
- Care homes are used to implementing hygiene measures for disease outbreaks like seasonal flu or norovirus.
- We want to ensure care homes continue to receive visitors as this is such an important part in maintaining the quality of life for many residents as well as providing reassurance and comfort for relatives.
- Any decision to impose greater restrictions on visits to care homes will be based on best scientific and medical advice. We want to take the right steps at the right times.

Q. Volunteers?

- We are looking into how we can best draw on the kindness and capabilities of people who can volunteer to help care for people in their community. Just as the NHS welcomes volunteers via HelpForce we will make sure there is a clear route for volunteers willing and able to help with social care.
- The voluntary and community sector has been an important part of local health economies for many, many years, working in health and social care as providers of services; advocates; and representing the voice of service users, patients and carers.
- The services that they deliver are often innovative, high quality, user-focused and personalised. Their unique understanding of local communities means that they are often able to reach those vulnerable and sometimes hard to reach groups that statutory organisations can struggle to reach.
- The voluntary and community sector is represented in every partnership board of every integrated care system and I am confident that the local NHS will be working closely ensure the sector can assist crucial support to those affected by the coronavirus; as well as their families and carers.
- Nationally, charitable organisations are playing their part too, providing information and advice for the sector, as well the communities and patients they represent:

Q. Will I still be able to visit my relative in a care home?

- This will be up to the care home, depending on the circumstances in the care home. Routinely care homes do not allow people with respiratory illness to visit residents.
- If you are well, you are likely to be able to visit, provided you follow good hand hygiene throughout your visit. If you are showing symptoms of Covid 19 you should self-isolate. If you are generally unwell, particularly with an infectious disease, it is normally inadvisable to visit care homes.

Q. Should care homes close?

- Staff need to continue to deliver care and we need to be sensible in our approach. Carer providers are expert and experienced in risk managing infections, like seasonal flu and norovirus, already and this guidance provides the current advice on minimising risk of coronavirus.
- To minimise the risk of transmission, care home providers are advised to review their visiting policy by asking no one to visit who has symptoms of COVID-19 as set out in guidance at or who is generally unwell, and by emphasising good hand hygiene for visitors.

Q. What are councils/NHS/care providers doing? What if staff go sick or there aren't enough staff?

- Building on existing strong local relationships, the NHS are working with care providers to make sure people have the best possible care and remain in the community.
- Councils will map out all care and support plans to prioritise people who are at the highest risk and contact all registered providers in their local area to facilitate plans for mutual aid.
- GPs have been asked to look at the possibilities of offering digital appointments to provide advice and guidance to patients and potentially their families.
- Will you test social care workers before they deliver care?
- We've issued guidance for all healthcare worker – any mild symptoms they should stop working and self-isolating for at least 7 days which is the best defense. We have issued guidance on PPE to protect staff.
- There is little point to continually testing workers continuously.

Q. How are we paying the workforce if they go sick?

- As part of the Government's emergency legislation measures, Statutory Sick Pay will be paid from day one of sickness to support those affected by coronavirus. Those on zero-hour contracts will also receive Statutory Sick Pay or will be able to claim Universal Credit dependent on their circumstances.

Q. How have you formed this advice?

- The new guidance is based on the latest evidence and advice from the NHS, PHE and some of the world's top clinicians on pandemics, to make sure every effort is being made across local authorities and health systems to protect local people in the event of an outbreak.

Q. What will happen as the virus spreads?

- This guidance will be continually reviewed in line with public health guidance as the Government's action plan develops. We are ensuring we are doing the right things at the right time to protect those most at risk and as the Chief Scientific Adviser set out on Thursday 12th March, we will be issuing further guidance to help protect elderly and vulnerable groups.

Q. Why hasn't the government provided additional emergency funding to support the care sector?

- HM Treasury is creating an emergency response fund, set aside to ensure the National Health Service (NHS) and other public services have the resources they need to tackle the impacts of COVID-19.
- Initially set at £5 billion, it will fund pressures in the NHS, support local authorities to manage pressures on social care and support vulnerable people, and help deal with pressures on other public services.

Q. Can this guidance (the Home Care guidance) apply to Personal Assistants (PA) employed by individual service users, and Day Opportunity Settings?

- Many PAs may be assisting people with personal care support and some Day Opportunity Centres may be assisting people with personal task such as meal preparation, washing, bathing or eating. In these circumstances it would be good practice to apply this guidance.

