

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

Version 4.6

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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
V4.1	30/04/2020	Addition of maintenance worker section Face covering information added Amended references to 'social distancing' to 'physical (social) distancing'
V4.2	01/05/2020	Addition of testing section
V4.3	20/05/2020	Case definition updated
V4.4	21/05/2020	Test and protect advice added throughout document Stay at home advice strengthened to include asymptomatic COVID-19 diagnoses throughout document Personal and work travel advice updated in section 1.5 Addition of PPE advice in section 1.6 Updated advice on testing of workers in section 1.10 Additional advice added to foreign travel section 1.11 Amendments to homelessness section 2.7
V4.5	10/07/2020	Restructuring of the guidance and inclusion of Section 3. Update to section 1.1: <ul style="list-style-type: none"> • How is COVID-19 spread? • What should I do if I have symptoms? Amendment to section 1.2: <ul style="list-style-type: none"> • Physical distancing • Shielding Amendment to section 1.3: face coverings Amendment to section 1.4: testing advice Amendment to section 2: external links updated

Version	Date	Summary of changes
		<p>Addition of section 2.1: who should go to work Amendment to section 2.4: external links added Amendment to section 2.5: external links added Amendment to section 2.7 personal or work travel information updated Amendment to section 3.1: addition of travel within UK section Amendment to section 3.3: external links updated Amendment to section 3.6: external link added Amendment to section 3.9: advice updated Addition of section 3.10: customer and public toilets</p>
V4.6	30/07/2020	<p>External links updated throughout the guidance References to 7 day self-isolation period have been changed to 10 days for those in the community who have COVID-19 symptoms or a positive test result References to shielding amended or removed throughout guidance to reflect pause on shielding Amendment to section 1.2: shielding advice updated to reflect pause on shielding Amendment to section 1.4: updated testing advice Addition of section 1.5: outbreak of COVID-19 in non-healthcare settings Amendment to section 2 (shielding of extremely high risk individuals): advice updated to reflect pause on shielding Amendment of section 2.6: personal travel advice updated in line with Phase 3 advice. Appendix 1. Updated contact details for HPTs including email addresses</p>

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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. [Physical distancing](#) and [staying safe](#) guidance.
2. [Shielding](#) of very high risk individuals.
3. Stay at home guidance for people who have symptoms or have a COVID-19 diagnosis (whether they have symptoms or not), and their household members ([household isolation](#)).
4. [Test and Protect](#)
5. [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.

Broad principles of how guidance may be adapted are 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](#).

The inclusion of a link to an external website or external organisation's guidance from this document should not be interpreted as an endorsement of that guidance, site, its content, or any product or service it may provide. We are not responsible for the content of external sites or guidance.

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.

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 public health information for COVID-19.

Section 2: contains further details for organisations and workplaces and provides advice for your setting.

Section 3: 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

Background and Core Public Health Measures

1.1. Background

What is coronavirus disease (COVID-19)?

The disease COVID-19 is caused by a new strain of coronavirus (SARS-CoV-2) that was first identified in Wuhan City, China in December 2019. Symptoms range from mild to moderate illness to pneumonia or severe acute respiratory infection requiring hospital care. COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020.

The first cases in the UK were detected on 31 January 2020, and on 23 March 2020 the UK entered “lockdown”.

A range of public health measures have been used to control transmission of SARS-CoV-2, including physical distancing, shielding advice, and infection, prevention and control measures. As part of the gradual relaxation of lockdown measures the Test and Protect programme, which includes contact tracing, is being implemented to allow a sustained reduction in new cases, outbreaks and to reduce transmission.

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

People with the following symptoms are advised to self-isolate for at least 10 days and seek COVID-19 testing (details of how to access testing are available on [NHS Inform](#)):

Recent onset

- New continuous cough
- **or**
- Fever
- **or**
- Loss of/ change in sense of smell or taste

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 or loss of/ change in sense of smell or taste), however mild, should stay at home for 10 days from the start of symptoms and arrange to be tested. You should consult [NHS Inform](#) for further information on what to do next and when to seek further medical advice. As part of the ‘Test and Protect’ approach, everyone with symptoms is encouraged to get tested. You can book a test through [NHS Inform](#). Household members of those with symptoms should follow the guidance for households with possible COVID-19 infection on [NHS Inform](#).

What should I do if my symptoms are worsening?

