



Core COVID-19 Information and Guidance for General (Non-Healthcare) Settings

Version 4.0



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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
V3.8	27/03/2020	Update for UK Border Force Update to Educational settings
V3.9	03/04/2020	Update in light of social distancing PPE Revisions
V4.0	14/04/2020	Personal travel section added Organisational and workplace arrangements section added Links to external points of information updated Gypsy/Traveller section added

Contents

Scope of this guidance.....	4
Settings and topics included within this guidance	5
How to read this guidance.....	5
Section 1	6
Information and guidance for all non-healthcare settings.....	6
1.1. Background	6
What is coronavirus disease (COVID-19)?	6
What are the typical signs and symptoms of COVID-19?	6
What should I do if I have symptoms?	6
What should I do if my symptoms are worsening?.....	7
How is COVID-19 spread?.....	7
How long can the virus survive on environmental surfaces?	7
1.2. What should individuals do to prevent spread of COVID-19?.....	7
1.3. Organisational and workplace arrangements during COVID-19.....	8
1. Social distancing and stay at home guidance	9
2. Shielding of extremely high risk individuals.....	10
3. Stay at home guidance for people who have symptoms, and their household members (household isolation)	10
4. Infection prevention and control (hygiene measures)	10
1.4. Further information on COVID-19 and how to reduce the risk of infection.....	11
1.5. Personal or work travel and social distancing.....	11
Should people be wearing facemasks?	12
1.6. What action needs to be taken if a case of COVID-19 has recently attended your setting?.....	12
What action needs to be taken if someone becomes unwell with symptoms of COVID-19 whilst on site at your organisation?	13
1.7. Contact with a case of COVID-19.....	13
1.8. Environmental decontamination (cleaning and disinfection) after a possible case has left a workplace or other non- healthcare setting.....	14
Cleaning and Disinfection	14
Personal Protective Equipment (PPE)	14
Waste.....	14
Laundry.....	15

1.9. Foreign travel	15
Section 2: Additional Setting-Specific Information and Guidance	16
2.1. Employers and Businesses	16
Certifying absence from work	16
2.2. Faith settings	16
2.3. Educational settings	17
Universities / Colleges / Higher and Further Education settings	18
2.4. First responders	19
2.5. Funeral directors.....	19
2.6. Hotels and Hospitality Settings.....	19
Guests who are self-isolating.....	19
Other operational issues	19
2.7. Homelessness settings.....	20
Actions for hostels, day care centres and frontline outreach services	20
Support for self-isolation and shielding	21
Temporary Accommodation.....	22
Frontline outreach and visiting support services	22
2.8. Gypsy/Traveller Communities	22
2.9. Leisure facilities, entertainment venues and premises used by community groups e.g. scout halls, community centres	23
2.10. Transport Sector and Points of Entry.....	23
Arrivals into the UK and Reporting of Suspected Cases to the Health Protection Team	23
Maritime	23
Aviation	25
Performing body or bag searches at Points of Entry.....	26
If a passenger becomes symptomatic on-board a vessel, train or aircraft	26
2.11. Visit Scotland.....	26
Appendix 1: Contact details for local Health Protection Teams.....	27

Scope of this guidance

Key principles of measures taken to minimise the spread of COVID-19 are determined at the UK level. The central aim of this guidance is to provide a clear and concise overview of these measures with Scotland specific adaptation e.g. reference to Scottish services, where appropriate.

In scope

These key measures include but are not limited to:

1. [Social distancing](#) and [stay at home](#) guidance.
2. [Shielding](#) of very high risk individuals.
3. Stay at home guidance for people who have symptoms, and their household members ([household isolation](#)).
4. [Infection prevention and control](#) (hygiene measures) and PPE.

Where sector or occupation specific guidance is required to operationalise the measures then this will be led by the key national organisation with expertise in the specific area with expert health protection and infection prevention and control input and advice as required. We support development of customised guidance by providing specific health protection and infection prevention control advice where this is within our technical and scientific competence.