How do we know that we will get enough PPE and where will we get it from?

- Care companies already routinely use gloves and aprons when carrying out close personal tasks.
- A free issue of additional equipment will be made available to social care to help keep people safe.
- Emergency stockpiles were in place for pandemic flu.

Q. Will there be enough face masks?

- As part of our normal emergency arrangements we already stockpile PPE including face masks.

Q. How will social care access this PPE, isn't it just for the NHS?

- We will be asking councils to work with care provides to assess current supply levels and enable access in the same way as the NHS

Q. What should care homes do if a patient discharged into the care home has suspected Covid-19 at the point of discharge?

- Care homes should take the same steps to minimise the risk of transmission from the discharged patient, as they would with a resident with suspected Covid-19 within the home.

Q. What's the latest advice on coronavirus symptoms?

- The most common symptoms of COVID-19 are the recent onset of a new, continuous cough and/or a high temperature. For most people, COVID-19 will be a mild infection.

Q. This is just guidance – how will you ensure it is being followed?

- We know that everyone is looking to help the country at this time of an emergency.

Q. What if the person receiving care in the care home deteriorates will they get the necessary medical attention?

- As in normal circumstances, decisions on treatment are made in light of the individual's wishes and their clinical needs.

Q. The NHS will be under huge pressure can you guarantee care homes and home care will be prioritised?

- That is the point of today's guidance

Q. Can my carer still come if I have symptoms of Covid-19 and have been asked to self-isolate?

- We published guidance on 13th March. It sets out how people delivering care and support in people's homes can deliver safe personal care.

Q. Is it safe for my relative to be in care home with someone with suspected Covid-19?

- What we've set out today is advice to care home providers about the measures they can take to minimise the risk of transmission. Infection control is a core requirement in the regulation of care homes and care homes up and down the country are familiar and used to operating infection control procedures.

Prevention

Q. Is anti-bacterial hand-gel effective, given that coronavirus is a virus?

- Anti-bacterial hand-gel is a commonly-used (but somewhat inaccurate) term to describe hand-sanitisers, many if not most of which are alcohol based.
- Alcohol-based hand-sanitisers need to contain at least 60% alcohol to be effective against enveloped RNA viruses such as coronavirus. Most proprietary alcohol-based sanitisers meet this requirement (and often contain 70% alcohol).
- For other types of hand-sanitiser (non-alcohol based), users will need to check that they are active against viruses, regardless of what name is used to describe the sanitiser product.

Q. Are we advising against mass gatherings e.g. football matches or concerts?

- Our approach has been, and will continue to be, guided by the evidence and latest advice from medical experts, including the Chief Medical Officer.
- It is absolutely critical in managing the spread of this virus that we take the right decisions at the right time based on the latest and best evidence.
- We must not do things which could turn out actually to be counter-productive.

Q. Why don't we clean public spaces like they do abroad?

- Public Health England published guidance on 26th February on COVID-19 decontamination in non-healthcare settings.
- The guidance describes best practice in cleaning, the appropriate disposal of materials, the disinfection of equipment and the personal protective equipment (PPE) that should be worn.

- At present Public Health England only advises decontamination where there has been a possible or confirmed case of COVID-19. In all other situations normal cleaning procedures should be followed.

Q. Is the UK planning School closures?

- There is no need for parents to keep their children out of school, unless the school is closed. It is important that your child attends school for their learning needs.
- For head teachers, unless you were advised to close the school by your local health protection team, we recommend your school remains open and you reinforce messages around regular handwashing, disposing of tissues and a clean environment.

Q. What guidance is being given to universities who are considering closing due to coronavirus?

- The advice from Public Health England continues to be for universities to remain open, unless advised otherwise.
- The Government's action plan sets out current and possible future measures to respond to the COVID19 outbreak that are proportionate and based on the latest scientific evidence - they will be continually kept under review and the impact of all measures will be carefully considered.
- Public health is clearly the priority, but that does not change our belief that no student should miss out on any education unless absolutely necessary.
- We have set up a dedicated helpline for education leaders and staff, students and parents to answer questions about coronavirus related to education.
- The line complements the advice being provided by Public Health England and the regular updates we have been sending to all educational settings since the start of February.
- Universities are continuing to prepare for summer tests and exams as normal, which is in the interests of both students and universities

Regulations

Q. What is the government doing?

- We introduced emergency legislation 'The Health Protection (Coronavirus) Regulations 2020 on 10 February 2020.
- The Regulations enable the imposition of proportionate restrictions (which may include screening, isolation and other appropriate restrictions) on individuals where the Secretary of State or a registered public health consultant have reasonable grounds to suspect that an individual is, or may be, contaminated with novel Coronavirus.