Seek prompt medical attention if your illness is worsening (see [NHS Inform](#) for more information on when to get help). 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. The evidence to date continues to point towards transmission mainly occurring via contact from symptomatic cases. This can occur through respiratory droplets, by direct contact with infected persons, or by contact via contaminated objects and surfaces. Shedding of SARS-CoV-2 is highest early in the course of the disease, particularly within the first 3 days from onset of symptoms. However, there is also some evidence that transmission to others may be possible 1-3 days prior to symptom onset (pre-symptomatic phase) or in individuals that develop infection but don't develop symptoms (asymptomatic phase) however the evidence for this is still emerging and is very limited. The risk of transmission is highest when there is close contact with an infected person who is symptomatic and this risk increases the longer the contact lasts.¹

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.
- **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.

¹ WHO. <https://www.who.int/publications/i/item/clinical-management-of-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 physical distancing and [staying safe](#) advice.
- Follow the shielding advice if this applies to you.
- Follow the guidance to self-isolate if you or a household member has symptoms of COVID-19 or have a COVID-19 diagnosis (whether you/ they have symptoms or not). Details are available on [NHS Inform](#).
- Follow [Test and Protect](#) advice
- Follow hand hygiene and respiratory hygiene advice

Further details on these measures are provided below:

Physical distancing measures should be followed by everyone, including children, in line with the government advice on [staying safe \(physical distancing\)](#). Guidelines vary by age group-for up to date information see [Scottish Government website](#). The aim of physical distancing measures is to slow the transmission of COVID-19 by minimising close contact with others outside your household.

Shielding is a measure to protect people, including children, who are **extremely** clinically vulnerable to severe illness from COVID-19 because of certain underlying health conditions. See [NHS Inform](#) website for further information.

[Scottish Government](#) advise:

“People who have been advised to shield because of COVID-19, will no longer have to do so from 1 August and will be asked to follow general safety guidance, as well as follow stringent physical distancing and hygiene measures”.

There are some exceptions to this including those living in residential care or nursing homes. Further information including exceptions can be found on the [Scottish Government](#) website.

Guidance for households with possible or confirmed COVID-19 (Stay at home advice) is designed to slow the community spread of COVID-19. Household isolation will help to control the spread of the virus to friends, the wider community and the most vulnerable. This means that anyone who has symptoms of COVID-19 or has a COVID-19 diagnosis (whether they have symptoms or not) and anyone else living in the same household should follow ‘stay at home’ advice on [NHS Inform](#).

Test and protect is a public health measure designed to break chains of transmission of COVID-19 in the community. This approach operates by identifying cases of COVID-19, tracing the people who may have become infected by spending time in close contact with them, and then supporting those close contacts to self-isolate, so that if they have the

disease they are less likely transmit to it to others. Further details can be found on the Scottish Government [website](#) and [NHS Inform](#).

Good hygiene practices to help prevent spread

- Perform hand hygiene regularly using soap and water or alcohol based hand rub particularly before and after eating.
- 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 hands at the first opportunity.

1.3. Should the general public be wearing medical grade face masks?

It is important to note the difference between **face masks** and **face coverings**. Where HPS guidance refers to face masks this means surgical or other medical grade masks that are used in certain health and social care situations. Face coverings are made from cloth or other textiles that cover the mouth and nose, and through which you can breathe (e.g. a scarf).

Face coverings: The Scottish Government announced that people aged 5 years and over must wear a face covering on public transport, in public transport premises (e.g. train stations and airports) and shops. There are some exemptions to this requirement; further information can be found on the [Scottish Government website](#).

Members of the **public visiting an adult hospital** (including to attend an appointment) or a **care home for the elderly** are also asked to wear a face covering where it is not always possible to maintain a 2 metre distance from other people. Further information is available [here](#).

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

Physical distancing, following stay at home advice, and good hand and respiratory hygiene practices are the key measures for preventing spread of COVID-19 - see [section 1.2](#).

1.4. Testing for COVID-19

Anyone in Scotland who is showing symptoms of COVID-19 can be tested through UK Government Testing sites. Further guidance on [eligibility](#) and access to testing is available on [NHS Inform](#) and the Scottish Government [website](#).

N.B. Testing appointments will be prioritised for **key workers** and their household members. Further advice on [NHS Inform](#) as well as advice to support them returning to work where it is safe to do so. Arrangements vary by NHS Board.

