

COVID-19 information and guidance for non-health and care settings

Version 5.0

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Version history

Version	Date	Summary of changes
V4.7	16/12/2020	<p>Sections 1 and 2 have been modified to avoid repetition</p> <p>Section 1.1 updated to reflect current measures in place to control transmission, including vaccines</p> <p>Section 1.4 added link to COVID protection levels</p> <p>Section 1.5 face coverings updated</p> <p>Section 1.12 shielding section updated</p> <p>Section 2.1 SG advice updated to reflect that remote work should continue as the default position for those who can</p> <p>Section 2.7 hyperlinks to local protection levels and SG guidance on travel and transport added</p> <p>Section 3 (new section) created for infection prevention and control advice</p> <p>Section 4 (previously section 3) updated with relevant hyperlinks throughout</p> <p>Section 4.2 details on essential maintenance in people's homes updated with SG advice</p> <p>Section 4.4 travel section updated in line with updated SG guidance</p> <p>Section 4.5 hyperlinks updated and details provided for educational settings removed as these are superseded by guidance produced by SG</p> <p>Section 4.9 faith settings updated</p> <p>Section 4.10 for funeral directors removed</p> <p>Appendix 1 contact details for local HPTs updated</p> <p>Appendix 2 removed (PPE table 2)</p>
V4.8	31/12/2020	<p>Section 1.1. Updated to include information relating to newly approved AstraZeneca vaccine.</p>
V5.0	19/01/2022	<p>Section 1 and 2 structure and content modified</p> <p>Section 1.2 Environmental survivability: advice updated</p> <p>Section 1.3 General measures to reduce the spread of COVID-19: advice updated and expanded to include material previously elsewhere in document</p> <p>Section 1.4 Further information on COVID-19: expanded to include links to guidance previously referenced in Section 4</p> <p>Section 2 all links updated. Revised wording on travel. Updated information on self-isolation.</p>

Version	Date	Summary of changes
		<p>Section 3.1 Hygiene measures: additional text added on ventilation.</p> <p>Section 4 removed</p> <p>Appendix 1 contact details for local HPTs removed and replaced with link to PHS website.</p>

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Scope of this guidance

This guidance has been developed in collaboration with ARHAI Scotland and aims to support those working in settings outside of health and social care to give advice to their staff and users of their services about COVID-19.

This guidance covers:

- Background on COVID-19 and how it is spread (**Section 1**)
- Public health measures and advice on how to prevent spread of COVID-19 in workplaces outside of the health and social care setting (**Section 2**)
- Infection prevention and control (hygiene) advice, including what to do if someone is ill in a workplace (**Section 2** and **Section 3**)

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 workplace risk assessments and necessary mitigating actions.

Guidance relating to **health and social care settings** can be found on the **PHS COVID-19 page**.

This guidance is based on what is currently known about COVID-19. Public Health Scotland will update this guidance as required, and as additional information becomes available.

We would like to remind readers to regularly check the main **Scottish Government COVID-19 page** for updates on general mitigation measures and new response strategies.

1. Background

1.1. What is COVID-19 and how is it spread?

The disease COVID-19 is caused by a RNA (ribonucleic acid) virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first cases in the UK were detected on 31 January 2020. COVID-19 was declared a pandemic by the World Health Organization on 12 March 2020.

Transmission of SARS-CoV-2 mainly occurs through close contact with an infectious individual, mediated by respiratory particles, also known as droplet transmission¹. People may also potentially acquire the infection by contact with contaminated objects or surfaces (fomites). However, infection can often be attributed to a number of different transmission routes and separating fomite transmission from other routes in real-life scenarios is difficult. The SARS-CoV-2 virus can survive on surfaces for periods ranging from a few hours to days². However, the amount of viable virus declines over time and it may not always be present in sufficient quantities to cause infection, despite viral RNA persistence.

It is useful to note the cardinal symptoms of COVID-19 are new, continuous cough, fever or change in or absence of sense of smell or taste. However, symptoms of COVID-19 vary in severity from having a fever, cough, headache, sore throat, altered sense or absence of taste or smell, diarrhoea, general weakness, fatigue and muscular pain to pneumonia, acute respiratory distress syndrome and other complications³. Mortality is an unfortunate potential outcome in those with severe disease. There is evidence of asymptomatic transmission of COVID-19⁴.

The European Centre for Disease Prevention and Control (ECDC) states that the infectious period begins around two days before symptom onset to 10 days after, but people are most infectious during their symptomatic period, usually in the first 3 days⁵. WHO advises the average incubation period is between 5 - 6 days, however it can range from 1-14 days⁶.