Q: Why are the Health Protection Coronavirus Regulations important? Given the spread of the virus, surely it's too late to continue to quarantine individuals?

- These powers are an important element of the Government's response to the coronavirus outbreak. They not only provide powers to isolate individuals, but also ensure that individuals comply with sensible public health guidance in the broadest sense.

- These powers are essential to enable the Government to contain onward transmission of Covid-19 and protect public health.

NHS

Q. Can the NHS cope with the increasing number of cases in the UK?

- We are well-prepared: the government and the NHS will do everything they can to protect our citizens
- NHS is installing 'NHS 111 pods' at A&Es as a precaution to ensure the NHS runs as usual
- NHS have also increased the capacity of respiratory/HCID units from four to five, with surge plans in hand and ready to escalate.
- Around 500 additional call handlers have already been trained - an increase of 20%.
- The NHS has been clear that investment will increase if demand continues to rise.

Q. Do we have enough Critical care beds?

- We are scaling up intensive care beds. NHS England are looking at NHS organisations critical care capacity - including the availability of additional facilities of independent sector providers.
- They are also making sure that they have as much ventilation equipment as possible and, crucially, the skilled and trained people to use it.
- And they are working with oxygen manufacturers, suppliers and distributors to massively increase production of oxygen.
- As well as critical care beds, NHS England has five world-leading, highly specialised units and 19 trusts able to step up additional specialist capacity, while every hospital across the country and the healthcare professionals who run them are well able to respond flexibly to manage any extra demand.

Tracing and Testing

Q. What about the COVID-19 rapid tests for use in community pharmacies or at home?

- Some manufacturers are selling products for the diagnosis of COVID-19 infection in community settings, such as pharmacies.
- Our current view is that use of these products is NOT advised.
- Some of these products look for virus or the body's immune response to virus very rapidly in specimens of serum, plasma or finger-prick whole blood.
- There is little information on the accuracy of the tests, or on how a patient's antibody response arises or changes during an infection. It is not known whether either a positive or negative result is reliable.
- Currently there is no published evidence about the suitability of these tests for diagnosing COVID-19 infection in a community setting.
- Patients travelling to a pharmacy to get tested could lead to spread of infection.

Q. Are we confident in the testing process?

- We have world class testing facilities in this country and are used as a reference centre by the World Health Organisation

- With the first reported publication of the genome sequence of 2019 n-CoV, PHE was able to rapidly develop further specific tests for this virus, working with WHO and global network of laboratories.
- We have already boosted the number of labs undertaking testing from one to 12 - while home testing and drive-through testing is also available in some areas.
- NHS England is scaling up its testing capacity from 1,500 a day to 10,000 tests a day. This will speed up confirmation of any positive test results, helping people take the right action to recover or quickly get treatment.
- **If pressed on false positives/negatives:** The standard international protocol for discharge of patients agreed by the appropriate experts is 2 negative tests 24 hours apart. This is to confirm a case becoming negative and able to resume normal activities.

Q. Do we have enough kits?

- The NHS will be given all the resources it needs to deal with this outbreak.
- We have already boosted the number of labs undertaking testing from one to 12 - while home testing and drive-through testing is also available in some areas.
- NHS England is scaling up its testing capacity to 10,000 tests a day.

Q. Why isn't everyone being tested?

- As we have moved from 'contain' and into the 'delay' phase of novel coronavirus (COVID-19), PHE, together with NHS England and DHSC, has agreed we will need to prioritise testing for those most at risk of severe illness from the virus. Our aim is to save lives, protect the most vulnerable, and relieve pressure on our NHS.
- Most adults in good health who develop symptoms will fully recover, and the CMO has advised that we need to prioritise testing to those who have the greatest clinical need.
- People who are in the community with fever or cough do not need testing. However, to protect the most vulnerable they should stay at home for seven days to reduce the spread of the infection in the community.
- Instead, tests will primarily be given to:
 - all patients in critical care for pneumonia, acute respiratory distress syndrome (ARDS) or flu like illness
 - all other patients requiring admission to hospital for pneumonia, ARDS or flu like illness
 - where an outbreak has occurred in a residential or care setting, for example long-term care facility, prisons

Q. The NHS is short of 100,000 staff?

- There are record numbers of nurses and doctors working in the NHS.
- Over the past year there were over 8,500 more nurses working in the NHS.
- And latest figures also show that there are over 400 more nurses working in general practice compared with the previous year.