1.5. Outbreak of COVID-19 in non-healthcare settings

An outbreak should be suspected if there are:

Two or more confirmed cases of COVID-19 in the setting within 14 days

OR

Increase in background rate of absence due to suspected or confirmed cases of COVID-19

A suspected outbreak should be reported to the local NHS Board Health Protection Team (HPT) who will undertake a public health risk assessment to determine whether there is an outbreak. Note that settings with increased rates of respiratory illness should also be alert to the possibility that this could be due to COVID-19 and contact their local HPT for further advice.

1.6. 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 is available on the [HPS website](#).

Section 2

Information and guidance for organisations and workplaces 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.

See Scottish Government's [Coronavirus \(COVID-19\): business and physical distancing guidance](#) and any relevant Scottish Government [sectoral guidance](#). 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 physical distancing guidance and standard health and safety requirements. 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.

This section describes key public health measures, however, **where [sectoral guidance](#) is in place then this should be followed**. The following section outlines general points of how the key public health measures outlined above can be applied to workplace and organisational settings.

1. Physical distancing and staying safe guidance

Ensure that all members of the organisation are aware of the requirement to follow physical distancing and [staying safe](#) guidance and support them in doing this. Consider the additional demands that will be placed on people and your organisation by following advice on physical distancing and put in place resilience planning to support this.

Staying safe guidance is in place for everyone. Scottish Government [COVID-19: returning to work safely](#) states “*employees should work from home, wherever possible*”.

Where the work cannot be done from home then physical distancing must be followed. Individuals who are at increased risk of infection (but not in the shielding category) are advised to follow the physical distancing advice stringently and this must be taken into consideration.

It is essential that the clear recommendation of the 2m rule outlined in the physical 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 [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 physical 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 physical distancing to be implemented).
- Explore where possible how digital processes or systems may replace the need for face-to-face discussion
- Ensure that good hygiene practices and all **infection prevention and control measures** are implemented fully.

2. Shielding of extremely high risk individuals

See the information on shielding in [section 1.2](#) of this guidance. Further information on shielding is available in the Scottish Government [COVID-19: shielding support and contacts](#) guidance and [NHS Inform](#).

3. Stay at home guidance for people who have symptoms or have a COVID-19 diagnosis (whether they have symptoms or not), 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 develop symptoms of COVID-19 or have a COVID-19 diagnosis (whether or not they have symptoms) and they should support them in doing this. Further details are available on [NHS Inform](#).

Follow the guidance in [section 2.3](#) if someone becomes unwell whilst at work.

Staff should not return to work until symptoms resolve, with the exception of cough and loss of/ change in taste or smell, as these symptoms may persist for several weeks. Staff should only return to work when they are feeling clinically better and have completed their self-isolation period. Further information on when to return to work is available on [NHS Inform](#).

Organisations must also ensure that individuals who live in the same household as someone who develops symptoms of COVID-19 or has a COVID-19 diagnosis (whether or not they

have symptoms) should be aware to follow household isolation 'stay at home' advice on [NHS Inform](#) and be supported to do so.

4. Test and Protect

Organisations should be aware of up to date advice on the Test and Protect (TaP) approach, and should support their members to follow this. The Scottish Government have produced [COVID-19: Test and Protect advice for employers](#). Further information is available from the Scottish Government [website](#) and [NHS Inform](#).

An individual risk assessment should be undertaken with guidance from the local HPT to identify if employees should be considered as a contact of a COVID-19 case. Employers should put in place physical distancing and hygiene measures as set out in this guidance, and refer to [PPE at work](#) section of this guidance for advice on the use of PPE in workplaces that are non-healthcare settings.

5. 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. communal areas and entry and exit points).
- Ensure workers are aware they must not attend work with COVID-19 symptoms or if they have a COVID-19 diagnosis (whether they have symptoms or not). They must also not attend work if they are required to self-isolate through Test and Protect measures.
- Ensure that everyone knows what to do [if someone becomes symptomatic whilst at work](#).
- Ensure regular detergent cleaning schedules and procedures are in place using a product which is active against bacteria and viruses.
 - Ensure regular (at least twice daily) cleaning of commonly 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. Where work spaces are shared make sure there is cleaning between use and ensure there are adequate disposal facilities (e.g. avoid hot desks and instead each individual has a designated desk).
 - Wedging doors open, where appropriate, to reduce touchpoints. This does not apply to fire doors.
 - Set clear use and cleaning guidance for toilets to ensure they are kept clean and physical distancing is achieved as much as possible.
 - 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 [“personal or work travel and physical distancing”](#) guidance.

