



**COVID-19:  
Information and  
Guidance for Non-  
Healthcare Settings**



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## Version History

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### Scope of the Guidance

This guidance is to support those working in non-healthcare settings give advice to their staff and users of their services about COVID-19 (previously known as novel coronavirus 2019).

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 for individuals planning to travel to [risk areas](#) for COVID-19.
- Advice for individuals who have travelled from or transited through [risk areas](#) for COVID-19.
- Advice for individuals who have been in contact with either a confirmed or a possible case of COVID-19.
- Advice on what to do if someone is ill in a workplace or other non-healthcare setting.
- Advice on what will happen if an individual is being investigated as a possible case or is confirmed as a case of COVID-19.

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

## Section 1: Information and guidance for all non-healthcare settings

### 1.1 Background

#### What is Coronavirus (COVID-19)?

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus which was first identified in Wuhan City, China in January 2020.

The incubation period of COVID-19 is currently believed to be between 2 to 14 days. The incubation period is the time between someone being exposed to an infection and developing symptoms. This means that if a person remains well 14 days after return from a risk area or contact with someone with confirmed coronavirus, they have not been infected.

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

Common symptoms include:

- High temperature or fever
- cough
- shortness of breath or breathing difficulties

These symptoms can range from a mild-to-moderate illness to severe acute respiratory infection. Generally, coronavirus infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

#### How is COVID-19 spread?

From what we know about other coronaviruses, transmission of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk of infection transmission increases the longer someone has close contact with an infected person. Respiratory secretions, from the coughs and sneezes of an infected person, are most likely to be the main means of infection transmission.

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

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

### **How long can the virus survive on environmental surfaces?**

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

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

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

### **1.2 Preventing spread of infection**

#### **What can be done in the workplace and by individuals to prevent spread of respiratory infections?**

There is currently no vaccine to prevent COVID-19. However, there are general principles organisations and individuals can follow to help prevent the spread of respiratory viruses, including COVID-19, such as:

In the workplace:

- Routine cleaning and disinfection of frequently touched objects and surfaces (e.g. telephones, keyboards, door handles, desks and tables).
- Promote hand hygiene by making sure that staff, contractors, service users and visitors have access to hand washing facilities and providing alcohol based hand rub in prominent places.
- 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.
- Avoid leaving food stuffs (e.g. crisps, open sandwiches) exposed and open for communal sharing unless individually wrapped.

Individuals should:

- Wash hands often with soap and water; or use alcohol based hand rub.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Wherever possible, avoid direct contact with people that have a respiratory illness and avoid using their personal items such as their mobile phone.
- Cover coughs and sneezes (nose and mouth) with disposable tissues, then dispose of these in the nearest waste bin after use. And then wash your hands/use Alcohol Based Hand Rub (ABHR).

### Should people be wearing facemasks?

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

### Should post, packages or food sent from [risk areas](#) be managed differently?

There is no need to change how post, packages or food received from risk areas is handled. Continue to follow existing risk assessments and safe systems of work. There is no perceived increase in risk from handling post or freight from specified risk areas.

### Where can I find information on self-isolation?

Information on when and how to self-isolate can be found on the [NHS Inform website](#).

For individuals with symptoms who are undergoing testing, self-isolation advice will be provided to them by their healthcare professional or local Health Protection Team following their assessment.

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

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

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

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

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

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

### What do people need to know before travelling abroad?

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

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

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

Risk Areas are categorised as either Category 1 or Category 2. Actions required differ depending on which category of risk area an individual has returned from. The list of risk areas is kept under constant review and can be found [here](#).

Health and social care workers and care home staff who have returned from, or transited through, a risk area should follow the advice on return to work set out in [separate guidance](#).

For all other individuals, the following advice applies:

#### **Category 1 Risk Area**

If an individual has returned from or transited through a category 1 risk area they should self-isolate at home for 14 days after their return even if they have no symptoms (see NHS inform for [advice on how to self-isolate](#))

If they become unwell with fever, cough or shortness of breath they should remain at home and phone their GP or NHS 24 (phone 111) immediately for further advice. They should not attend their GP practice or A&E in person. If the person is so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about coronavirus.