Some broad principles of how guidance may be adapted is set out in our settings specific section. Some detailed setting specific guidance is included where the expertise for this is within the health protection remit.

Out of scope

This guidance does not seek to cover details of operational arrangements or issues such as occupational health, although the core information outlined here may be useful for informing work in these areas.

Whilst this document summarises and signposts public facing information, it does not seek to replicate the detailed and comprehensive resources provided on [NHS Inform](#).

Settings and topics included within this guidance

This guidance is to support those working in a range of settings **outside** of health and social care to give advice to their staff and users of their services about the novel coronavirus disease (COVID-19). For guidance on social and residential care settings please follow this [link](#).

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 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 setting. Some settings have unique requirements which are detailed in Section 2.

Section 2: contains additional information and guidance for specific settings.

This guidance is based on what is currently known about COVID-19.

Health Protection Scotland (HPS) (now part of Public Health Scotland) 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 disease (COVID-19)?

COVID-19 is the name given to the disease caused by a new strain of coronavirus which was first identified in Wuhan City, China in December 2019. COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020.

We now have spread of COVID-19 within communities across Scotland. 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. Further information on these precautions can be found on [NHS Inform](#).

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 the symptoms of COVID-19 will be mild. 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. People who are unwell and worried about COVID-19 should consult NHS inform and phone NHS 24 (call 111) as the first point of contact, not their GP.

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.

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 is not an emergency, contact NHS 24 (phone 111). 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 through respiratory droplets produced when an infected person coughs or sneezes. This is thought to be the main way the infection is transmitted between people and is most likely to happen when there is close contact (within 2 metres) with an infected person who is symptomatic. It is likely that the risk of infection transmission increases the longer someone has close contact with an infected person.

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?

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. 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. What should individuals do 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:

Individuals should:

- Follow the social distancing and stay at home advice.
- Follow the shielding advice if this applies to them.
- Follow the guidance for households with possible COVID-19 (stay at home) advice if they or a household member has symptoms of COVID-19.
- Follow hygiene advice such as handwashing.

Social distancing measures should be followed by everyone, including children, in line with the government advice to [stay at home](#). The aim of social distancing measures is to slow the transmission of COVID-19. Up to date information can be found on the [NHS Inform](#) website. Note that more restrictive shielding advice should be followed by individuals at risk of severe infection (see below).

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 the virus that causes 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.

Guidance for households with possible COVID-19 (Stay at home) measures will slow 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](#).

Good hygiene practices to help prevent spread

- 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.
- Avoid direct contact with people that have a respiratory illness wherever possible.
- Avoid using personal items (e.g. mobile phone) of people that have a respiratory illness wherever possible.
- 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, cough and sneeze into the crook of the elbow. Wash or use alcohol based hand rub to clean hands at the first opportunity.

1.3. Organisational and workplace arrangements during COVID-19

This guidance applies to all workplace settings outside of health and social care however, more specific guidance for [Healthcare Settings](#) and [Social or Community Care and Residential Settings](#) should be followed where this applies.

Consider whether your work is essential and needs to continue. See Scottish Government's [Coronavirus \(COVID-19\): business and social distancing](#). All organisations and individuals must ensure that they adhere to up to date guidance on recommended public health measures from Scottish Government. This includes business and social distancing guidance and standard health and safety requirements. See Scottish Government's [Coronavirus \(COVID-19\): business and social distancing](#) guidance for more detail. Consider which groups of people (e.g. staff, contractors, volunteers, service users and visitors) need to be included in applying the guidance to your setting.

The key public health measures to reduce the spread of infection and preventing infection in vulnerable people are described in detail on [NHS Inform](#).