2.1. Who should go to work

Scottish Government [COVID-19 phase 3: business and physical distancing](#) guidance states that working from home should remain the default position for those who can. Nobody should go to work if their workplace is closed under current government regulations.

Further, people who are required to self-isolate should not attend work. This includes:

- Individuals who have developed COVID-19 symptoms or have been diagnosed with COVID-19 (whether they have symptoms or not) – they should follow self-isolation guidance on [NHS Inform](#) and [Test and Protect](#)
- Individuals from the same household as someone who has symptoms of COVID-19 or who has been diagnosed with COVID-19 (whether they have symptoms or not) – they should follow self-isolation guidance on [NHS Inform](#) and [Test and Protect](#)
- Individuals who have been identified as a contact of someone with COVID-19 – they should follow self-isolation guidance on [NHS Inform](#) and [Test and Protect](#)

See [NHS Inform](#) for further information. If appropriate, employers should enable employees to work from home while self-isolating. Organisations should follow the advice in [COVID-19: returning to work safely](#) and [COVID-19: Fair work statement](#).

Individuals who are clinically vulnerable should follow up to date guidance from NHS Inform, Scottish Government and their workplace.

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 COVID-19 in accordance with the public health advice being issued by the government.

2.2. Personal Protective Equipment (PPE) at work

PPE protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. Workplaces should continue to use any PPE required as per local policies (business as usual) to mitigate against non-COVID-19 risks in their setting. The risk of COVID-19 should be managed by good hygiene measures and physical distancing. Note that the use of additional PPE for COVID-19 (outwith healthcare or specific residential settings) is outwith the scope of this guidance. Sector specific guidance has been developed by Scottish Government and can be found at [COVID-19: returning to work safely](#). Note that face coverings are not considered PPE.

2.3. 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 2.5](#).

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 follow the [guidance for households with possible coronavirus infection](#). 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, and if possible, wear a face covering in line with Scottish Government [guidance](#). 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. See [section 2.6](#) for further advice on travel.

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. Where possible, a separate bathroom should be designated for the individual to use. Once the individual has left, follow advice in [Section 2.4](#).

Additional information is available in the Scottish Government [COVID-19: Test and Protect advice for employers](#).

2.4. Contact with a case of COVID-19

Everyone should follow guidance for contacts of cases of COVID-19 when advised to do so. Individuals identified as a contact of a case of COVID-19 should follow advice on self-isolation. For further information, see Scottish Government's collection of guidance on [Test and Protect](#) and [NHS Inform](#).

Asymptomatic individuals living in the same household as someone with symptoms or a confirmed case of COVID-19 should follow household isolation (stay at home) advice on [NHS Inform](#).

2.5. 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 to remove organic matter such as dust or body fluids then a disinfectant to kill pathogens. 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 or COVID-19 diagnosed 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](#)).

In situations where belongings are being removed from the home of a deceased individual, the belongings should first be cleaned with a general household detergent active against viruses and bacteria.

Personal Protective Equipment (PPE) for environmental decontamination

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.

2.6. Personal or work travel and physical distancing

[Physical distancing](#) and [staying safe](#) advice is in place for all. You must not travel and should follow the [‘stay at home’](#) advice if you have COVID-19 symptoms, have been diagnosed with COVID-19 or are self-isolating (e.g. through household isolation or Test and Protect measures).

When using public transport (buses/trams/subways/trains) and private/commercial vehicles, aim to maintain at least 2m physical distance whenever possible. Where people from different households are sharing a private vehicle (car, taxi, minibus, lorries) then consideration should be given to how physical distancing can be applied within the vehicle, where possible. If you can adhere to physical 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.

The Scottish Government have the following advice for [Phase 3](#):

“In enclosed spaces, where physical distancing is more difficult and where there is a risk of close contact with multiple people who are not members of your household, you should wear a [face covering](#).”

People must wear a [face covering](#) in shops and on public transport and public transport premises such as railway and bus stations and airports. This applies to open-air railway platforms, but not to bus stops.

There is no evidence to suggest there might be a benefit outdoors from wearing a face covering unless in a crowded situation.

Physical distancing, hand hygiene and respiratory hygiene are the most important and effective things we can all do to prevent the spread of coronavirus. The wearing of face coverings must not be used as an alternative to any of these other precautions.”

Additional information, including specific exemptions are outlined also.