Q. PPE should be made available to GPs and social care staff

- Personal protective equipment was distributed to all General Practices last week. The packs include facemasks, aprons and gloves

- Face masks will be issued to social care providers, with deliveries commencing this week.
- DHSC will work with the social care sector to explore how best we can help ensure PPE is available to care staff.

Treatment

Q. What is Government doing to support research for a vaccination for Coronavirus?

- Last week, we announced a £46m package to fund urgent work on finding a vaccine and developing a rapid test for the disease.
- Supported by UK funding, eight possible coronavirus vaccines are currently under development and efforts are being made to get any viable vaccines from sequencing of the virus to clinical testing in under a year - a record timeframe.
- British experts, funded by Government, are on the front line of the global fight against coronavirus, working to prevent the spread of the disease into and around the UK
- Efforts form part of the Government's four-phased approach to contain, delay, mitigate and research coronavirus.

Q. How can the general public avoid catching the virus?

- Public Health England's advice is the best way to protect yourself from infections like coronavirus and the flu is to wash your hands frequently with soap and water or use a sanitiser gel, as well as always carrying tissues and using them to catch coughs and sneezes, then putting the tissue in a bin.
- The Government launched a new public information campaign that focuses on handwashing on 4 March

Q. What treatment options are available to help those with Covid-19?

- Antibiotics do not work against coronavirus – they work against bacteria and coronavirus is a virus
- However, antibiotics may be given to some people with coronavirus because there's a risk that the virus may make them more likely to get a bacterial infection as well
- There is currently no specific medicine to prevent or treat coronavirus, but there are treatments to relieve symptoms while your body fights the illness

Isolation

Q. If I have symptoms what should I do?

- If you have symptoms of coronavirus infection (COVID-19), however mild, do not leave your home for 7 days from when your symptoms started
- You do not need to call NHS 111 to go into self-isolation
- If your symptoms worsen during home isolation or are no better after 7 days, contact NHS 111 online. If you have no internet access, call NHS 111. For a medical emergency dial 999

Q How can older people who do not have access to the internet get food deliveries if they are self-isolating?

- People should behave as in any other illness
- Where possible, individuals who are self-isolating should avoid having visitors to their home but it is ok for friends, family or delivery drivers to drop off food or do errands.
- Friends or family can pick up prescriptions on your behalf.
- If you are told to self-isolate and you will struggle to cope with food deliveries you can contact your local authority for support

Q. Are we putting in place mental health support for people at risk if they are self-isolating?

- At this stage, primary care, community mental health services and the voluntary sector will continue to be a source of support and reassurance for people.
- Mental health care providers are working up their contingency plans and this will inevitably include ways they can sustain and extend support to people affected by coronavirus, especially as the numbers in self-isolation grows.
- We are exploring what additional mental health support may need to be put in place to support those who are affected by coronavirus
- The NHS website provides some advice and guidance about looking after your mental health and wellbeing during self-isolation. This says:

Q. I am finding this hard, what should I do?

- For some people self-isolation can be boring or frustrating. You may find your mood and feelings being affected and you may feel low, worried or have problems sleeping.
- There are simple things you can do that may help, such as staying in touch with friends and relatives on the phone or by social media and you may find it helpful to talk to them, if you want to.
- Read more about looking after your mental health and wellbeing.

Q. What about those on 0 hours contracts?

- We are very much aware of the issues potentially faced by the self-employed or those on zero-hours contracts.
- Being eligible for statutory sick pay is dependent on an employee's weekly earnings rather than their contract type. Anyone earning an average minimum of £118 each week will be eligible.
- We understand this won't cover everyone, so we are exploring how the existing benefits system can provide financial support should they need to take time off work.

Q. Will individuals get sick pay if they self-isolate?

- We do not want people who act responsibly and self-isolate to lose out financially. That is why as part of our emergency coronavirus legislation we will bring forward measures to allow the payment of statutory sick pay from the very first day you are sick instead of day four under the current rules.
- This will be a temporary measure to respond to the outbreak and will lapse when it is no longer required.