- [Social distancing](#) and [stay at home](#) guidance
- [Shielding](#) of very high risk individuals
- Stay at home guidance for people who have symptoms, and their household members ([household isolation](#))
- [Infection prevention and control](#) (hygiene measures)

1. Social distancing and stay at home guidance

Ensure that all members of the organisation are aware of the requirement to follow social distancing and stay at home guidance and support them in doing this. Consider the additional demands that will be placed on people and your organisation by following advice on social distancing and put in place resilience planning to support this.

Stay at home guidance is in place for everyone. Work that can be done remotely should be done from home. Where the work cannot be done from home then social distancing must be followed. Individuals who are at increased risk of infection (but not in the shielding category) are advised to follow the social distancing advice stringently and this must be taken into consideration. Note individuals following shielding or household isolation guidance must not attend the workplace.

It is essential that the clear recommendation of the 2m rule outlined in the social distancing guidance is adhered to. For work designated as essential, there are however circumstances where the 2 m rule cannot be followed despite all possible steps being taken to try to maintain this, in those circumstances a risk based approach should be used. A risk assessment should be conducted that considers the following aspects and the outcome should be documented:

- Is it an essential role (see key worker's guidance)?
- Is the task being done essential?
- Is it essential that the task is done now or can it be deferred?

- Can the task be done in a different way so that 2m distance can be maintained?
 - Yes – do this and document a justification that describes why the process has changed from usual practice, make sure your usual Health and Safety considerations are applied.
 - No – then adapt the task to ensure social distancing is adhered to as far as possible and document this.
 - Minimise the time spent at less than 2m
 - Maintain 2m distance for breaks and lunch
 - Maximise the distance, where the 2m distance cannot be kept, always ensure the greatest distance between people is maintained
 - Apply environmental changes to minimise contact such as physical barriers, markings or changing placement of equipment or seating (e.g. a screen between staff and customers, or tape markings on the floor to show the 2 metre distance required).
 - Consider changes in working practices (stagger times at which work is done or breaks are taken; restructure work flows to allow for social distancing to be implemented).
 - Ensure that good hygiene practices and all infection prevention and control measures are implemented fully.

2. Shielding of extremely high risk individuals

People who are shielding, designated as 'at very high risk' must not attend any workplace outside the home setting, they are to remain in the home. Managers and/or occupational health services must ensure that these individuals do not attend the workplace. Household members of individuals who must shield do not need to adhere to shielding themselves.

3. Stay at home guidance for people who have symptoms, and their household members (household isolation)

Organisations must ensure that all members of the organisation are aware that they must stay at home if they or a household member develop symptoms of COVID-19 and they should support them in doing this.

4. Infection prevention and control (hygiene measures)

Organisations should:

- Promote good hand hygiene for all staff, volunteers, contractors, service users and visitors.
- Ensure that adequate facilities are available for hand hygiene, including handwashing facilities that are adequately stocked or alcohol based hand rub at key areas (e.g. entry and exit points).
- Ensure workers are aware they must not attend for work with COVID symptoms.

- Ensure that everyone knows what to do [if someone becomes symptomatic whilst at work.](#)
- Ensure environmental cleaning is done regularly.
 - Routine cleaning and disinfection of frequently touched objects and surfaces (e.g. telephones, keyboards, door handles, desks and tables).
 - Ensure that where possible movement of individuals between work stations is minimised and where work spaces are shared there is cleaning between use (e.g. avoid hot desking and instead each individual has a designated desk).
 - Clean work vehicles, between different passengers or shifts as appropriate.
- 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 good ventilation (e.g. keep windows open where appropriate).
- Ensure that individuals are aware of and able to follow the [hygiene advice.](#)
- Ensure that individuals follow the [“social distancing and personal and work travel guidance”.](#)

1.4. 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 from 8.00am to 10.00pm each day.

Further HPS guidance for other settings, e.g. social and residential settings, is available on the [HPS website](#).

1.5. Personal or work travel and social distancing

[Social distancing](#) and [stay at home](#) advice is in place for all. You may only undertake essential travel if you are not showing coronavirus symptoms and neither you nor any of your household are self-isolating. Essential travel should be reserved for food shopping and medical visits. You can only travel for work purposes if you cannot work from home and your work is essential. All travel should be reduced to the minimum required for essential purposes.

