



**COVID-19
Information and
Guidance for
Non-Healthcare Settings**
Version 3.7



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Version History

Version	Date	Summary of changes
V1.0	04/03/2020	First version of document
V2.1	13/03/2020	Clearer identification of sections 1 and 2 and how to read them Section 2 expanded with further information for setting-specific groups New case definition All sections updated to reflect current move to delay phase
V3.2	17/03/2020	Update on household isolation, social distancing. Aligned with newly published guidance on specific settings
V3.5	23/03/2020	Update on advice for educational settings Included advice for homelessness settings Update on advice for transport sector and points of entry Links to external points of information updated
V3.6	23/03/2020	Update on shielding advice
V3.7	24/03/2020	Update on advice for educational settings during lock down

Contents

Scope of the guidance	4
How to read this guidance.....	4
Section 1	5
Information and guidance for all non-healthcare settings.....	5
1.1. Background	5
What is Coronavirus (COVID-19)?.....	5
What are the typical signs and symptoms of COVID-19?	5
What should I do if I have symptoms?	5
What should I do if my symptoms are worsening?.....	6
How is COVID-19 spread?.....	6
How long can the virus survive on environmental surfaces?	6
1.2. Preventing spread of infection	7
What can be done to prevent spread of COVID-19?.....	7
General principles to prevent spread of respiratory viruses	7
Should people be wearing facemasks?	9
Where can I find further information on COVID-19 and how to reduce the risk of infection?	10
1.3. Protecting resilience of critical emergency services	10
Cancel large gatherings (over 500 people).....	10
1.4. Foreign travel (and returning to work, school or other non-healthcare setting).....	10
What do people need to know before travelling abroad?	10
What actions need to be taken by people returning to the UK from a COVID-19 Risk Area?	11
1.5. Contact with a case of COVID-19.....	11
What action needs to be taken if a case of COVID-19 has recently attended your setting?	11
1.6. Actions to take if someone who may have COVID-19 becomes unwell whilst on site at your organisation.....	11
1.7. Environmental decontamination (cleaning and disinfection) after a possible case has left a workplace or other non-healthcare setting.....	12
Cleaning and Disinfection	12
Personal Protective Equipment (PPE)	12
Waste.....	13
Laundry.....	13

Section 2: Additional Setting-Specific Information and Guidance	14
2.1. Employers and Businesses	14
Certifying absence from work	14
2.2. Faith settings	14
2.3. Educational settings	15
Universities/Colleges/Higher and Further education settings.....	15
2.4. First responders	16
2.5. Funeral directors.....	16
2.6. Hotels and Hospitality Settings.....	16
Guests who are self-isolating	16
Other operational issues	16
2.7. Homelessness settings.....	17
Actions for hostels, day care centres and frontline outreach services	17
Support for self-isolation	18
Temporary Accommodation.....	19
Frontline outreach and visiting support services	19
2.8. Leisure facilities, entertainment venues and premises used by community groups e.g. scout halls, community centres	20
2.9. Large events.....	20
2.10. Prescribed Places of Detention (PPDs) and Prison Services (healthcare and custodial services).....	20
2.11. Transport Sector and Points of Entry.....	22
Arrivals into the UK and Reporting of Suspected Cases to the Health Protection Team	22
Performing body or bag searches at Points of Entry.....	25
If a passenger becomes symptomatic on-board a vessel, train or aircraft	25
2.12. Visit Scotland.....	25
Appendix 1: Contact details for local Health Protection Teams.....	26

Scope of the guidance

This guidance is to support those working in non-healthcare settings give advice to their staff and users of their services about COVID-19

This guidance covers:

- What COVID-19 is and how it is spread.
- Advice on how to prevent spread of all respiratory infections including COVID-19.
- Advice on what to do if someone is ill in a workplace or other non-healthcare setting.
- Advice on what will happen if an individual is being investigated as a possible case or is confirmed as a case of COVID-19.

Where relevant, additional setting-specific information and advice is also included in, or is linked to from, this guidance.

How to read this guidance

Section 1: contains core information that is applicable to all settings and provides the advice that you need to follow for your non-healthcare setting. Some settings have unique requirements, specific advice relevant to these can be found in Section 2.

Section 2: Additional Setting-Specific Information and Guidance: contains additional information for specific unique settings where required.

This guidance is based on what is currently known about the Coronavirus Disease (COVID-19).

Health Protection Scotland (HPS) will update this guidance as needed and as additional information becomes available.