Household members can travel together in larger numbers in a private vehicle. People who are in the higher risk category should consider carefully how they can apply the physical distancing advice stringently.

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 physical distancing. For example, sit or stand at least 2 metres 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 physical distancing.
- Clean vehicles between different drivers or passengers as appropriate.
- See Transport Scotland's [advice on how to travel safely](#) for further information.

Section 3

Information and Guidance for Specific Settings

3.1. Travel

Travel within UK

Refer to the Scottish Government [COVID-19: Scotland's route map](#) for current guidance on travel within the UK.

International Travel

Travel advice and country specific information can be found at [fitfortravel](#). Fitfortravel also contains [COVID-19](#) general information in relation to travel and [COVID-19: health considerations for travel](#).

[The Health Protection \(Coronavirus\) \(International Travel\) \(Scotland\) Regulations 2020](#) came into effect on 8 June 2020 stipulating that every passenger travelling in the previous 14 days outwith the Common Travel Area (the UK, the Crown dependencies and Ireland), must provide their onwards details to the Home Office for the 14 days following arrival in Scotland or the UK and must self-isolate for that time. Any offence will incur fines. A list of exemptions are available at the above link. PHS/HPS can provide support for contact tracing involving flights. Further guidance will be provided.

Advice for those involved in risk assessment and management of any suspect case of COVID-19 on an Offshore Installation or in helicopter transit is available on the PHS/HPS [Guidance for prevention and management of cases of COVID-19 on Offshore installations](#).

3.2. Faith settings

Faith leaders should familiarise themselves with the information from [NHS Inform](#) on “stay at home” advice, physical distancing, and test and protect advice. 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. For further information, see [COVID-19: guidance for the safe use of places of worship](#) that has been produced by the Scottish Government to help places of worship safely open for limited permitted activities.

Faith leaders and helpers visiting someone in their home who is currently well and not self-isolating 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 physical 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 also produced:

- [COVID-19: funeral services in places of worship](#)
- [COVID-19 guidance on preparation for burial or cremation for religious organisations, faith and cultural groups](#)
- [COVID-19 guidance for funeral services](#)
- [COVID-19: guidance for the safe use of places of worship](#)

3.3. Educational settings

Educational settings should follow up to date guidance from local authorities and Scottish Government. The Scottish Government have produced a collection of guidance around Education and Children, available from the Scottish Government [website](#), that includes the following guidance:

- [COVID-19: re-opening schools guide](#)
- [COVID-19: physical distancing in education and childcare settings](#)
- [COVID-19: residential childcare](#)

Residential educational settings should encourage parents and carers to pre-emptively discuss arrangements for self-isolation should the child need to isolate.

Educational settings continuing to provide services should follow the key public health measures outlined in [Section 1](#) of this document and relevant guidance from Scottish Government.

Examples of specific measures include:

- **Hand Hygiene**
 - Hand hygiene using alcohol based hand rub or soap and water should be performed frequently including before and after any activity, such as meal times, break times and sporting activities.
 - If children or young people have trouble washing their hands or applying alcohol based hand rub 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.
- **Physical distancing**

- Further information on physical distancing in schools may be found in Scottish Government [guidance](#).
- **Illness**
 - Ensure children, carers, staff and visitors such as suppliers who feel unwell or have been diagnosed with COVID-19 (whether they have symptoms or not) 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 and should arrange to be tested if they have symptoms of COVID-19 (see [section 1.4](#)).
- **Environmental cleaning**
 - Increased frequency (at least twice daily) of cleaning commonly touched surfaces and objects in classrooms, including desks and handles, and within toilet blocks and changing rooms, adhering to guidance on cleaning of non-healthcare settings in [section 2.5](#).
 - 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

For guidance applicable to these settings, see the Scottish Government [COVID-19: guidance for colleges](#) and [COVID-19: guidance for universities](#) for more information.

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

In communal settings such as halls of residence, self-isolation advice may need to be applied to other people living in the setting, in a similar way to household contacts. This may apply to others who live on the same floor, share facilities (kitchen or bathrooms) or live in the same building etc. The local Health Protection Team should be contacted to risk assess the situation and provide advice.

Students remaining in halls of residence, following 'physical distancing' and 'test and protect' 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 safely.
- Whether there are clinically vulnerable people at home.

Students planning travel should follow the advice in the [Travel](#) section of this guidance.

3.4. First responders

[COVID-19: guidance for first responders](#) 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.