- By law, medical evidence is not required for the first 7 days of sickness. After 7 days, it is for the employer to determine what evidence they require, if any, from the employee.
- Employers should use their discretion around the need for medical evidence for a period of absence where an employee is advised to self-isolate due to suspected COVID-19.
- Should evidence be required this does not need to be in the form of a Fit Note (Med 3 Form) issued by a GP or doctor.
- “Anyone not eligible to receive sick pay is able to claim Universal Credit and/or contributory Employment and Support Allowance.”
- Details of how to contact us about Universal Credit can be found here: <https://www.gov.uk/universal-credit/contact-universal-credit>
- For those on a low income and already claiming Universal Credit: it is designed to adjust depending on people’s earnings or other income. If you are self-isolating and doing less hours, please let us know in the usual way via your online journal.
- A DWP spokesperson said: “Our staff are ready to support people if they are affected – we urge them to contact us by phone, or their Work Coach via their online journal, to explain their situation.
- Universal Credit is designed to adjust depending on people’s earnings or other income. If you are self-isolating and doing less hours, please let us know in the usual way via your online journal.

Supplies

Q. Is there a current shortage in medicine as a result of coronavirus?

- There are currently no medicine shortages as a result of COVID-19.
- The country is well prepared to deal with any impacts of the coronavirus and we have stockpiles of generic drugs in the event of any supply issues.
- We are working closely with industry, the NHS and others in the supply chain to help ensure patients can access the medicines they need and precautions are in place to reduce the likelihood of future shortages.
- The Department shares regular information about impending supply issues and the management plan with the NHS via networks in primary and secondary care and will liaise with relevant patient groups about issues affecting specific medicines.
- The information available on the SPS website does not represent a complete list of medicine supply issues.
- There is no publicly available list of medicine shortages as we share this information with the NHS directly.

Q. What are you doing to protect food supplies?

- The Environment Secretary George Eustice spoke with Chief Executives from the UK’s leading supermarkets to discuss their response to coronavirus
- The retailers reassured him they have well-established contingency plans and are taking all the necessary steps to ensure consumers have the food and supplies they need. Retailers are continuing to monitor their supply chains and have robust plans in place to minimise disruption

- He was particularly keen to hear how government could support their preparations and we've agreed to work closely together over the coming days and weeks.
- He will be convening a further meeting with industry, retailers and public sector organisations early next week to discuss support for vulnerable groups who may be in isolation. Government and industry will remain in regular contact on this issue

Q. What is the UK doing to ensure the continuity of medical supplies?

- The UK maintains stockpiles of the most important medicines including protective equipment for healthcare staff who may come into contact with patients with the virus.
- These stocks are being monitored daily, with additional stocks being ordered where necessary.
- There are currently no medicine shortages as a result of COVID-19
- The country is well prepared to deal with any impacts of the coronavirus and we have stockpiles of generic drugs like paracetamol in the event of any supply issues
- We are working closely with industry, the NHS and others in the supply chain to ensure patients can access the medicines they need and precautions are in place to prevent future shortages

Q. Supply of Personal protective equipment for GPs and social care staff

- Personal protective equipment has been distributed to all General Practice week. The packs included facemasks, aprons and gloves
- We will work with the social care sector to explore how best we can help ensure PPE is available to care staff.

Q. But I don't have anyone to ask for help, and I do not have internet access at home. How can I get food/medicine/etc?

- The government is in close contact with representatives across the food supply chain together with local authorities and charities to ensure that those who need to stay at home will have continued access to food.

Q. What food should I stock up on? / How much food should I stock up on?

- We have a highly resilient food supply chain and representatives of our leading supermarkets have provided reassurance that there is plenty of stock available.
- Retailers have said that people should buy products as they normally would. There is no need to stockpile for the possibility that you go into isolation
- It is important to note that, if you do become unwell, for most people the period of isolation will be just 7 days (or 14 days for households).
- During this time you will still be able to get the food you need. You can ask for help from friends, family or neighbours if you require groceries or other supplies. Alternatively, you can use a home delivery service. The delivery instruction needs to state that the items are to be left outside, or in the porch, or as appropriate for your home.

Q. But I don't have anyone to ask for help, and I do not have internet access at home / my supermarket does not deliver. How can I get food/medicine/etc?

- The government is in close contact with representatives across the food supply chain together with local authorities and charities to ensure that those who need to stay at home will have continued access to food.