Section 1

Information and guidance for all non-healthcare settings

1.1. Background

What is Coronavirus (COVID-19)?

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus which was first identified in Wuhan City, China in January 2020. COVID-19 was declared a pandemic by the World Health Organisation on 12/3/2020.

We now have spread of COVID-19 within communities. This means that everyone in the community should take extra precautions to ensure they practice good hand hygiene, social distancing, and follow “stay at home” advice if they or household members have symptoms.

What are the typical signs and symptoms of COVID-19?

Common symptoms include:

- new continuous cough
- and/or
- high temperature

These symptoms can range from a mild-to-moderate illness to severe acute respiratory infection. For most people COVID-19 will be a mild infection. COVID-19 is more likely to cause severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

What should I do if I have symptoms?

Anyone developing symptoms consistent with COVID-19 (new continuous cough or a high temperature), however mild, should stay at home for 7 days from the onset of symptoms as per existing advice. You do not need to be tested for COVID-19.

Phone NHS 24 (111) if your symptoms:

- are severe or you have shortness of breath
- worsen during home isolation
- have not improved after 7 days.

All individuals living in the same household as a symptomatic person should self-isolate for 14 days (household isolation). Information on COVID-19, including “stay at home” advice for people who are self-isolating and their households, can be found on [NHS Inform](#).

What should I do if my symptoms are worsening?

Seek prompt medical attention if your illness is worsening. If it's not an emergency, contact NHS 24. If it is an emergency and you need to call an ambulance, dial 999 and inform the call handler or operator that you may have coronavirus (COVID-19).

How is COVID-19 spread?

COVID-19 is spread by droplets. This is most likely to happen when there is close contact (within 2 metres) with an infected person. It is likely that the risk of infection transmission increases the longer someone has close contact with an infected person. Respiratory secretions, from the coughs and sneezes of an infected person, are most likely to be the main means of infection transmission.

There are two routes by which COVID-19 can be spread:

- Directly; from close contact with an infected person (within 2 metres) where respiratory secretions can enter the eyes, mouth, nose or airways. This risk increases the longer someone has close contact with an infected person who has symptoms.
- Indirectly; by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching own mouth, nose, or eyes.

How long can the virus survive on environmental surfaces?

This depends on a number of factors, for example the surface the virus is on; whether that surface is exposed to sunlight; environmental conditions such as temperature and humidity; and exposure of the surface to decontamination products e.g. detergents and disinfectants.

Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

We know that similar viruses, are transferred to and by people's hands and therefore frequent hand hygiene and regular decontamination of frequently touched environmental and equipment surfaces will help to reduce the risk of infection transmission.

1.2. Preventing spread of infection

What can be done to prevent spread of COVID-19?

There is currently no vaccine to prevent COVID-19.

The following measures are recommended to help reduce the spread of COVID-19 and to protect people at increased risk of severe illness:

Household isolation (Stay at home) measures will reduce the community spread of COVID-19. This means that anyone who has symptoms of COVID-19 and anyone else living in the same household should follow 'stay at home' advice on [NHS Inform](#).

Social distancing measures should be used by everyone, including children. The aim of social distancing measures is to reduce the transmission of COVID-19. Stringent social distancing is strongly advised for people who are at increased risk of severe illness from COVID-19. Up to date information on at risk groups can be found on the [NHS Inform](#) website. Note that these groups are broader than those for whom shielding advice (below) is recommended.

Shielding is a measure to protect people, including children, who are at very high risk of severe illness from COVID-19 because of certain underlying health conditions. The aim of shielding is to minimise interaction between these individuals and others to protect them from coming into contact with COVID-19. People with these serious underlying health conditions are strongly advised to rigorously follow shielding measures in order to keep themselves safe. Further information, including the list of underlying health conditions that place people at very high risk, is available on the [NHS Inform](#) website.