3.5. Funeral directors

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

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 the following guidance:

- [COVID-19: guidance for funeral directors](#)
- [COVID-19: guidance for burial and cremation authorities](#)
- [COVID-19: guidance for funeral services](#)
- [COVID-19: funeral services in places of worship](#)

3.6. Hotels and Hospitality Settings

The Scottish Government has produced [COVID-19: tourism and hospitality sector guidance](#). This contains sector specific guidance that should be applied to each business. There is also guidance for customers – see [COVID-19: guidance for retail, tourism and hospitality customers](#).

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 2.5](#). The linen and waste should be managed as per the guidance in [section 2.5](#).

3.7. 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 COVID-19 symptoms is required (see [section 1.1](#)). 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 a hostel, or in other forms of accommodation, such as hotels, accessed in direct response to public health advice on COVID-19
- 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.

The key measures outlined in previous sections on [physical distancing](#) and [stay at home](#) advice, [test and protect](#) and infection prevention and control are relevant to this setting. Further 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 2](#) can be modified for their settings.

People who are unwell and worried about COVID-19 should be asked, or supported to consult [NHS Inform](#) and phone NHS 24 (call 111) (or in an emergency 999). See [section 1.1](#) for more details. Calls to NHS 24 are free from phone boxes.

Actions for hostels, day care centres and frontline outreach services

General measures

You need to:

- Ensure frontline staff are aware of COVID-19 guidance outlined in [section 1.2](#).
- Increase access to hand hygiene 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](#)).
- Ensure physical distancing is applied across all settings. Adaptations may need to be made, e.g. arrange communal sleeping areas so that individuals are 2 metres apart in a well ventilated room.
- See [section 2.5](#) for details on environmental decontamination, waste and laundry.
- If individuals living in communal settings (e.g. with shared bathroom or kitchen facilities) have possible or confirmed COVID-19 infection, self-isolation advice may need to be applied to others in the setting. The local Health Protection Team should be contacted to risk assess the situation and provide advice.
- Details on use of PPE for health and other care workers can be found in relevant [PHS guidance](#). [Table 2](#) contained within the [COVID-19: Infection Prevention and Control guidance](#), provides details of recommended PPE to be worn by health and other care workers providing direct care (within 2 metres) and supporting individuals who are experiencing homelessness. Requirements for use of PPE are subject to local risk assessment.

Individual measures

- New admissions to hostels, shelters or alternative forms of accommodation should be screened for symptoms consistent with COVID-19, and appropriate accommodation arranged where the individual can self-isolate if they are symptomatic.
- Rapidly isolate suspected and confirmed cases and seek clinical assessment as appropriate.
- 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 2.3](#)). You should plan for this by identifying a room where individuals can be safely isolated.
- If an individual is required to self-isolate, review and risk assess their health and welfare requirements.
- Support people to access care and advice in the event of illness.

- Consider how best to adapt physical distancing to the needs of the individual.

HPS guidance on [Social, Community and Residential Care](#) settings provides information that may be relevant for some homelessness services. See the [advice sheet for staff in social, community and residential settings](#) for further information.

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 access to appropriate accommodation that allow for self-isolation, 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 10 days if they are symptomatic or have a positive test result, transition to other accommodation or services will need to be managed sensitively. Individual communication about transition to other accommodation should focus on identifying stable and sustainable accommodation and support options, in line with local rapid rehousing transition plans.

Temporary Accommodation

- Those living in mainstream temporary accommodation, should be encouraged to self-isolate in their temporary accommodation if possible.

Frontline outreach and visiting support services

Outreach and visiting support workers should support physical distancing, shielding advice and stay at home (household isolation) advice and review existing arrangements for safe working. Advice on hand and respiratory hygiene should be strictly followed during and after any visits (see [section 1.2](#)).

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 self-isolation (stay at home) 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 and documented 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 physical distancing advice and ensure that you are aware whether the user of the service belongs to a risk group as outlined in the physical distancing guidance.

All services should 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
- increased risk of domestic abuse
- non-adherence to physical distancing or household isolation advice
- individuals who sell or exchange sex. Individuals who sell or exchange sex should be advised that COVID-19 can be spread by close contact, including kissing. Close and direct contact should be avoided with anyone with possible or confirmed COVID-19 (whether they have symptoms or not).