The general public can use public transport (buses/trams/subways/trains) and private/commercial vehicles (e.g. to get to and from work, food shopping), aiming to maintain 2m social distancing whenever possible. Where people from different households are sharing a private vehicle (car, taxi, minibus, lorries) then consideration should be given to how social distancing can be applied within the vehicle, where possible. If you can adhere to social distancing whilst travelling, then do so. Where this is not possible and you are travelling with non-household members limit the number of passengers and space out as much as possible. Household members can travel together in larger numbers in a private vehicle, as required for essential purposes. People who are in the higher risk category should consider carefully how they can apply the social distancing advice stringently. People who are shielding should follow the advice on [NHS Inform](#).

The following general infection prevention and control measures should be followed:

- Hand hygiene - use handwashing facilities or, where available, alcohol based hand rub before and after journeys.
- Catch coughs and sneezes in tissues or cover mouth and nose with sleeve or elbow (not hands), dispose of the tissue into a bin and wash hands immediately.
- Practice social distancing. For example, sit or stand approx. 2 metres (6 feet) from other passengers, travel in larger vehicles where possible or use vehicles with cab screens, if available.
- If using public transport, try to avoid busier times of travel to ensure you can practise social distancing.
- Clean vehicles between different drivers or passengers as appropriate

Should people be wearing facemasks?

The use of face masks is not currently 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.

1.6. 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, e.g. there are multiple cases who attended your setting, this may be undertaken by the local Health Protection Team ([see Appendix 1](#)) with the lead responsible person.

Advice on cleaning of areas is set out in [Section 1.8](#).

What action needs to be taken if someone becomes unwell with symptoms of COVID-19 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 the affected person has mild symptoms they should go home as soon as they notice symptoms and self-isolate. Where possible they should minimise contact with others, e.g. use a private vehicle to go home. If it is not possible to use private transport, then they should be advised to return home quickly and directly. If using public transport, they should try to keep away from other people and catch coughs and sneezes in a tissue. If they don't have any tissues available, they should cough and sneeze into the crook of the 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 and it is safe to do so, 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. Once the individual has left, follow advice in

[Section 1.8.](#)

1.7. Contact with a case of COVID-19

Asymptomatic individuals living in the same household as a possible case of COVID-19 should follow household isolation (stay at home) advice on [NHS Inform](#). Anyone who has symptoms of COVID-19 should follow the guidance for people with symptoms in [section 1.1.](#)

1.8. 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 and 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, and which are 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 personal protective equipment (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)

Occupations should continue to use any PPE required as per local policies (business as usual). 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 general 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 should be laundered separately where possible. Do not shake dirty laundry, as 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 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.

1.9. Foreign travel

Non-essential foreign travel is not currently recommended. Guidance for British people travelling abroad: [Travel advice: coronavirus \(COVID-19\)](#). Travel advice and country specific information can be found at [fitfortravel](#).

Section 2: Additional Setting-Specific Information and Guidance

2.1. Employers and Businesses

Organisations should follow the advice in [Organisational and Workplace Arrangements during COVID-19](#).

Employees will need your support to adhere to the recommendations on “staying at home”, social distancing and shielding, to protect them and to 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 self-help guide for individuals and household members which is available from [NHS Inform](#). Employees can obtain isolation notes as proof of their need to stay off work because of COVID-19. Please ensure that your employees are aware of these arrangements.

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 familiarise 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 organisation.

Consider carefully how you support individuals in line with social distancing and shielding advice. People who are following shielding advice 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 a 2m distance between themselves and 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 should consider providing support over the phone.

The Scottish Government have produced [COVID-19 guidance on preparation for burial or cremation for religious organisations, faith and cultural groups](#).