General principles to prevent spread of respiratory viruses

There are general principles organisations and individuals can follow to help prevent the spread of respiratory viruses, including COVID-19, and support targeted measures:

Organisational level:

- Ensure that all members of the organisation are aware of the requirement to stay at home if they or a household member develop symptoms and support them in doing this
- Ensure that all members of the organisation are aware of the requirement for social distancing and support them in doing this
- Consider the additional demands that will be placed on people and your organisation following advice on stay at home or social distancing and put in place resilience planning to support this
- Consider whether individuals are able to work or study from home, especially those at higher risk of illness who are strongly advised to follow social distancing measures closely (see [NHS Inform](#))

- Consider appropriate arrangements for individuals who are strongly advised to shield themselves because they are extremely vulnerable to severe illness from COVID-19 (see [NHS Inform](#))
- Consider how you can change working practices to reduce risk of spread of infection
- Consider staggering start and finish times to reduce commutes at high volume travel times

In the workplace:

- Routine cleaning and disinfection of frequently touched objects and surfaces (e.g. telephones, keyboards, door handles, desks and tables).
- Ensure regular environmental cleaning is done.
- Promote frequent hand hygiene by making sure that staff, contractors, service users and visitors have access to hand washing facilities and where available alcohol based hand rub.
- Ensure any crockery and cutlery in shared kitchen areas is cleaned with warm general purpose detergent and dried thoroughly before being stored for re-use.
- Ensure staff have the space to allow for appropriate distancing between colleagues when working/moving around. This can include marking on the ground to encourage people to stand 2m back from staff and ensuring staff have appropriately staggered breaks.
- Ensure good ventilation by keeping windows open where possible and not closing doors for small rooms (unless someone is presenting symptoms – see [section 1.6](#) about responding to someone falling ill at work).

Individuals should:

- Wash hands frequently with soap and water for 20 seconds.
- Use alcohol based hand rub where available if no access to soap and water.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Not come to work if they or a household member has symptoms of COVID-19 (follow the stay at home guidance).
- Follow the social distancing advice.
- Wherever possible, avoid direct contact with people that have a respiratory illness and avoid using their personal items such as their mobile phone.
- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose. Dispose of all used tissues promptly into a waste bin. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow.

Should people be wearing facemasks?

The use of face masks is not recommended for the general population. There is no evidence of benefit to support the use of facemasks outside healthcare environments. Face masks may be advised for those diagnosed with or suspected to have COVID-19 to reduce spread of infection.

Where can I find further information on COVID-19 and how to reduce the risk of infection?

Additional information can be found on the COVID-19 pages of the [NHS Inform](#) website.

A COVID-19 communication toolkit is also available on [NHS Inform](#) and contains posters, video and social media posts for organisations to print, use and share.

People who want more general information on COVID-19 but do not have symptoms can also phone the free helpline on **0800 028 2816** ([NHS 24](#)). The helpline is open:

- Monday to Friday, 8.00am to 10.00pm
- Saturday and Sunday, 9.00am to 5.00pm

1.3. Protecting resilience of critical emergency services

Cancel large gatherings (over 500 people)

From Monday 16/3/2013 all large gatherings above 500 people with the potential to impact the emergency services should be cancelled to prioritise the COVID-19 outbreak.

The First Minister Nicola Sturgeon has announced the action in Scotland to protect the resilience of the emergency services until the impact of the virus has lessened substantially.

Managing large events safely can require a significant commitment and planning from the Police, Fire and Ambulance Services, as well as others such as the voluntary sector.

At a time when there is severe pressure on emergency and public services as a result of the virus, cancelling such large events will free up vital resources to focus on dealing with the outbreak.

1.4. Foreign travel (and returning to work, school or other non-healthcare setting)

What do people need to know before travelling abroad?

For individuals who are planning to travel abroad, guidance on COVID-19 and other risks can be found on [fitfortravel](#). Before travel it is important to check the [destination pages](#) for travel advice including advisories or restrictions.

Information on any travel restrictions can also be found on the [Foreign and Commonwealth Office](#) (FCO) website. In addition, the FCO will also advise of measures being taken in unaffected countries in response to COVID-19, for example entry-screening. Both [FCO](#) and [fitfortravel](#) should be checked regularly prior to travel due to the developing nature of the COVID-19 outbreak.

What actions need to be taken by people returning to the UK from a COVID-19 Risk Area?

As COVID-19 is now circulating in the community there is no requirement to take additional measures when returning to the UK from other countries. You should follow the standard advice (see [section Background](#)).

1.5. Contact with a case of COVID-19

Asymptomatic individuals living in the same household as a possible case of COVID-19 should follow 'stay at home' advice on [NHS Inform](#). This means you should remain at home for 14 days from the date symptoms started in your household member. Anyone who has symptoms of COVID-19 should follow the guidance for people with symptoms in [section Background](#).

What action needs to be taken if a case of COVID-19 has recently attended your setting?

A risk assessment of the setting is usually not required but under certain circumstances may be undertaken by the Health Protection Team if required with the lead responsible person.

