



**COVID-19
Information and
Guidance for
Non-Healthcare Settings**
Version 2.1



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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

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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

This guidance covers:

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

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

How to read this guidance

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

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

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

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

Section 1

Information and guidance for all non-healthcare settings

1.1 Background

What is Coronavirus (COVID-19)?

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

We now have spread of COVID-19 within communities. This means that everyone in the community should take extra precautions to ensure they practice good respiratory hygiene and those with symptoms should self-isolate.

What are the typical signs and symptoms of COVID-19

Common symptoms include:

- new continuous cough
- and/or
- high temperature

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

What should I do if I have symptoms

If you have symptoms of recent onset (within the last 7 days) of a continuous cough and/or high temperature, however mild, stay at home and do not leave your house for 7 days from when your symptoms started. This advice is designed to help people prevent the spread. You do not need to be tested for COVID-19. Self-isolating for 7 days will be enough to prevent spread. Please visit [NHS Inform](#) for further guidance and information.

What should I do if my symptoms are worsening

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

How is COVID-19 spread?

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

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

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

How long can the virus survive on environmental surfaces?

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

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

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

1.2 Preventing spread of infection

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

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

Organisational level:

- Ensure that all members of the organisation are aware of the requirement to self-isolate if they develop symptoms and support them in doing this.
- Consider whether individuals are able to work or study from home, especially those at higher risk of illness (elderly, immunocompromised and pregnant).
- Consider how you can change working practices to reduce risk of spread of infection.
- Consider staggering start and finish times to reduce commutes at high volume travel times.

In the workplace:

- Routine cleaning and disinfection of frequently touched objects and surfaces (e.g. telephones, keyboards, door handles, desks and tables).
- Ensure regular environmental cleaning is done.
- Promote hand hygiene by making sure that staff, contractors, service users and visitors have access to hand washing facilities and where available alcohol based hand rub.
- Ensure any crockery and cutlery in shared kitchen areas is cleaned with warm general purpose detergent and dried thoroughly before being stored for re-use.

Individuals should:

- Wash hands frequently with soap and water for 20 seconds.
- Use alcohol based hand rub where available if you don't have access to soap and water.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Not come to work if they have symptoms of COVID-19.
- Wherever possible, avoid direct contact with people that have a respiratory illness and avoid using their personal items such as their mobile phone.
- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose, Dispose of all used tissues promptly into a waste bin. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow.

Should people be wearing facemasks?

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

Where can I find information on “stay at home” advice?

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

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

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

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

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

- Monday to Friday – 8am to 10pm
- Saturday and Sunday – 9am to 5pm

Protecting resilience of critical emergency services

Cancel large gatherings (over 500 people)

From Monday 16 March 2020 all large gatherings above 500 people with the potential to impact the emergency services should be cancelled to prioritise the COVID-19 outbreak.

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

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

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

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

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

As COVID-19 is now circulating in the community there is no requirement to take additional measures when returning to the UK from other countries. You should follow the standard advice (see [Section 1.1](#)).

1.4 Contact with a case of COVID-19

No actions are needed for asymptomatic individuals who have contact with a case of COVID-19. Anyone who has symptoms of COVID-19 should follow the guidance for people with symptoms in section 1.1 Background.

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 if required with the lead responsible person.

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

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

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

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

If they are so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about COVID-19. Whilst you wait for advice or an ambulance to arrive, try to find somewhere safe for the unwell person to sit which is at least 2 metres away from other people. If possible, find a room or area where they can be isolated behind a closed door, such as a staff office or meeting room. If it is possible to open a window, do so for ventilation. The individual should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze, and then put the tissue in the bin. If no bin is available, put the tissue in a bag or pocket for disposing in a bin later. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow.

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

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

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

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

Personal Protective Equipment (PPE)

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

Waste

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

Laundry

Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person where possible, should be laundered separately.

Do not shake dirty laundry - this minimises the possibility of dispersing virus through the air.

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

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

Section 2: Additional Setting-Specific Information and Guidance

2.1. Employers and Businesses

Employees will need your support to adhere to the recommendation **to stay at home** to reduce the spread of COVID-19 to others.

Certifying absence from work:

By law, medical evidence is not required for the first 7 days of sickness. After 7 days, it is for the employer to determine what evidence they require, if any, from the employee. This does not need to be fit note (Med 3 form) issued by a GP or other doctor.

Employers must use their discretion around the need for medical evidence for a period of absence where an employee is advised to self-isolate due to suspected COVID-19, in accordance with the public health advice being issued by the government.

2.2. Faith settings

Current government advice is **not** to restrict or cancel religious gatherings.

Public gatherings, particularly those involving worship, are a fundamental part of every-day life for people of faith communities and can help maintain morale.

Faith leaders may wish to include basic information and materials developed by credible public health sources, such as [NHS Inform](#), about coronavirus COVID-19 in public meetings including small group meetings (e.g. announcements, sermons) and promote the practice of preventive actions. In addition, faith leaders may wish to ensure resources are displayed in prominent places.