2.3. Educational settings

All schools, local authority early learning and childcare settings, colleges and other educational establishments, have now closed to reduce day-to-day contact with other people, unless they are delivering critical provision to protect certain key groups or activities as defined by the [Scottish Government](#). Private and third sector childcare providers, including childminders, can remain open provided they support only the children of key workers and vulnerable children and wherever possible work with their local authority to do this. The Scottish Government has also issued [guidance](#) that sets out the implications for childminding services. For advice on residential children's homes see the advice at [COVID-19 Information and guidance for social or community care and residential settings](#).

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. However, the fewer children making the journey to school or nursery, 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. 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. Detailed advice on social distancing is available on [NHS Inform](#).

Specific measures

- **Handwashing**
 - Handwashing should be encouraged before and after any activity, such as meal times, break times and sporting activities.
 - Ensure all staff and children wash their hands with soap and water for 20 seconds frequently.
 - If children or young people have trouble washing their hands properly, ensure help is available.
 - Supervise younger children or those with additional needs if there is any doubt that they are able to do this.
 - Ensure adequate and appropriate facilities are available, e.g. that children can reach hand soap etc.
 - Encourage children not to touch their face, use a tissue or elbow to cough or sneeze, and use bins for tissue waste.
 - Where handwashing facilities are not immediately accessible then consider provision of alcohol based hand rub, e.g. at entry points to the school.

- **Social distancing**
 - Adapt social distancing to your environment: guidance on social distancing can be found on [NHS Inform](#) and practical suggestions on how to implement this on the [Scottish Government website](#).
- **Illness**
 - Ensure children, carers, staff and visitors such as suppliers who feel unwell stay at home and do not attend your facility.
 - In residential special schools and colleges, this means self-isolating.
 - If staff or pupils become unwell on-site they should be sent home.
- **Environmental cleaning**
 - Increase cleaning of surfaces in classrooms, including desks and handles, and within toilet blocks and changing rooms, adhering to guidance on cleaning of non-healthcare settings in [section 1.8](#).
 - Facilitate cleaning by removing any hard to clean resources from the environment.

Your local Health Protection Team will provide support to undertake a risk assessment and advice on what measures to take if you have concerns that you have a cluster of COVID-19 cases.

Universities / Colleges / Higher and Further Education settings

Consideration should be given to how teaching may be provided at a distance.

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, as public transport should not be used.
- Whether there are especially vulnerable people at home.

Students planning travel 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. 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. Body bags are not required in terms of COVID-19 risk, but may be required for other, practical reasons, such as maintaining dignity or preventing leakage.

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. Body bags are not required in terms of COVID-19 risk, but may be required for other, practical reasons, such as maintaining dignity or preventing leakage. 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.

The Scottish Government have produced [COVID-19 guidance on preparation for burial or cremation for religious organisations, faith and cultural groups](#).

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, with such items being left outside the room for the guest to collect. As far as 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 1.8](#). The linen and waste should be managed as per the guidance in [section 1.8](#).

2.7. Homelessness settings

Those experiencing homelessness are more likely to have pre-existing health conditions that place them at higher risk of serious illness if they are infected with COVID-19. They may also have health conditions that make it more difficult to spot symptoms of COVID-19, therefore extra vigilance on fever and coughs is required. The lived experience of trauma and violence, poor mental health and the lack of financial resilience present specific barriers to following general public health advice. These individuals will require more time and liaison through the 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 [NHS Inform](#). 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 handwashing facilities including at buildings providing services.
- Provide alternatives to handwashing where not possible, e.g. hand gel where available including for frontline outreach services.
- Provide essentials for general and respiratory hygiene, such as tissues.
- Provide paper based information on the signs and symptoms of COVID-19 (as on [NHS Inform](#)). Translated information should be provided if a person's first language is not English (available on [NHS Inform](#)).
- Provide verbal advice to increase awareness of signs and symptoms of COVID-19. An interpreter should be used to provide advice if a person has difficulty understanding English.

