

COVID-19 information and guidance for workplaces and community settings

Version 1.0

Publication date: 19 April 2022

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Translations



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Version history

Version	Date	Summary of changes
1.0	19 April 2022	New document

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Scope of this guidance

This guidance has been developed in collaboration with ARHAI Scotland. It aims to support those working outside of health and social care (e.g. all businesses and organisations, including those open to members of the public and community groups) to give advice to their staff, visitors, 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 any 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 (WHO) on 12 March 2020.

Transmission of SARS-CoV-2 is thought to occur mainly through close contact with an infectious individual, mediated by respiratory particles. Transmission is most likely to happen where individuals are close to each other (usually within 2m)¹. Some environments facilitate transmission, e.g. indoor, poorly ventilated, and not regularly cleaned. The WHO recognise examples of long-range aerosol transmission as a potential route for exposure to SARS-CoV-2. However, the evidence in this area is currently limited and further research is required to examine the contribution of air-mediated transmission, acknowledging a spectrum of droplet sizes. 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 1.2.

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

Risk assessments will help to identify the most effective mitigation measures to be followed by organisations, their employees and service users. Public Health Scotland provides more [information on the risk assessment process](#). A range of measures are recommended to help reduce the spread of COVID-19; these may include:

- Following the most up-to-date [Scottish Government COVID-19 guidance](#).
- Promoting vaccination and support staff to attend vaccination appointments. The vaccine is the best way to protect yourself and others from COVID-19. It is important to note that vaccination does not change the advice to follow COVID-19 public health mitigation measures. More information on the COVID-19 vaccines is available on [NHS inform](#).
- Encouraging workplaces to consider [hybrid and flexible working practices](#), wherever possible, to reduce potential contact with others and to maximise the distancing between those who have to attend workplaces (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 3.2](#)).
- Ensuring that workplaces/work areas are cleaned regularly (see [Section 3.3](#)).

- Following hand hygiene and cough/sneeze hygiene advice (see **Section 3.1**).
- Following **Test and Protect** advice, including on testing and self-isolation, and supporting your employees and service users to follow this (see **Section 2.2**).
- Following Scottish Government advice for **people at the highest risk** if this applies to you or your employees.

1.3. Further information on COVID-19

Where sector-specific guidance is in place, then this should be followed. The following guidance on measures to reduce the risk from COVID-19 can be found on the Scottish Government website:

- **Safer Workplaces and Public Settings guidance**
- **Sector-specific guidance**
- **COVID-19 guidance relating to early learning and childcare, schools, and universities, colleges and community learning and development.**

Advice on the prevention and management of cases of COVID-19 on **offshore installations** can be found on the Public Health Scotland 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 workplaces and community organisations

This section describes key public health principles that apply to all organisations outside of health and social care. This document should be read alongside the Scottish Government's [Coronavirus \(COVID-19\): Safer Workplaces and Public Settings 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.

Physical distancing 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 and testing

Workplaces and community organisations should ensure that all staff and service users 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 and take steps to ensure staff are not financially disadvantaged by isolating to keep others safe.

People on the **Highest Risk List** can continue to follow the same advice as the rest of the population, unless their GP or clinician advises otherwise. Employers should work with their employees to implement any clinical advice and recommendations from the risk assessment process.

Information on symptomatic and asymptomatic testing can be found on **NHS Inform**. Scottish Government are no longer advising asymptomatic testing in workplaces (besides Health and Social Care workplaces and prisons). Organisations will no longer have the facility to order lateral flow device test kits via the workplace testing programme. However, businesses can set up their own private testing arrangements should they wish to do so.

PCR tests will remain in place for anyone with symptoms until the end of April 2022, with tests accessible at test sites and by post. Positive cases will continue to be advised to isolate.

From the end of April, anyone experiencing respiratory symptoms, including COVID-19, will be advised to stay at home and will no longer be advised to seek a test. Individuals should, however, seek medical advice if required.

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, or
- you identify an increase in staff absence rates, due to suspected or confirmed cases of COVID-19.

Suspected outbreaks (or clusters) should trigger an internal review by management of the workplace's risk assessment and mitigation measures and improvements or enhancements should be implemented for the duration of the outbreak.

There is no requirement to report clusters of confirmed COVID-19 cases or unusually high levels of absence to NHS board Health Protection Teams. It is expected that the majority of these situations will be managed via standard working practices in place in each setting for sickness and absence at work. It is noted that some settings may have obligations to report clusters or outbreaks to other agencies, and this should be adhered to.

If required, **NHS Board Health Protection Teams** can be approached for additional advice. However, they may also make the decision to engage in the handling of any individual cases, clusters, or outbreaks at their discretion, if they perceive a high risk to public health.

In the event of an outbreak, people on the highest risk list should follow any individual advice they have been given by their clinician, and work with their employer to implement suitable adjustments as set out in their individual risk assessment.

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 advice in **Section 2.7** and the latest NHS Inform guidance on **when and how long to self-isolate**.

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 3.4**.

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.

Employers are encouraged to continue adopting Fair Work practices and a flexible approach to dealing with the impacts of COVID-19 to protect the health and wellbeing of their workforce. Central to the Fair Work approach is the expectation that employers, trades unions, and workers work together to ensure employees are treated fairly and their concerns are taken seriously.

Employers can use the **Fair Work Employer Support Tool** to help them strengthen their practices. The **Fair Work First Guidance** also provides good practice examples for employers to help them adopt Fair Work practices.

Workers can seek advice from their union. Those with no union representation can seek advice and assistance from the **Scottish Trades Union Congress** (STUC) and **Scottish Hazards**.

Low-income workers who test positive for COVID-19 may be eligible for a **Self-Isolation Support Grant** until the end of June 2022.

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 1.2 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 out with the scope of this guidance and is primarily and most appropriately for use in health and social care settings.

2.7. Testing positive or symptomatic when away from home

If someone develops symptoms or receives a positive COVID-19 test result while away from home and it is not possible to isolate where they are or travel home safely, 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 (ABHR) at key areas (e.g. communal areas and entry and exit points).

- Hand hygiene should be performed regularly using soap and water or ABHR 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.

3.2. 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.

Additional information on ventilation and practical steps on how to improve ventilation in buildings can be found on both [Scottish Government](#) and [Health and Safety Executive](#) websites.

3.3. Cleaning and hygiene measures

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.

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. Frequently 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 workstations should be minimised. Workspaces should be included on regular cleaning schedules and, where workspaces 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.

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. Frequently touched surfaces that could potentially be contaminated should also be cleaned, e.g. door handles, telephones, light switches, and railings. This process should be completed before others use the area.

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 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 **Section 3.4.2**.

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 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. After handling waste, ensure hand hygiene is performed.

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.

After handling dirty laundry ensure hand hygiene is performed.

References

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