#### **Category 2 Risk Area**

If an individual has returned from or transited through a category 2 risk area in the last 14 days and has no symptoms they can continue their normal activities with no restrictions, unless advised otherwise by the local Health Protection Team. This includes attending work, school and taking public transport.

If they become unwell with fever, cough or shortness of breath within 14 days of returning from a risk area, they should self-isolate and phone their GP or NHS 24 (phone 111) immediately for further advice. They should not attend their GP practice or A&E in person. If the person is so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about coronavirus.

### **What actions need to be taken by people returning from any other country?**

There may be specific action required for individuals returning from a country which is not listed as a risk area but where confirmed cases of COVID-19 have been identified in a particular setting e.g. on a cruise ship or in a hotel. In these circumstances information and advice will be available through the local Health Protection Team and on [NHS Inform](#).

Otherwise, individuals who have travelled to any other country not listed as a [Risk Area](#) for COVID-19 can continue their usual activities as normal. If they become unwell with respiratory symptoms they should manage these as they would for any other respiratory infection (see [NHS Inform symptoms and self-help advice](#)).

### 1.4 Contact with a possible or confirmed COVID-19 case

#### **What action needs to be taken by people who have had contact with a possible case of COVID-19?**

A 'possible case' is someone who is being assessed or tested for COVID-19.

If an individual has had contact with a possible case of COVID-19 within the last 14 days and has no symptoms they can continue their normal activities with no restrictions. This includes attending work, school and taking public transport.

If they become unwell with a fever, cough, or shortness of breath within 14 days of last contact with the possible case they should self-isolate and phone their GP or NHS 24 (phone 111) immediately for further advice. They should not attend their GP practice or A&E in person. If the person is so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about coronavirus.

Note: in some circumstances, the local Health Protection Team may contact individuals who have been in contact with a possible case; in which case the advice given by the Health Protection Team should be followed.

#### **What action needs to be taken by people who have had contact with a confirmed case of COVID-19?**

Any individual who believes they have had contact with a confirmed case should have either received this information from the local Health Protection Team or had a discussion with them to confirm this. If this has not happened, then they should contact the local Health Protection Team for advice (see [Appendix 1](#) for contact details). The local Health Protection Team will assess whether there has been significant contact with the confirmed case and advise accordingly.

If an individual has had significant contact with a confirmed case of COVID-19 the Health Protection Team will provide information on the signs and symptoms of COVID-19 and ask the individual to monitor their health for the 14 days following their last contact with the case. If they become unwell with a fever, cough, or shortness of breath during this time they should contact the local Health Protection Team immediately and arrange for appropriate medical assessment and testing to be carried out as appropriate.

Depending on the degree of contact they have had with the confirmed case they may also be asked to self-isolate at home for 14 days following their last contact.

#### **What action needs to be taken if a possible case of COVID-19 has recently attended your workplace or other non-healthcare setting?**

If you are informed that a possible case of COVID-19 has recently attended your workplace or other setting, no restrictions or special control measures are required while laboratory test results for COVID-19 are awaited for the possible case. In particular, there is no need to close the workplace or setting or send staff home at this point. Most possible cases turn out

to be negative. Therefore, until the outcome of test results is known there is no specific action that the workplace needs to take.

### **What action needs to be taken if a confirmed case of COVID-19 has recently attended your workplace or other non-healthcare setting?**

A risk assessment of the setting may be undertaken by the Health Protection Team with the lead responsible person. Advice on the management of staff and members of the public will be based on this assessment.

Advice on cleaning of areas is set out in [Section 1.6](#).

### **1.5 Actions to take if someone who may be at risk of COVID-19 becomes unwell whilst on site at your organisation**

In preparation, make sure that all staff and individuals in your workplace / organisation, including children and young people, know to inform a member of staff or responsible person if they feel unwell.

If someone becomes unwell whilst at your workplace or other non-healthcare setting, and they believe they may be at risk of COVID-19 (e.g. through travel to a [risk area](#) or contact with a confirmed case), the following actions should be taken:

The individual should phone their GP or NHS 24 (phone 111) immediately for advice. You can do this on their behalf if this is easier. They should not attend their GP practice or A&E in person. If they are so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about coronavirus.