- Raise awareness of actions to take if unwell (in line with guidance in [section 1](#)).
- Rapidly isolate suspected and confirmed cases.
- Support to access care and advice in the event of illness.
- Consider how best to adapt social distancing to the needs of the individual

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 1.8](#)).

Support for self-isolation and shielding

- Work closely with local authority, public health, housing and social care teams to identify appropriate local accommodation solutions for people without appropriate accommodation that allow for self-isolation and shielding, including practical support such as delivery of essential items such as food and prescriptions.
- Consideration should also be given to providing access to telecommunications 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 and shielding limits movement within these areas.
- Consideration should be given to how this access to local accommodation solutions is communicated to people. When someone has completed self-isolation, e.g. after self-isolating for 7 days if they are symptomatic, transition to other accommodation or services will need to be managed sensitively.

Consider contingency plans for:

- reduced access to or interrupted supply of medicines;
- reduced access to or interrupted supply of drugs or alcohol;
- greater vulnerability to infection, for example because of poor health and/or drug and alcohol use;
- risk of exacerbation of breathing impairment from COVID-19 due to simultaneous substance use, e.g. opioids;
- withdrawal support or substitute prescribing as an alternative to using illicit drugs, e.g. opioid substitution therapy;

- impact of isolation on mental health; and
- non-adherence to social distancing or household isolation advice.

Further support on drug and alcohol issues should be sought from relevant local services. Further guidance from the Scottish Drug Forum is available at <http://www.sdf.org.uk/>

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 social distancing, shielding advice and stay at home (household isolation) advice and review existing arrangements for safe working.

Visits must be limited to essential visits only. Consider how you can support service users where face to face contact is to be avoided, e.g. regular telephone contact and delivery of supplies. 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 household isolation (stay at home) or shielding advice via telephone, text or e-mail. If they are following this 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. Home visits are not recommended for people who are shielding, except in exceptional circumstances.

2.8. Gypsy/Traveller Communities

The Scottish Government have produced [Coronavirus \(COVID-19\): framework to support gypsy/traveller communities](#), a framework to help local authorities and their partners, including the NHS and the third sector, in decision-making in their local response to COVID-19 in relation to Gypsy/Travellers.

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

Leisure facilities, entertainment venues and community premises are currently closed. Everyone is required to follow social distancing guidance outlined in [section 1](#) of this document and on [NHS Inform](#). This includes guidance on suggested forms of exercise and limiting social interaction. All gatherings large and small should be avoided.

2.10. Transport Sector and Points of Entry

All crew and passengers should have access to and information on measures to reduce the risk of respiratory infections and should follow the guidance in [section 1.2](#) and on [NHS Inform](#).

For UK Border Force officers carrying out duties at ports and airports there is additional [guidance for first responders and others in close contact with symptomatic people with potential COVID-19](#).

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

- You must stay at home, do not travel unless for food, health and essential work or travel.
- Guidance for British people travelling abroad: [Travel advice: coronavirus \(COVID-19\)](#).
- Travel advice and country specific information can be found at [fitfortravel](#).

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 hand 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 1.8](#)).

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-19 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; and
- The importance of hygiene measures including handwashing.

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 ensure the PPE is disposed of appropriately. The four nations [COVID-19: infection prevention and control guidance](#) describes the Infection Prevention and Control measures required for management of possible/confirmed COVID-19 patients. [Table 2](#) of the guidance details the

recommended PPE for those providing clinical care in the primary, outpatient and community settings. [Table 4](#) of the guidance details additional PPE considerations where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen.

- 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 1.8](#)).

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 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; and
- 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 HPT 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, staff use an alcohol-based hand sanitiser. 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.

2.11. Visit Scotland

Follow the guidance set out in [Section 1](#) of this document including the information on social distancing. Everyone should follow national advice to stay at home, and not travel unless for food, health and essential work. Therefore, non-essential visits to tourist sites are not currently permitted. 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 COVID-19.

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