Q. How do I get food?

- We have a highly resilient food supply chain and representatives of our leading supermarkets have provided reassurance that there is plenty of stock available. Retailers have said that people should buy products as they normally would.
- It is important to note that, if you do become unwell, for most individuals the period of isolation will be just 7 days (or 14 days for households). During this time you will still be able to get the food you need. You can ask for help from friends, family or neighbours if you require groceries or other supplies. Alternatively, you can use a home delivery service. The delivery instruction needs to state that the items are to be left outside, or in the porch, or as appropriate for your home.
- The government is in close contact with representatives across the food supply chain together with local authorities and charities to ensure that those who need to stay at home will have continued access to the food they need.

Q. I am unable to access online shopping, what do I do?

- You can ask for help from friends, family or neighbours if you require groceries or other supplies. Alternatively, you can use a home delivery service. The delivery instruction needs to state that the items are to be left outside, or in the porch, or as appropriate for your home.
- The government is in close contact with representatives across the food supply chain together with local authorities and charities to ensure that those who need to stay at home will have continued access to food.

Q. But my family is all isolated at home - what do I do now?

- You can ask for help from friends, family or neighbours if you require groceries or other supplies. Alternatively, you can use a home delivery service. The delivery instruction needs to state that the items are to be left outside, or in the porch, or as appropriate for your home.
- The government is in close contact with representatives across the food supply chain together with local authorities and charities to ensure that those who need to stay at home will have continued access to food.

Q. I don't have anyone to help me with my errands, or access to a delivery service: who will help me get my food?

- The government is in close contact with representatives across the food supply chain together with local authorities and charities to ensure that those who need to stay at home will have continued access to food.

Q. If whole households are going into isolation, should I be stockpiling?

- Retailers have said that people should buy products as they normally would. There is no need to stockpile for the possibility that you go into isolation.

- It is important to note that, if you or your family do become unwell, for most households the period of isolation will be for 7 - 14 days. During this time you will still be able to get the food you need. You can ask for help from friends, family or neighbours if you require groceries or other supplies.
- Alternatively, you can use a home delivery service. The delivery instruction needs to state that the items are to be left outside, or in the porch, or as appropriate for your home.
- If you or your family need additional help, the government is in close contact with representatives across the food supply chain together with local authorities and charities to ensure that those who need to stay at home will have continued access to the food they need.

Pets

Q. How do I walk my dog?

- Exercise your dog in a garden or yard, if you have one. If it is essential that your dog must leave your home, such as to seek veterinary attention, you should speak to your vet first.
- If you have no access to a garden or yard ask friends or family members if they are able to take the dog. The person should observe hygiene advice, and make sure they wash their hands after handling the animal. Walk the dog on a short lead and do not allow them to mingle with other people or dogs.
- There is currently only very limited evidence for transmission from humans to pet dogs, and nothing to suggest pets may transmit the disease to humans.
- There is existing PHE advice about handling and washing your dirty laundry for isolating households. This should apply to pet bedding as well.

Q. My pet needs daily medication - How much medication should I stock up on?

- You should ensure you have enough medication for at least 7 days if you have been advised to stay at home or ask friends, family members or delivery services to carry out errands for you, such as getting veterinary medicines, pet food etc along with other shopping.

Overseas

Q. Do the new US measures affect British citizens?

- FCO is advising against all but essential travel to the USA following the US government announcement imposing restrictions on travel from the UK (and Ireland) effective from midnight on Monday March 16 EST (4am GMT on Tuesday March 17)

Q. Did the PM ask for an exemption to the US flight ban?

- The US' decision is a matter for them, but our understanding is that it applies to Schengen countries only and the decision was made on that basis.
- The government is in constant contact with the US and other international partners about the spread of coronavirus.

Q. Will the UK follow suit?

- As the Chief Medical Officer has said, there is no evidence that interventions like closing borders or travel bans would have any effect on the spread of infection.

Q. What is the government doing to help those stuck on cruise ships?

- The COVID-19 response team is establishing a forward look of all cruise ships with UK Nationals onboard with DfT and their status with regard to Covid-19. The International Team is also developing a protocol to be used to return UK Nationals from cruise ships affected by Covid-19.

Q. What should returning travellers do when they come back to the UK?

- Travel advice is regularly updated on the FCO website, including advice for quarantine whilst abroad

What is being done with regard to returning flights and passengers?