Advice on cleaning of areas is set out in [Section 1.7](#).

1.6. Actions to take if someone who may have COVID-19 becomes unwell whilst on site at your organisation

In preparation, make sure that all staff and individuals in your workplace / organisation, including children and young people, know to inform a member of staff or responsible person if they feel unwell. The following guidance may need to be adapted to ensure a responsible adult is there to support the individual where required.

If they have mild symptoms they should go home as soon as they notice symptoms and self-isolate. Where possible they should minimise contact with others i.e. use a private vehicle to go home. If it is not possible to use private transport, then they should be advised to return quickly and directly home. While using public transport, they should try to keep away from other people and catch coughs and sneezes in a tissue. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If they are so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about COVID-19. Whilst you wait for advice or an ambulance to arrive, try to find somewhere safe for the unwell person to sit which is at least 2 metres away from other people.

If possible, find a room or area where they can be isolated behind a closed door, such as a staff office or meeting room. If it is possible to open a window, do so for ventilation. The individual should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze, and then put the tissue in the bin. If no bin is available, put the tissue in a bag or pocket for disposing in a bin later. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow.

1.7. Environmental decontamination (cleaning and disinfection) after a possible case has left a workplace or other non-healthcare setting

Cleaning and Disinfection

Once a possible case has left the premises, the immediate area occupied by the individual e.g. desk space, should be cleaned with detergent and disinfectant. This should include any potentially contaminated high contact areas such as door handles, telephones, grab-rails. Once this process has been completed, the area can be put back into use.

Any public areas where a symptomatic individual has only passed through (spent minimal time in) e.g. corridors, not visibly contaminated with any body fluids do not need to be further decontaminated beyond routine cleaning processes.

Environmental cleaning and disinfection should be undertaken using disposable cloths and mop heads using standard household detergent and disinfectant that are active against viruses and bacteria. Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants. All cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. The person responsible for undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures.

In the event of a blood and body fluid spillage, keep people away from the area. Use a spill-kit if available, using the PPE within the kit or PPE provided by the employer/organisation and follow the instructions provided with the spill-kit. If no spill-kit is available, place paper towels over the spill, and seek further advice from the local Health Protection Team (see [Appendix 1](#)).

Personal Protective Equipment (PPE)

If a risk assessment of the setting indicates that a higher level of contamination may be present (for example where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE such as an apron and gloves should be considered.

Waste

Ensure all waste items that have been in contact with the individual (e.g. used tissues and disposable cleaning cloths) are disposed of securely within disposable bags. When full, the plastic bag should then be placed in a second bin bag and tied. These bags should be stored for 72 hours before being put out for collection. Other household waste can be disposed of as normal.

Laundry

Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person where possible, should be laundered separately. Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.

Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

If you do not have access to a washing machine at home or in your setting, ensure dirty laundry is kept bagged at home for 72 hours before taking to the launderette.

After handling dirty laundry ensure hand hygiene is carried out.

Section 2: Additional Setting-Specific Information and Guidance

2.1. Employers and Businesses

Employees will need your support to adhere to the recommendations on “staying at home”, social distancing and shielding to protect them and reduce the spread of COVID-19 to others.

Certifying absence from work:

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. This does *not* need to be fit note (Med 3 form) issued by a GP or other doctor. Isolation notes are available after completion of the [NHS Inform](#) for individual and household members.

Employers must 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, in accordance with the public health advice being issued by the government.

2.2. Faith settings

Faith leaders should familiarize themselves with the information from [NHS Inform](#) on “stay at home” advice, social distancing, and shielding. You should take this advice into account as you support people in your setting and your communities. In addition, you may wish to check if there is faith specific advice that has been issued by your organization.

You should check ahead to determine whether it is appropriate and safe to visit someone in their own home. People who are following “stay at home” advice and require pastoral support should not be visited in person but may be supported over the phone. Also consider carefully how you support other individuals in line with social distancing and shielding advice. People who are shielding should not be visited at home, except in exceptional circumstances.

Faith leaders and helpers visiting someone in their home who is currently well, should wash their hands when they arrive and when they leave, either with soap and water for at least 20 seconds, or by using a hand sanitiser. They should also maintain 2 metre distance between themselves with the person they are visiting, as per social distancing guidance.

Faith leaders or helpers providing pastoral care for people who are in care homes or hospitals, should follow advice from staff on infection control. They may consider providing support over the phone.

You will need to liaise closely with funeral directors about what is and is not permissible during the funeral and how bodies will be managed.