Further resources

- [Click Scotland](#) provides a confidential service to support the safety and wellbeing of women who sell or exchange sex or images in Scotland. NHSGGC has advice around COVID-19 for those who sell or exchange sex [here](#).
- Further support on drug and alcohol issues should be sought from relevant local services. The Scottish Drug Forum has guidance available for people with drug problems [here](#). Scottish Health Action on Alcohol Problems has recommendations for alcohol services [here](#) and advice for heavy drinkers who are thinking about cutting back or stopping drinking during the pandemic [here](#).

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.

3.8. 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.

3.9. Essential Maintenance in People's Homes

Scottish Government [COVID-19: business and physical distancing](#) guidance states:

“Work carried out in people’s homes can continue, provided that the tradesperson is well and is not showing coronavirus symptoms and neither they nor any of their household are self-isolating.”

Tradespersons who are carrying out essential repairs and maintenance work in people's homes can continue to work, as long as they follow the guidance outlined in [section 1.2](#) on physical distancing, shielding, stay at home, and test and protect. They must not work if they have symptoms of or have been diagnosed with COVID-19, or share a household with or have been identified as a contact of someone with COVID-19; they should follow self-isolation advice.

Tradespersons continuing to carry out essential work should follow the advice in [Section 1](#) and [Section 2](#) of this guidance. Additional measures include:

- Contacting occupants in advance of arriving at the property to confirm household members do not have symptoms or a diagnosis of COVID-19, and there no individuals self-isolating within the property.
- Maintaining at least 2 metres distance from household occupants at all times.
- Perform, hand hygiene using soap and water or alcohol based hand rub on entry to the home and when leaving the property. Also wash hands after blowing nose, sneezing or coughing and before eating.
- Ensure good ventilation in the working area where possible, for example, opening a window or external door.

Where the occupants of the household are isolating, maintenance work should not be undertaken. In these circumstances, work must only be completed if there is a direct risk to the safety of the household. Household members and shielded individuals should remain in a separate room for the duration of the visit.

3.10. Public and Customer Toilets

The reopening of public and customer toilets requires careful consideration to ensure they operate safely as possible. Appropriate control measures must be in place, including, physical distancing, adequate hand hygiene facilities, necessary equipment to operate safely, enhanced cleaning measures and relevant signage to communicate with the public. A local risk assessment should also accompany these control measures.

For further information on reopening customer and public toilets, see the Scottish Government [COVID-19: guidance for reopening public and customer toilets](#). Sectors should use this guidance in conjunction with any sectoral guidance produced for their setting.

Appendix 1: Contact details for local Health Protection Teams

Health Board	Office Hours Telephone Number	Out of Hours Telephone Number Ask for Public Health On Call	Health Protection Team Email
Ayrshire and Arran	01292 885858	01563 521 133 Crosshouse Hospital switchboard	hpteam@aapct.scot.nhs.uk
Borders	01896 825560	01896 826 000 Borders General switchboard	Healthprotection@borders.scot.nhs.uk
Dumfries and Galloway	01387 272 724	01387 246 246	dumf-uhb.hpt@nhs.net
Fife	01592 226435	01592 643355 Victoria Hospital switchboard	hpt.fife@nhs.net
Forth Valley	01786 457 283 Ask for CPHM on call	01324 566000 Ask for CPHM on call	FV-UHB.healthprotectionteam@nhs.net
Grampian	01224 558520	0345 456 6000	grampian.healthprotection@nhs.net
Greater Glasgow & Clyde	0141 201 4917	0141 211 3600 Gartnavel switchboard	phpu@ggc.scot.nhs.uk
Highland	01463 704886	01463 704 000 Raigmore switchboard	hpt.highland@nhs.net
Lanarkshire	01698 858232 / 858228	01236 748 748 Monklands switchboard	healthprotection@lanarkshire.scot.nhs.uk
Lothian	0131 465 5420/5422	0131 242 1000 Edinburgh Royal switchboard	health.protection@nhslothian.scot.nhs.uk

Health Board	Office Hours Telephone Number	Out of Hours Telephone Number Ask for Public Health On Call	Health Protection Team Email
Orkney	01856 888034	01856 888 000 Balfour Hospital switchboard	ork-HB.PublicHealth@nhs.net
Shetland	01595 743340	01595 743000 Gilbert Bain switchboard	shet-hb.PublicHealthShetland@nhs.net
Tayside	01382 596 976/987	01382 660111 Ninewells switchboard	healthprotectionteam.tayside@nhs.net
Western Isles	01851 708 033	01851 704 704	wihealthprotection@nhs.net