After being infected with SARS-CoV-2, most people recover quickly, usually starting to feel better in a few days; unfortunately, some people take longer and symptoms can affect the

whole body. SIGN has produced a [booklet](#) for anyone with ongoing signs and symptoms of COVID-19 and [NHS inform](#) provides a variety of useful information.

PHS provides a daily updated [dashboard](#) with the latest available data including, but not limited to, the numbers of positive cases reported, the number of tests carried out, the number of vaccinations administered and percentage of Scotland's population who are vaccinated.

A range of measures are used to control transmission of COVID-19. These are described in Section 1.3.

Contact tracing aims to interrupt the spread of COVID-19 by identifying people at risk of infection (because they have been physically close enough to a person who has tested positive) and by providing advice to help reduce the risk of spreading the virus. In Scotland, the programme of community testing, contact tracing, isolation and support is known as [Test and Protect](#). Further details can be found on the [Scottish Government website](#) and [NHS inform](#).

The COVID-19 vaccination programme commenced in the UK in December 2020. The effectiveness of new vaccines for COVID-19 has changed the response to the pandemic in a very positive way and led to fewer deaths, hospitalisations and illness. All individuals eligible for vaccination should avail themselves of this at the earliest opportunity. It is important to note that vaccination does not change the need to follow COVID-19 public health mitigation measures (for both vaccinated and unvaccinated people). More information on the COVID-19 vaccines is available on [NHS inform](#).

1.2. 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.

The risk of transmission through contact with surfaces or items (fomite transmission) is considered to be lower than originally thought. In most instances, this risk can be mitigated against through good hand hygiene and effective cleaning of surfaces. Therefore, enhanced cleaning or 72-hour quarantine of items is not required provided other

mitigations such as effective hand hygiene and regular cleaning of frequently touched surfaces are in place.

1.3. General measures to reduce the spread of COVID-19

A range of measures are recommended to help reduce the spread of COVID-19. Risk assessments should be used to identify the most effective mitigation measures to be followed by businesses, employees and service users. These may include:

- Following the most up-to-date **Scottish Government COVID-19 guidance**.
- Promoting **vaccination** and support staff to attend vaccination appointments.
- Wherever possible, supporting staff to work at home to reduce potential contact with others, to maximise the distancing between those who have to attend workplaces (see Section 2.1), and considering a hybrid of home and office working for the future.
- Minimising the time spent in close proximity to others, particularly indoors (see Section 2.1).
- Using **face coverings and masks** in line with latest Scottish Government guidance.
- Ensuring that workplaces/work areas are well-ventilated (see Section 3.3).
- Ensuring that workplaces/work areas are cleaned regularly (see Sections 3.2/3.4).
- Following hand hygiene and cough/sneeze hygiene advice and ensure adequate facilities are available for employees and service users (see Section 3.1).
- **Information on symptomatic and asymptomatic testing** can be found on NHS Inform. Some sectors will have asymptomatic testing as set out in section 1.4 of this document; other business or organisations with ten or more staff can access Lateral Flow Device (LFD) tests through the **Scottish Government's Workplace Asymptomatic Testing Programme**. Individuals can find out more information on how they can order LFDs **via NHS Inform**.
- Follow **Test and Protect** advice and also support your employees to follow this.

- The Scottish Government has also produced **COVID-19: Test and Protect advice for employers**.
- Following the guidance on **when and how long to self-isolate**.
- Following latest Scottish Government advice on **international travel and managed isolation (quarantine)**.
- Following Scottish Government **advice for people at the highest risk** if this applies to you or your employees.

1.4. Further information on COVID-19

The following guidance can be found on the Scottish Government website:

- **Guidance for all businesses and workplaces including** advice on measures that should continue to be taken to reduce COVID-19 risk.
- **COVID-19 compliance self-assessment tool** to assess the effectiveness of COVID-19 control measures within the workplace.
- COVID-19 guidance relating to **early learning and childcare, schools, and universities, colleges and community learning and development**.

The following guidance can be found on the Public Health Scotland website:

- Advice on the prevention and management of cases of COVID-19 on **offshore installations**.
- Advice on public health measures to prevent COVID-19 in **Scottish prisons**.

Additional **guidance for food retailers** can be found on Food Standards Scotland website.

Advice for first responders (as defined by the Civil Contingencies Act) and others who may have close contact with symptomatic people with possible COVID-19 can be found on the UK Government COVID-19 website.

For detailed and comprehensive resources relating to **preventing and managing the symptoms of COVID-19**, please refer to the NHS Inform COVID-19 website.

2. Public health advice for non-health and care organisations and workplaces

This section describes key public health measures that apply to all workplace settings outside of health and social care. Where **sector-specific guidance** is in place, then this should be followed. Specific guidance for **healthcare settings** and **other specific settings** should be followed where it applies.