2.3. Educational settings

Children appear to be less affected than other age groups. All childcare settings (including early years settings, childminders and providers of childcare for school-age children), colleges and other educational establishments, have now been closed to reduce day-to-day contact with other people. Schools and early learning and childcare (ELC) settings will continue to provide critical provision to protect some key groups or activities as defined by the [Scottish Government](#). Arrangements for these purposes will depend on the arrangements local authorities make for their local areas. It is important to note, that these educational settings, remain safe places for children. But the fewer children making the journey to school, and the fewer children in educational settings, the lower the risk of the virus spreading and infecting vulnerable individuals in the wider community.

Educational settings continuing to provide services, should follow the guidance outlined in [Section 1](#) of this document. Staff and pupils should stay at home if they are unwell with a new continuous cough or a high temperature to avoid spreading infection to others. If staff or pupils become unwell on site with a new, continuous cough or a high temperature they should be sent home. For staff and pupils who have no symptoms, you should look at how you can implement social distancing measures in your educational setting to help reduce transmission of COVID-19. Further advice on these measures will be available on [NHS Inform](#).

For those children still in the school setting, handwashing should be encouraged before and after any activity, such as meal times, break times and sporting activities. Arrangements should also be made to ensure that parents and carers can maintain their distance when dropping off and picking up children.

Your local public health team will provide advice if you have had a symptomatic case of COVID-19 on site, including in a boarding house/residential school settings. The local health protection team will support you to make a risk assessment.

Universities/Colleges/Higher and Further education settings

Consideration should be given to how teaching may be provided to meet advice for social distancing and shielding, in order to reduce the need for large groups of students to gather together, and how to sustain learning for students following 'stay at home' advice.

If students develop symptoms and they live in communal settings such as halls of residence, local Health Protection Teams will be able to advise on whether 'household isolation' guidance should be applied to others in the setting.

Students remaining in halls of residence, following 'social distancing' advice should consider if returning to a family home would enable them to comply more effectively with current advice. However, they need to consider:

- Implications for household isolation at their alternative place of residence.
- How they would get home, public transport should not be used.
- Whether there are especially vulnerable people at home.

Students planning overseas travel, for education or leisure, should follow closely the advice provided by the Foreign and Commonwealth Office ([FCO](#)) and [fitfortravel](#).

2.4. First responders

[Additional guidance](#) is available for first responders (as defined by the Civil Contingencies Act) and others who may have close contact with symptomatic people with possible COVID-19 infection. This includes Police officers, Border Force officers, Immigration Enforcement officers and professionals and members of voluntary organisations who, as part of their normal roles, provide immediate assistance to a symptomatic person until further medical assistance arrives.

2.5. Funeral directors

Relevant professional guidelines such as the HSE [‘Managing Infection Risks When Handling the Deceased: Guidance for the mortuary, post-mortem room and funeral premises and during exhumation’](#) should be followed.

Information on PPE requirements during a post mortem examination can be found on the Royal College of Pathology [website](#): this will be updated should information and advice change.

2.6. Hotels and Hospitality Settings

Guests who are self-isolating

If a guest is self-isolating in a hotel or other holiday accommodation, staff members should avoid entering the room. Communication with the guest should take place over the phone to agree arrangements for room service, linen and laundry supply such as items being left outside the room for the guest to collect. As far as is possible staff should avoid close contact (within 2 metres) with self-isolating guests and clean their hands with soap and water or alcohol based hand rub.

Other operational issues

For the routine operation of hotel or hospitality facilities, standard procedures can be used for cleaning cutlery and crockery.

After the room is vacated it should be cleaned and disinfected following the guidance in [section 1.7](#). The linen and waste should be managed as per the guidance in [section 1.7](#).

2.7. Homelessness settings

Those experiencing homelessness, are more likely to have pre-existing medical health conditions and respiratory illness masking the presentation of this disease, therefore extra vigilance on pyrexia and coughs are required. The lived experience of trauma and violence, poor mental health and the lack financial resilience have specific barriers to following general public health advice. These individuals will require more time and liaison through third sector and local authority homelessness outreach teams.

The following recommendations are for services working with individuals experiencing the following:

- rough sleeping and in hostel accommodation;
- homeless and accessing day care settings;
- rough sleeping or involved in street based activities such as begging;
- homeless and living in mainstream temporary accommodation;
- receiving bespoke visiting support to help sustain tenancies.