Faith leaders should consider what amendments could be made to rituals that involve close contact between individuals or the use of shared objects to prevent the spread of infection. They should also review their processes for planning events and carrying out services, identifying actions to take to prevent the spread of infection – particularly amongst the most vulnerable of the population.

Faith leaders and helpers visiting someone in their home who is currently well, should wash their hands when they arrive and when they leave, either with soap and water for at least 20 seconds, or by using a hand sanitiser.

People who are self-isolating and require pastoral support should not be visited in person but may be supported over the phone.

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

Ensuring that arrangements for those who have died as a result of infection with coronavirus COVID-19 are respectful of the beliefs and sensitivities of the deceased and bereaved is a priority for emergency planners, coroners and faith communities alike. Faith communities, will therefore play a key role in funeral services and in the burial/cremation process.

Potential challenges faith community leaders should be aware of include:

- They need to consider what rituals or other religious or spiritual care they can give to members of your community should there be a delay in the management of the body.
- You will need to liaise closely with funeral directors about what is and is not permissible during the funeral and what is permissible about how bodies will be managed.

2.3. Educational settings

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

We recommend all educational settings remain open unless you have been advised by the local Health Protection Team to close. Children appear to be less affected than other age groups however handwashing should be encouraged before and after any activity, such as meal times, break times and sporting activities.

Your local public health team will provide advice if you have had a symptomatic case of COVID-19 on site. At present school closure is not usually required but the local health protection team will support you to make a risk assessment.

School trips

You should postpone all overseas school trips until further notice. This is both due to the intense group exposure and the potential difficulty in managing a situation where potentially large numbers of students are unwell. You should conduct a risk assessment for domestic school trips and may wish to consider postponing trips that pose a potential increase in risk such as those requiring an overnight stay.

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](#).

2.4. First responders

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

2.5. Funeral directors

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

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

2.6. Hotels and Hospitality Settings

Guests who are self-isolating

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

Other operational issues

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

2.7. 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.

2.8. Large events

From Monday 16 March 2020 all large gatherings above 500 people with the potential to impact the emergency services should be cancelled to prioritise the Covid-19 (coronavirus) outbreak. For smaller gatherings follow the guidance outlined in [Section 1](#) of this document for other events including sporting, religious and cultural.

Considerations when organising an event for less than 500 people

If you are considering planning a new event, you may want to consider deferring the event to a later time. If it is not possible to defer the event, you may wish to consider ways for people to attend remotely e.g. remote viewing or webinars. If you have an event planned, you should carry out a risk assessment beforehand, and ensure that you have appropriate preparedness measures in place before, during and after the event; see below for further guidance.

When planning an event for less than 500 people

At the initial stage of planning an event, a comprehensive risk assessment should be undertaken and kept under regular review.

As part of your **risk assessment**, you should consider:

- a) the latest advice on COVID-19
- b) whether attendees may have been exposed to, or infected with COVID-19 and what risk this might pose to others
- c) specific features of the event that may affect risk of exposure to COVID-19, including:
 - crowd density
 - the type of event and the nature of contact between attendees (for example, a concert or religious event, sporting, festival, political)
 - the nature of the venue (indoors or outdoors, the layout of the venue)
 - whether or not the event is restricted to people who have registered to attend; and scope to identify attendees after the event has finished
 - the age of attendees; elderly people are at higher risk of more serious infection
 - the mode and duration of travel of attendees
 - the duration of the event and how long attendees typically stay, if longer than 14 days, event-associated cases of COVID-19 could occur during the event
- d) ensuring that staff and attendees are able to follow recommended hygiene behaviours by: providing information on recommended hygiene behaviours; ensuring that adequate hand washing facilities and hand sanitisers are available where possible; and providing plenty of bins. These measures will help to reduce the spread of disease.
- e) ways to maximise space between attendees and reduce crowding. Modifying seating arrangements and increasing space between attendees may reduce the spread of disease. If possible, create staggered event schedules, including arrival and departure times. Provide plenty of bathroom facilities and food stations, to reduce the need for attendees to crowd around these areas.

During the event

The event organiser's role should include:

- reminding the public and event workers not to attend if they are feeling unwell
- briefing event staff and attendees on how to practice good hygiene. This general guidance should be made clearly visible throughout the event
- ensuring that sufficient facilities are available to enable hand washing, hand disinfection and disposal of waste
- reminding food handlers to be extra vigilant with hand hygiene
- ensuring surfaces are cleaned regularly with antiseptic wipes or regular household disinfectant, including bleach solutions
- providing visible and clear messaging to staff and attendees, taking into consideration potential language, cultural and disability barriers

2.9. 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.

2.10. Transport Sector and Points of Entry

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

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

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

Maritime

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

Where a ship's master, in assessing the state of health on board their ship, identifies any instances of illness 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.

DO NOT disembark the suspected case or any crew or passengers until the local Health Protection Team advises to do so.

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

Aviation

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

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

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

Performing body or bag searches at Points of Entry

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

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

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

2.11. Visit Scotland

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

Tourist or visitor attractions do not need to close at this time.

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

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

Appendix 1: Contact details for local Health Protection Teams

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