All organisations and individuals must ensure that they adhere to up-to-date guidance on recommended public health measures from Scottish Government. This document should be read alongside the Scottish Government's **Coronavirus (COVID-19): safer businesses and workplaces guidance**.

2.1. Physical distancing

Physical distancing remains one of the most effective methods to protect ourselves and others from COVID-19. The aim of physical distancing is to slow the transmission of COVID-19 by minimising close contact with others. Ensuring adequate physical distancing (up to 2 metres) can create additional demands on workers and your organisation and you may need resilience planning to support this.

Physical distancing is only one of the tools in your toolkit to suppress COVID-19. A risk-based approach to workplace mitigation measures should be adopted to keep workers safe. These risk assessments may also identify and protect individuals who are at increased risk of infection.

Workplace risk assessments should be recorded, making sure that usual health and safety controls are applied and include consideration of the following physical distancing measures and mitigations:

- Maximise the distance between people and minimise the time spent in close proximity to others.
- Voluntarily limit the maximum capacity of spaces, where appropriate.

- Can the task be performed in a different way, for example, automated or broken into elements?
- Can environmental changes minimise contact (e.g. physical barriers, floor markings, equipment or seating positions, screens between staff and customers) to create physical distance?
- Manage the inflow/outflow of the premises through ongoing use of one-way systems and/or traffic light systems.
- Changes in working practices (e.g. stagger start or break times, restructure workflows to allow for physical distancing).
- Explore use of digital processes or systems to reduce the need for face-to-face discussion.

2.2. Self-isolation

Non-health and care organisations and their workers must ensure that all staff comply with the latest NHS Inform guidance on **when and how long to self-isolate**. Wherever possible, employers should enable employees to work from home while self-isolating.

Individuals who are at highest risk of severe illness from COVID-19 should follow Scottish Government COVID-19 **advice for people at highest risk**, as well as advice provided by their employers.

Organisations should follow the advice from Scottish Government:

- **COVID-19: Fair work statement**
- **Test and Protect Advice for employers**

2.3. When should I suspect an outbreak of COVID-19?

An outbreak should be suspected if you are notified of two or more confirmed cases of COVID-19 in your setting within 14 days, particularly if there is a suspected link between the cases.

Suspected outbreaks (or clusters) should:

- be reported to your **local NHS Board Health Protection Team** (HPT) for surveillance, awareness, and risk assessment purposes

AND

- trigger an internal review by management of the workplace's assessment of risk and mitigation measures and any improvements made to their implementation.

The level of response to the outbreak from the HPT will be based on the HPT's risk assessment, taking into account the specific workplace setting, the number or proportion of employees or other attendees affected, and the potential public health impact of the incident. It is the role of the HPT to declare an outbreak, once this has been assessed, and its end, once it has terminated.

2.4. If someone develops symptoms of COVID-19 while on site at your organisation

You should ensure 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 develop **symptoms of COVID-19**. The following guidance may need to be adapted to ensure a responsible adult is there to support the individual where required.

While the individual is on the premises, the general measures to prevent spread of COVID-19 should be followed. The affected person should return home as soon as they notice symptoms, following the travel advice in **Section 2.7**.

Advice on cleaning of areas after a possible or confirmed case of COVID-19 has left a workplace or other non-healthcare setting is set out in **Section 3**.

2.5. 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 a 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 COVID-19 website**. Employees can obtain isolation notes as proof of their need to stay off work because of COVID-19. Employers should ensure that their 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.

The Scottish Government and STUC have produced a **joint statement on fair work** including that no worker should be financially penalised for following medical advice. Any absence relating to COVID-19 should not affect future sick pay entitlement or other entitlements like holiday or accrued time. It should not result in formal attendance-related warnings or be accumulated with non-COVID-19 related absences in future absence management figures. This may require flexibility in standard absence/attendance management arrangements.

Individuals told to self-isolate by Test and Protect may be eligible for a **self-Isolation support grant**. Where friends or family are unable to help individuals required to self-isolate, the **National Assistance Helpline** (0800 111 4000 or contact via textphone on 0800 111 4114, Monday to Friday, 9am to 5pm) may be able to offer support.

2.6. Personal protective equipment at work

Personal protective equipment (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 by local policies and risk assessments (business as usual) to mitigate against risks in their setting.

The risk of COVID-19 should be managed by the general measures referred to in **Section 1.3** of this guidance (note that face coverings are not considered PPE) and individual worker risk assessments, addressing COVID-19 risk, should be undertaken especially when work involves regular and systematic face-to-face contact with members of the public (e.g. bus drivers, supermarket tellers, security staff).

The use of additional PPE specifically for COVID-19 is outwith the scope of this guidance and is primarily and most appropriately for use in health and social care settings.