Actions for hostels, day care centres and frontline outreach services

Social distancing, shielding and self-isolation advice can be found on the [NHS Inform website](#). People experiencing homelessness are more likely to have difficulty accessing this information and following the advice it provides. The support of frontline staff will be vital to improving access to this information and to help those experiencing homelessness to use it.

At the organisational level, services should consider how best the infection control advice in [section 1](#) can be modified for their settings.

You need to:

- Ensure frontline staff are aware of COVID-19 guidance outlined in [section 1.2](#).
- Increase access to hand washing facilities including at buildings providing services.
- Provide alternatives to hand washing where not possible e.g. hand gel where available including for frontline outreach services.
- Provision of essentials for respiratory hygiene, such as tissues.
- Paper based information on the signs and symptoms of COVID-19 (as on NHS Inform).

- Verbal advice to increase awareness of signs and symptoms of COVID-19.
- Raise awareness of actions to take if unwell (in line with guidance in [section 1](#)).
- Support to access care and advice in the event of illness.
- Balance a social distancing approach in a dignified and humane way.
- Rapidly isolate suspected and confirmed cases.

Day centre

- If someone becomes unwell in a day centre, and they do not have a home or room in which to self-isolate, they should be isolated temporarily in an area of the day centre (as described in [section 1](#)).

Support for self-isolation

- Work closely with local authority, public health, housing and social care teams to identify appropriate local accommodation solutions for people without appropriate accommodation which allow for self-isolation, including practical support such as delivery of essential items such as food, prescriptions etc.
- Consideration should also be given for access to the telecommunications provision to facilitate ongoing contact for those who will be particularly vulnerable to the impacts of isolation on mental wellbeing.
- Where accommodation solutions are identified within flats or other settings with communal areas/corridors/pathways, support should be given to ensure people are aware that self-isolation limits movement with these areas.
- Consideration should be given for how this access to local accommodation solutions is communicated to people. When someone has completed the self-isolation, transition to other accommodation or services will need to be managed sensitively.

Members of staff need to consider Contingency plans for situations such as:

- reduced or interrupted supply of medicines, or access to them;
- reduced access to or interrupted supply of drugs or alcohol;
- greater vulnerability to the effects of viral infection because of reduced immunity from poor health, drug and alcohol use, or medication for other conditions;
- risk of exacerbation of breathing impairment from coronavirus (COVID-19) due to simultaneous substance misuse e.g. opioids.
- treatment capacity for withdrawal support or substitute prescribing as an alternative to using illicit drugs, i.e. opioid substitution therapy;

- impact of isolation on mental wellbeing and the risk that people who are self-isolating do not maintain the required time to “stay at home”.

Local authorities and other relevant groups should work closely together with local frontline partners to regularly update their resilience plans in line with new advice and information as this is subject to frequent change.

Temporary Accommodation

- Those living in mainstream temporary accommodation, should be encouraged to self-isolate in their temporary accommodation if possible.
- Follow the advice in [section 1](#) for shared facilities.

Frontline outreach and visiting support services

Outreach and visiting support workers should support “stay at home”, social distancing and shielding advice and review existing arrangements for safe working.

Prior to a home visit for those receiving tenancy support in temporary or permanent accommodation, staff should, if possible, ascertain if a user of the service, or member of the household is following “stay at home” advice via telephone, text or e-mail. If they are following “stay at home” advice and a visit is deemed essential, then a full risk assessment should be undertaken with managers to decide the best course of action. If during telephone communication to assess their suitability for a home visit, they report symptoms of COVID-19, then a face-to-face assessment should be avoided. You should consider how to implement social distancing and shielding advice and ensure that you are aware whether the user of the service belongs to a risk group as outlined in the social distancing guidance. Consider how you can support service users where face to face contact is to be avoided i.e. regular telephone contact and delivery of supplies. Home visits are not recommended for people who are shielding, except in exceptional circumstances.

2.8. Leisure facilities, entertainment venues and premises used by community groups e.g. scout halls, community centres

Follow the guidance outlined in [section 1](#) of this document. All uses of these facilities should be reviewed for consistency with advice on social distancing. There is no requirement for additional action or closure of the leisure facility, venue or premises if a person with possible COVID-19 infection has attended.

NB: No additional action is required if a possible or confirmed case has used a swimming pool as the virus would not survive in a chlorinated pool.

2.9. Large events

From Monday 16/03/2020 all large gatherings above 500 people including sporting, religious and cultural with the potential to impact the emergency services should be cancelled to prioritise the Covid-19 (coronavirus) outbreak.