- The usual public health response is in place at all airports as standard and consists of identified and exercised health pathways for dealing with any unwell passenger and agreed with local Health Protection Teams providing the public health risk assessment and the NHS acting on it.
- The air industry is putting in place enhanced monitoring measures for the whole of Italy from 11 March.
- Enhanced monitoring means:
- Cabin crew are briefed on symptoms and what to do if someone reports that they have symptoms.
- The captain will call ahead to warn of any illness on the flight and provide notice of any illness aboard before disembarkation to allow appropriate health action at the airport.
- Information on symptoms and necessary actions provided to passengers whilst on the flight and/or upon landing.
- As part of this process all flights arriving from Italy are met with PHE posters and leaflets at ports, available in 9 different languages. There is also public health campaign at ports for clear messages on how to prevent the spread of the virus through hand washing which is specific to this novel coronavirus.

Why aren't you carrying out temperature checks at UK airports? What can you tell me about clinical entry checks?

- We will not be introducing temperature checks at UK airports as they hold little to no clinical value.
- SAGE considered and decided that they did not support thermal screening.
- Expert advice suggests clinical entry screening (for example through temperature checks) would detect a very small minority of cases. This is because symptoms of Covid-19 do not usually appear until 5-7 days, and sometimes up to 14 days after exposure to the virus.
- It is far more important to make sure that individuals know, whether to self-isolate, what to do if they feel unwell and how to access appropriate healthcare quickly once they are in the UK, particularly while we remain in the contain phase.

Q. What is the UK doing to support UKNs overseas? Specific areas below:

- Tenerife:
 - FCO has confirmed that around 100 people returned to the UK from the hotel in Tenerife on 2 March.
 - All returning UK Nationals are tested in Tenerife and confirmed negative in writing 24 hours in advance of their arrival in the UK. A small number of British Nationals remain at the hotel and will be travelling back in the next few days.
- Italy
 - The FCO is currently in contact with their Italian counterparts.
 - The Government is continuing to provide advice and support to UKNs overseas with input from Public Health Experts including the CMO.
- Cruise Ships (Viking Sun, Costa Fortuna, Braemar):
 - The FCO is currently in contact with their counterparts in the related countries including the USA
 - We are exploring all options so that appropriate action is taken to protect and support UKNs on the affected cruise ships

Q. Why haven't you imposed more stringent measures sooner, like they did in Italy and China for instance?

- We have a world renowned team of clinicians, public health experts and scientists working round the clock to keep this country safe. The Government is taking the right steps at the right time, guided by the best and latest scientific advice.
- As the Chief Medical Officer made clear, it is not just what we do but when we do it that will have the most impact – if further measures are taken too soon, there is a chance the public will become fatigued and not take the necessary action before we reach the peak of the virus.
- As well as critical care beds, NHS England has five world-leading, highly specialised units and 19 trusts able to step up additional specialist capacity, while every hospital across the country and the healthcare professionals who run them are well able to respond flexibly to manage any extra demand.
- Latest NHE statistics show the number of adult critical care beds has increased by 5% between December 2010 and December 2019 – and they were running at 75% occupancy.
- Our response is based on what is happening in this country. It is important to remember that despite imposing more stringent measures sooner, such as banning all flights from China, this did nothing to slow down the spread of the virus in Italy.
- While the spread of the virus seems to be delaying in China, it is still too early to know which of their measures have proved most successful.
- Health Secretary Matt Hancock has announced further proposed measures to combat spread of COVID-19, as government's enhanced approach to pandemic preparation continues. Volunteers – who already play a central role in helping the health and social care system function – will be given additional employment safeguards so they can leave their main jobs and temporarily volunteer in the event of a widespread pandemic.

Implications for Parliamentarians

Q. Is Government going to shut down Parliament?

- The public will expect Parliament to sit, and to get on with its job. Parliament has proved itself to be very resilient over the years. There is no medical reason, on current advice, to think that shutting Parliament would be necessary or helpful.
- I would urge all MPs to take action only in line with the best scientific evidence and medical advice. We have set up a dedicated Coronavirus Members' Hotline and Email Address to Public Health England. This should be your first port of call for any queries or information on the virus and impact in your areas as well as the latest guidance and advice.