2.7. Travelling if symptomatic or if required to isolate

If an individual becomes unwell with possible COVID-19 symptoms or receives a positive COVID-19 test result while away from home (including while in the workplace), they should follow **Transport Scotland's advice** on how to travel safely and the Scottish Government **guidance on travel and transport** (covers the UK and other countries).

If someone develops symptoms or receives a positive COVID-19 test result while further away from home and it is not possible to isolate where they are, help should be sought through **Test and Protect** or through the **National Assistance Helpline**. This helpline is dedicated to helping those who cannot get the help they need otherwise and should be contacted only where help can't be found through other means.

3. Infection prevention and control (hygiene measures)

3.1. Hand and respiratory (cough/sneeze) hygiene

Promote good hand hygiene for all staff, volunteers, contractors, service users and visitors. It is important to ensure that adequate facilities are available for hand hygiene, including handwashing facilities that are adequately stocked and alcohol-based hand rub at key areas (e.g. communal areas and entry and exit points).

- Hand hygiene should be performed regularly using soap and water or alcohol-based hand rub, particularly before and after eating. Individuals should avoid touching the eyes, nose and mouth with unwashed hands.
- 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 and perform hand hygiene. If tissues are not available, individuals should cough and sneeze into the crook of the elbow and wash hands at the first opportunity.
- Avoid direct contact with people that have a respiratory illness and avoid using their personal items (e.g. mobile phone) wherever possible.

3.2. Cleaning and hygiene measures

Ensure regular detergent cleaning schedules and procedures are in place using a product which is active against bacteria and viruses, and following manufacturers' instructions, particularly in relation to contact time. Commonly touched objects and surfaces (e.g. telephones, keyboards, door handles, desks and tables) should be cleaned regularly and good hand hygiene promoted.

Wherever possible, movement of individuals between work stations should be minimised, e.g. avoid hot-desking, assign each individual a designated desk. Work spaces should be included on regular cleaning schedules and, where work spaces are shared, cleaned between users. Any crockery and cutlery in shared kitchen areas should be cleaned with warm general purpose detergent and dried thoroughly before being stored for re-use.

See the Scottish Government [COVID-19: safer businesses and workplaces](#) for further advice on keeping the workplace clean.

3.3. Ventilation

Ensuring good ventilation in indoor spaces will help to reduce the risk of COVID-19 spreading. The amount of fresh air entering a room should be maximised, wherever possible.

Natural ventilation can be achieved by opening windows, vents and doors (excluding fire doors). Some buildings may have mechanical ventilation systems, these should maximise the amount of fresh air being introduced and minimise the recirculation of air in rooms and throughout buildings.

Scottish Government funding is available to some businesses to improve their ventilation:

- Scottish Government [COVID-19: Business Ventilation Fund](#)

For more information on ventilation and practical steps on how to improve ventilation see:

- Scottish Government [COVID-19: ventilation guidance](#)
- Scottish Government [sector advice cards](#) for ventilation advice for employers and ventilation advice for everyone
- Health and Safety Executive [Ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic](#) guidance.

3.4. Environmental decontamination (cleaning and disinfection) after possible or confirmed case has left the setting

Once a possible (COVID-19 symptoms), or confirmed (test positive) case has left the premises, the immediate area occupied by the individual, e.g. desk space, should be cleaned firstly using a detergent product and then followed with a disinfectant. It is important to use a detergent first, as this improves the effectiveness of the disinfectant. High-contact areas (e.g. door handles, telephones, light switches and railings) that could

potentially be contaminated should also be cleaned. Before others use the area, this process should be completed.

Any public areas where a possible case has only passed through (spent minimal time in), e.g. corridors, and which are not visibly contaminated, e.g. 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. All cloths and mop heads used must be disposed of and should be put into waste bags. Further advice is provided in the **Waste** section.

When using detergent and disinfectant products for environmental cleaning and disinfection, it is important to:

- use standard household detergent and disinfectant products that are active against viruses (including SARS-CoV-2) and bacteria
- follow manufacturers' instructions for dilution, application and contact times for all detergents and disinfectants
- ensure the person responsible for undertaking the cleaning with detergent and disinfectant is 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, follow any guidance provided by the employer/organisation or seek further advice from the **local Health Protection Team**.

3.4.1. Personal protective equipment for environmental decontamination

Employees should continue to use any PPE required as per local policies for environmental decontamination. 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 facemask, apron and gloves, should be considered.

3.4.2. Waste

Ensure all waste items that have been in contact with an infected 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.

3.4.3. Laundry

Wash items in accordance with the manufacturers' 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 that has been in contact with confirmed or suspected COVID-19 cases is kept bagged for 72 hours before being removed for washing. If you are self-isolating, then wait until 72 hours after your self-isolation period has ended before taking items for washing.

After handling dirty laundry ensure good hand hygiene is carried out.

References

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