For smaller gatherings please follow **the social distancing guidance** outlined in [section 1.2](#).

2.10. Prescribed Places of Detention (PPDs) and Prison Services (healthcare and custodial services)

This includes, prisons (public and privately managed), immigration removal centres (IRC), children and young people's secure estate (CYPSE) (young offender institutions (YOI), secure training centres (STC), police custody suites (PCS) and secure children's homes (SCH).

Controlling the spread of infection in prescribed places of detention (PPDs) will be contingent on the coordinated efforts of both healthcare and custodial staff working with local Health Protection Teams to apply the general approach described in [section 1](#) of this guidance and in accordance with Scottish Prison Service Guidance.

Healthcare facilities within prisons should follow the [Primary Care Guidance](#).

Any vehicle used to transport a possible COVID-19 case should not be used until it has been cleaned and disinfected using the decontamination methods outlined in [section 1.7](#) above. Following which it can be brought back into service.

- Any prisoner/detainee with a new, continuous cough or a high temperature should be placed in protective isolation for 7 days.
- If a member of staff or visitor becomes unwell on site with a new, continuous cough or a high temperature, they should go home.

- Prisoners/detainees who have a new, continuous cough or a high temperature but are clinically well enough to remain in prescribed places of detention (PPDs) do not need to be transferred to hospital.
- Possible (or confirmed) cases of coronavirus (COVID-19) should be notified by prison or immigration removal centre (IRC) healthcare teams as soon as possible to local Health Protection Teams.
- If isolation in single occupancy accommodation (for example cell or detention room) is not available individuals with symptoms should be held alone in higher occupancy accommodation.
- The prisoner or detainee should wear a surgical face mask while being transferred to an isolation room. Escorting staff do not require PPE but must clean their hands on leaving the prisoner or detainee.
- People who are severely unwell may be transferred to appropriate healthcare facilities with usual escorts and following advice on safe transfers.
- Staff should wear specified personal protective equipment (PPE) for activities requiring sustained close contact with possible cases (see first responder's guidance).
- If multiple cases of those displaying symptoms, 'cohorting', or the gathering of potentially infected cases into a designated area, may be necessary. In these situations, the local Health Protection Team will offer advice.
- PPD leaders should be assessing their estate for suitable isolation and cohorting provision.

2.11. Transport Sector and Points of Entry

Staff and crew in contact with passengers are not considered to be at a heightened risk of contracting coronavirus as a result of their work. This means that they are at no greater risk of contracting COVID-19 than any other member of the public.

All crew and passengers, however, should have access to and information on measures in order to reduce the risk of respiratory infections and what to do if they present with symptoms consistent with COVID-19; that they should not go to work but self-isolate at home or, where symptoms present in work, that they should go home immediately using their own transport.

Arrivals into the UK and Reporting of Suspected Cases to the Health Protection Team

MARITIME

Maritime Declarations of Health are already required for all ships arriving from a foreign port and masters of ships will be made aware of any additional requirements through Notices to Mariners.

Port authorities, port operators, ship masters, harbour masters and others involved with the maritime sector should ensure that:

- Guidance on symptoms, risk groups and self-isolation (see [section 1.1](#)) is communicated to all staff in all in areas and in appropriate languages. Poster and leaflet materials should be placed in prominent locations and distributed as appropriate.
- Staff/crews are regularly briefed on hands and respiratory hygiene measures that are associated with the prevention of spread of COVID-19, including handwashing and respiratory hygiene (catching coughs and sneezes), and environmental cleaning (see [section 1.7](#)).
- There is an appropriate supply of PPE where close contact with a case or contaminated objects/ surfaces may be required e.g. for medical assessment, cleaning, or handling laundry.

In addition:

- Ship crews should have a clear line of communication to enable them to report symptoms while on board to enable immediate isolation.

- Cruise companies should give clear instructions to any crews and passengers that they will not be allowed to embark should they have symptoms consistent with COVID-19.
- Cruise companies should give guidance consistent with current UK advice for high risk groups on the importance of [social distancing](#) and [shielding](#) to all current and booking customers.

Before embarkation

Crew or passengers with symptoms consistent with COVID-should not be allowed on board but directed to self-isolate at home.

All crew and passengers should be reminded of:

- the need to report symptoms consistent with COVID-19 as soon as possible with clear instructions on what they should do and the designated person that they must report to;
- of the importance of hygiene measures including hand washing.