Workforce

Q. Am I entitled to sick pay?

- Employers have been urged to make sure they use their discretion and respect the medical need to self-isolate in making decisions about sick pay.
- As part of the government's emergency legislation measures, Statutory Sick Pay will be available from day one for those affected by coronavirus. Anyone on zero-hour contracts who may not be eligible for Statutory Sick Pay will be able to claim Universal Credit or New Style Employment and Support Allowance, dependent on their circumstances.
- Gig workers and those on zero hours contracts can check if they are entitled to Statutory Sick Pay here: <https://www.gov.uk/statutory-sick-pay/eligibility>
- Those who aren't entitled to sick pay, including those who are self-employed, can make a claim to Universal Credit and/or new-style Employment and Support Allowance,

Q. What benefits can I claim if I need to self-isolate?

- People who are prevented from working because of a risk to public health are able to claim Universal Credit and/or contributory Employment and Support Allowance.

Q. What happens if I'm already benefits but I need to self-isolate – can I get more in benefit?

- Universal Credit is designed to adjust depending on people's earnings or other income. If you are self-isolating and doing less hours, please let us know in the usual way via your online journal.

Q. Don't people have to attend a jobcentre appointment as part of their claim for UC?

- You can apply for UC online. If you need to make an appointment, call the number and explain the situation. Staff are ready to support people who need to self-isolate.

Q. How do I prove to DWP that I need to self-isolate?

- If you need to apply for a benefit or update us on your circumstances because you are self-isolating, contact us in the usual way and explain your situation. Staff are ready to support people who need to self-isolate.
- You can apply for Universal Credit here: <https://www.gov.uk/apply-universal-credit>

- You can apply for ESA here: <https://www.gov.uk/employment-support-allowance/eligibility>
- If you already have a Universal Credit claim, contact us via your online journal or via our free phone line.
- ***If pressed on whether it is possible for people to start new claims without attending appointments...***Staff are already supporting people who are self-isolating with new claims.

Insurance

Q. Insurance for business disruption?

- The vast majority of business interruption insurance policies held by small or medium-sized enterprises (SME) will not include cover for business losses caused by a pandemic.
- Insurers would not generally include such cover as part of a business interruption policy as the last pandemic was 100 years ago.
- In a very small number of cases in which a SME has purchased a business interruption insurance policy with additional cover for a “notifiable disease”, that SME will be covered as soon as the government certifies COVID-19 as such a notifiable disease.
- Business disruption policies typically insure against damage to property only.
- Some businesses may have bought more specialised supply chain insurance, or extensions such as denial of access cover which may meet the needs of certain pandemics.
- Insurance policies differ so, if in doubt, SMEs should speak to their insurer or check the terms and conditions of their policy.

Q. Insurance for travel disruption

- As soon as the Foreign Office advises against all but essential travel to a country or area, most customers due to travel to that area who have travel insurance policies will be covered.
- This includes cover for emergency medical care abroad and repatriation.
- However, citizens who decide not to travel because they are concerned about coronavirus will not be covered (this is known as ‘disinclination to travel’).
- Travel insurance policies differ so, if in doubt, customers should speak to their insurer or check the terms of their policy.
- Although insurance against travel disruption due to pandemics is typically included in travel insurance policies, customers should first contact travel providers or accommodation providers for reimbursement.
- Travel insurance applies only for losses that cannot be recovered from elsewhere, that is, after any refunds from airlines, travel or accommodation providers etc.
- Subject to the specific terms and conditions of the policy, insurance for emergency medical care abroad and repatriation is also typically included in travel insurance policies.

Q. Insurance for the disruption or cancellation of major sporting, music or cultural events?

- A number of sporting, music or cultural events may be affected by a pandemic.
- Insurance policies are available to the organisers of such events which tend to be arranged through insurance brokers.
- Whether the events have cover for cancellation will depend on the specific policy.

Q. Life Insurance?

- There are no special provisions for a pandemic in life insurance policies.
- Life insurance policies will, therefore, pay out if a person dies from COVID 19.

Q. More detailed questions on Insurance?

- See advice from the Association of British Insurers (ABI).
- The ABI has made it clear that insurers will ensure that customers are provided with, or directed to, the most up-to-date information. They will publish clear information at the point-of-sale on the coverage of customers' policies.
- Insurers have committed to work closely with customers to receive compensation for cancelled transport, holidays or an inability to travel abroad and direct them to contact e.g. airlines, travel providers and travel agents as necessary.
- Insurers have committed to consider all valid travel insurance claims quickly and fairly for costs not recoverable from elsewhere arising from cancellation, travel curtailment or disruption.