Whilst you wait for advice or an ambulance to arrive, try to find somewhere safe for the unwell person to sit which is at least 2 metres away from other people. If possible, find a room or area where they can be isolated behind a closed door, such as a staff office or meeting room. If it is possible to open a window, do so for ventilation.

Direct, physical contact with the person should be avoided wherever possible. If they are isolated in a room alone contact can be maintained via phone or by another local arrangement (e.g. you may wish to station a staff member outside the door). It may be necessary to arrange access to a bathroom only they will use.

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.

If an individual in your organisation/workplace is diagnosed with COVID-19 they will be given specific advice and instructions from the local Health Protection Team. The local Health Protection Team will also advise whether any additional measures are required within the organisation/workplace; for example, there is no requirement to close a workplace or other non-healthcare setting unless advised by the local **Health Protection Team**.

Individuals being assessed for COVID-19 should have their medical confidentiality respected and there should not be active notification of other people in the organisation that testing is ongoing.

### **1.6 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 room/area where the person was placed/isolated should remain out of use until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room/area can be put back into use.

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

All shared spaces e.g. waiting rooms, changing rooms should be cleaned with detergent and disinfectant in accordance with this section.

The person responsible for undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures.

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.

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

Decontaminate all surfaces in the room/area the person was placed/isolated, including all potentially contaminated high contact areas such as door handles, telephones, grab-rails and bathrooms.

Decontamination of soft furnishings may require to be discussed with the local Health Protection Team. If the furnishing is heavily contaminated, you may have to discard it. If it is safe to clean with standard detergent and disinfectant alone then follow appropriate procedure. If it is not safe to clean the item should be discarded.

#### **Personal Protective Equipment (PPE)**

The recommended minimum personal protective equipment (PPE) required to be worn for decontaminating an area where a possible case has been placed/isolated includes disposable gloves and a disposable plastic apron. Hands should be washed with soap and water after all PPE has been removed.

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 a surgical face mask and full-face visor should be considered. The local Health Protection Team can advise on this.

### **Waste**

All consumable waste items that have been in contact with the individual, including used tissues, should be put in a plastic rubbish bag, double bagged and tied. This should be put in a secure location and marked for storage until the test result is available. If the individual tests negative, this can be put in the normal waste. If the individual tests positive, follow the advice of the local Environmental Health Department or Health Protection Team.

### **Laundry**

Any clothing, towels or other laundry used by the individual should be bagged in accordance with organisational policy or into disposable plastic bags (double bagged and tied) and set aside in a secure location pending assessment of the possible case by a healthcare professional. If the test result of the person is negative, the laundry can be managed as per normal organisation policy/practice. If the result is positive, follow the advice of the local Health Protection Team.

## Section 2: Additional Setting-Specific Information and Guidance

### 2.1 Employers and Businesses

#### **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.

Your employee may be advised to isolate themselves and not to work in contact with other people by their doctor or local Health Protection Team if they are a carrier of, or have been in contact with, an infectious or contagious disease, such as COVID-19.

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 Educational settings

COVID-19 guidance specific to educational settings can be found on the Health Protection Scotland website: [here](#)

#### **School trips:**

Prior to travel, the school or other educational setting should consult [fitfortravel](#) and [Foreign and Commonwealth Office](#) websites for the most up-to-date travel advice for their destination.

Pupils, students and staff returning from school trips to COVID-19 [Risk Areas](#) should follow the same advice as given in [Section 1.3](#) above 'Foreign travel (and returning to work, school or other non-healthcare setting)'

#### **Educational resources for use in childcare and educational settings:**

[e-Bug](#) resources recommended by the National Institute of Clinical Excellence to teach pupils about hygiene. Key sections that may be useful are: KS1: Horrid Hands [Horrid hands](#) and Super Sneezes [Super sneezes](#) KS2: Hand Hygiene [Hand hygiene](#) and Respiratory Hygiene [Respiratory hygiene](#)

### 2.3 First responders

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

### 2.4 Funeral directors

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

Information on PPE requirements during a post mortem examination can be found on the Royal College of Pathology website: <https://www.rcpath.org/discover-pathology/news/new-briefing-on-covid-19-autopsy-practice-relating-to-possible-cases-of-covid-19.html> this will be updated should information and advice change.