After embarkation

The ships master should regularly assess the state of health on board their ship before each port of call. Where an instance of illness is identified then these should be reported at the earliest possible convenience via established channels to the local Health Protection Team of the next port; the suspect case should be isolated until the local Health Protection Team advises otherwise.

In managing any suspected case the following precautions should be employed:

On Board

- The suspected case should remain isolated in a cabin.
- Medical staff in close contact with a suspected case of coronavirus (COVID-19) should wear the correct PPE, and PPE disposed of appropriately (see [section 1.7](#)).
- Staff should only go into the cabin if essential, and no-one should be allowed in the cabin unless wearing appropriate PPE consisting of a fluid-repellent surgical face-mask, gloves and a disposable apron. PPE should be disposed of appropriately.
- All staff should wash their hands with soap and water for 20 seconds immediately after removing PPE, or alcohol hand sanitiser can be used.

- Meals should be left outside the door and normal housekeeping duties suspended.
- Appropriate cleaning, including disinfection, waste disposal and management of laundry should be undertaken (see [section 1.7](#)).

On Arrival at the Next Port

- DO NOT disembark the suspected case or any crew or passengers until the local Health Protection Team advises to do so. Where the possible case is a medical emergency then 999 must be called. The local Health Protection Team should also be immediately informed. The possible case, and any crew or passengers, must not be disembarked until advised the Health Protection Team has advised to do so.

The Health Protection Team will advise on:

- arrangements for disembarkation for suspect cases;
- management of other passengers and crew on boards;
- any disembarkation of other passengers and crew;
- any recommended measures in terms of reporting, cleaning and respiratory hygiene;
- any follow-up monitoring required and where necessary limitations to further travel.

AVIATION

All flights into the UK are required to provide health announcements to passengers relating to the current COVID-19 outbreak. Passengers will be advised about appropriate hygiene measures and “stay at home” advice if they develop symptoms. While currently there is no requirement for a General Aircraft Declaration, in the event of a seriously ill passenger being identified then aircraft and airports should follow their extant local health SOPs ensuring the local HPT is informed immediately. Where the case is on an aircraft, then the aircraft should not be disembarked until the HPT have advised to do so.

For seriously ill cases all airports should identify an isolation area to allow isolation whilst waiting for the local health response. The area will be dependent on local circumstances.

Where the possible case is a medical emergency then 999 must be called. The local Health Protection Team should also be immediately informed. The suspect case should not be disembarked or allowed to leave isolation until the Health Protection Team has advised to do so.

Performing body or bag searches at Points of Entry

Health Protection Scotland recommend that in addition to measures described in [Section 1.2](#) to minimise transmission of respiratory infections that staff use an alcohol-based hand sanitiser that contains at least 60% alcohol after each search. If any passengers present who are seriously unwell then local procedures should be followed to ensure the HPT and 999 are notified, and the passenger isolated where possible.

If a passenger becomes symptomatic on-board a vessel, train or aircraft

In addition to co-operating with the local Health Protection Team and Port Authorities (Local Authorities), port and airport operators should keep their transport company operations centre informed of any incidents requiring a HPT response.

2.12. Visit Scotland

Follow the guidance set out in [Section 1](#) of this document including the information on social distancing.

If visitors are looking for information and advice on COVID-19, they should be directed to the [NHS Inform](#) website.

If visitors are unwell, they should be advised to self-isolate. They should not be directed to an A&E department or GP surgery/walk-in centre. If it is a medical emergency, they should call 999 and let the call handler know they are concerned about coronavirus.

Appendix 1: Contact details for local Health Protection Teams

Organisation	Office Hours Telephone Number	Out of Hours Telephone Number Ask for Public Health On Call
Ayrshire and Arran	01292 885 858	01563 521 133
Borders	01896 825 560	01896 826 000
Dumfries and Galloway	01387 272 724	01387 246 246
Fife	01592 226 435/798	01383 623 623
Forth Valley	01786 457 283	01324 566 000
Grampian	01224 558 520	0345 456 6000
Greater Glasgow & Clyde	0141 201 4917	0141 211 3600
Highland	01463 704 886	01463 704 000
Lanarkshire	01698 858 232/228	01236 748 748
Lothian	0131 465 5420/5422	0131 242 1000
Orkney	01856 888 034	01856 888 000
Shetland	01595 743 340	01595 743 000
Tayside	01382 596 976/987	01382 660111
Western Isles	01851 708 033	01851 704 704