### 2.5 Hotels and Hospitality Settings

#### Guests who are self-isolating

If a guest is self-isolating in a hotel or other holiday accommodation, staff members should avoid entering the room. Communication with the guest should take place over the phone to agree arrangements for room service, linen and laundry supply such as items being left outside the room for the guest to collect and deposit for collection. As far as is possible staff should avoid close contact (within 2 metres) of self-isolating and/or symptomatic 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, crockery, and laundry.

If someone with possible COVID-19 infection has stayed at the hotel their room should be cleaned and disinfected following the guidance in [Section 1.6](#).

If someone with confirmed COVID-19 has recently been in the hotel/hospitality setting, the Health Protection Team will contact the management to conduct a risk assessment and advise on the appropriate actions or precautions required.

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

Follow the guidance outlined in [Section 1](#) of this document. There is no requirement for additional action or closure of the leisure facility, venue or premises if a person with possible COVID-19 infection has attended.

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

### 2.7 Prescribed Places of Detention (PPDs) and Prison Services (healthcare and custodial services)

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

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

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

Any vehicle used to transport a possible COVID-19 case should not be used until it has been cleaned and disinfected using the decontamination methods outlined in [Section 1.6](#) above. Following which it can be brought back into service.

### 2.8 Home Visits (Including Primary Care, Third-Sector and Volunteers)

People returning from some areas of the world are being told to self-isolate depending on the location they have visited and their symptoms. People who have been in close contact with a confirmed case of COVID-19 are also being advised by the local Health Protection Team to self-isolate. People who are self-isolating and have no symptoms do not pose a risk to others. They are self-isolating to allow closer monitoring in order to identify early symptoms, and to enable prompt medical action if required.

If a person is in self-isolation, health and social care staff should ascertain if the individual has symptoms prior to their visit. It may become necessary to suspend some home visits and alternative arrangements must be put in place to maintain contact (e.g. telephone liaison). Health and social care staff performing non-deferrable essential visits (for example, child protection, personal or nursing care) to households where there is an individual self-isolating, should follow the guidance below:

- **If the person receiving the home visit has no symptoms**

As the person has no symptoms there is no need to change your approach.

- **If the person receiving the home visit has symptoms**

If during a telephone consultation with a client or their family member / representative to assess their suitability for a domiciliary visit, it is thought that COVID-19 is a possibility then a domiciliary visit should be avoided. Instead, call the client's GP or NHS 24 (phone 111) for further advice.

If during a domiciliary visit it is thought that COVID-19 is a possibility, then:

- avoid any further physical contact with the person, if you can. The person should remain in the room with the door closed.
- advise anyone with you not to enter the room.

- ask the patient or their family member/representative to call their GP or NHS 24 for further advice.
- inform your manager and contact your local Health Protection Team for advice.
- if the client or resident is seriously ill and requires urgent medical attention, phone 999 and inform the ambulance call handler of the potential links to COVID-19.

If after assessment the person has a negative COVID-19 test, then no further action is required.

If after assessment the person has a positive COVID-19 test, then the local Health Protection Team will be in contact with you and will carry out a risk assessment, identify people who have been in contact with the case and advise on any actions or precautions that need to be taken.

- **If there is a household member in self-isolation**

- If the household member is asymptomatic, they should be advised to move to another room within the house for the duration of the home visit.
- If the household member is symptomatic, advice should be sought from the local Health Protection Team before visiting.

## 2.8 24-Hour Care Settings

Follow the guidance outlined within [Section 1](#) of this document.

## 2.9 Transport Sector and Points of Entry

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

All crew and passengers, however, should have access to and information on measures in order to reduce the risk of respiratory infections. In addition, all operators and agencies involved in handling of ships, aircraft and trains should be aware of necessary procedures to communicate any suspect case to the local Health Protection Team and emergency services, where required (see below).

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

- **Maritime**

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

Where a ship's master, in assessing the state of health on board their ship, identifies any instances of illness (possible cases) then these should be reported at the earliest possible convenience via established channels to the local Health Protection Team of the next port;

the possible case should be isolated until the local Health Protection Team advises otherwise.

If the suspected case is not seriously unwell you must notify the relevant [NHS Health Protection Team](#). Contact details for the case must be provided with sufficient information to allow the Health Protection Team to determine follow up action. This will include symptoms, duration, contacts and travel history. **DO NOT** disembark the suspected case.

Crew, passengers and any possible cases should not be disembarked until the local Health Protection Team advises to do so; they will also advise if any measures are necessary for other passengers and crew as well as the ship itself.

Where the possible case is a medical emergency then 999 **must be called** and the call handler/operator **must** be informed if the possible case has originated from a COVID-19 [risk area](#) or has had contact with a confirmed case. The local Health Protection Team and the Port Health Authority (the local authority) should also be immediately informed. The possible case should not be disembarked until advised the Health Protection Team has to do so.

- **Aviation**

Direct flights to the UK from specified areas are required to provide health announcements to passengers relating to the current COVID-19 outbreak. Flights are also required to provide a general declaration 60 minutes before landing on any passenger health issues or possible cases. Where a possible case is reported by the Captain of an aircraft then the local Health Protection Team should be informed immediately following local procedures.

The aircraft should not be disembarked until the Health Protection Team have advised to do so; they will also advise if any measures are necessary for other passengers and crew as well as the aircraft itself.

Where the possible case is a medical emergency then 999 **must be called** and the call handler/operator **must** be informed if the suspected case has originated from a COVID-19 [risk area](#) or has had contact with a confirmed case. The local Health Protection Team should also be immediately informed. The suspect case should not be disembarked until the Health Protection Team has advised to do so.

- **International rail**

Eurostar runs trains between the UK and France, the Netherlands and Belgium so has no direct links with specified areas. Visitors may fly into Europe from specified areas but then travel around by other modes of transport including Eurostar, however there is no assessment of Eurostar passengers' recent travel history. Currently Eurostar has no enhanced port health monitoring in place, although this will be kept under review.

### Performing body or bag searches at Points of Entry

Health Protection Scotland recommend that in addition to measures described in [Section 1.2](#) to minimise transmission of respiratory infections that staff use an alcohol-based hand sanitiser that contains at least 60% alcohol after each search.

Prior to body or bag searches passengers should be asked if they have travelled to (or passed through) any of the specified [risk areas](#) in the last 14 days and if they feel unwell. If they passed through a specified risk area and feel unwell then the passenger should be isolated immediately in a nearby suitable room or facility with a telephone; being directed to that room by staff who should remain at a distance of over 2 meters. The local Health Protection Team should be informed immediately regarding the next steps. The passenger should not be allowed out of isolation until the Health Protection Team advises to do so.

Where the possible case is a medical emergency then 999 **must be called** and the call handler/operator **must** be informed where the possible case has originated from a COVID-19 [risk area](#) or has had contact with a confirmed case. The local Health Protection Team should also be immediately informed. The possible case should not be removed from isolation until the Health Protection Team has advised to do so.

### 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 requests by the public health officials such as requests for passenger information (except where provided by the passengers themselves) and crew details.

If the emergency medical services or public health officials are concerned that the ill person may have COVID-19, they are likely to request specific information to assist with the clinical and public health risk assessment, such as:

- what countries have they visited/transited through in the 14 days before they became ill?
- what are their symptoms?
- do they have a fever?
- are they travelling with anyone else e.g. friends or family? Do they have any symptoms?

## 2.10 Visit Scotland

Follow the guidance set out in [Section 1](#) of this document, no additional measures or precautions are required.

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

If visitors are unwell, they should be advised to contact NHS 24 (phone 111) for advice. They should not be directed to an A&E department or GP surgery/walk-in centre. If it is a medical emergency, they should call 999 and let the call handler know they are concerned about coronavirus.

## Appendix 1: Contact details for local Health Protection Teams

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