



# Infection Prevention Policy for Site and Off-site Settings

Version2.2

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## 1. Introduction

Coronaviruses are a large family of viruses which have long existed, infecting both animals and humans. When affected, humans are known to experience respiratory symptoms ranging from the common cold to more Severe Acute Respiratory Syndrome (SARS) (WHO 2020).

In 2019 a new coronavirus emerged to which humans have no immunity, COVID-19.

The subsequent spread and global pandemic of COVID-19 has forced businesses across the globe to operate differently. Physical distancing measures, implemented to stem the spread of the virus will have to remain in place for a significant time period, as advised by the First Minister of Scotland (2020).

### 1.1 Scope & Remit

The scope of this policy is to provide a clear and concise overview of how Horizon M&E Services Design will operate through each stage of the pandemic. What procedure our Consultants and Managers will follow to enable them to continue to work in as safe a manner as is reasonably acceptable, without putting themselves at risk of contracting the virus, or spreading it to others.

Where it is not possible for the Consultant or Manager to operate within these parameters, Horizon M&E Services does not expect that person to take any unreasonable risks. Our primary aim is the health and safety of our Consultants, their families and the people we work with.

The remit of this policy and operating procedure (App 1) relates to the Consultants, Managers, Engineers and Sub-Contractors working for, or on behalf of Horizon M&E Services Design. The steps in the procedure and process decision tree (App 2) should be undertaken whilst working for or on behalf of Horizon M&E Services.

The policy was derived following the 2020 global COVID-19 coronavirus pandemic but will encompass any further outbreaks of viral, bacterial or chemical pathogens resulting in state advised restrictions or lockdown. Additional operational procedures can be developed within this overarching policy document to accommodate any variation in restriction levels or lockdown scenarios that occur in the future.

## 2. Working Safely

There are 9 practical considerations Horizon M&E can review to manage working during any outbreak whilst keeping safe and reducing risks of transmission:

- Carry out risk assessment
- Implement reliable hygiene processes
- Work from home
- Maintain physical distancing
- Manage risk further when physical distance cannot be maintained
- Consider risks when travel is required
- Communicate transparently with colleagues
- Consider risks of isolation
- Manage vulnerable workers

### 2.1. Risk Assessment

It is prudent to be prepared. Horizon can only manage risks that we know about and understand. The company has risk on 2 aspects, people being too unwell to work due to having the virus/pathogen (health) and the construction industry being in lockdown and subsequent reduction in business (financial).

#### 2.1.1 Health

Horizon's health risk assessment is included in appendix 3 and was reviewed and agreed by the managing Directors. The hazards were identified, risks assessed, and controls put in place – see box 1 for example. The document is fluid and can be reviewed at any given time the risk changes. The controls are also open to constant review and this will be done as we learn more about the exposure (in this case COVID-19) and understand how working conditions evolve moving through the phases (App1).

Box 1: Example of a health risk and hazard

Risk - Contracting COVID-19 whilst at the site.

Hazard - Contact with surfaces at the site which may be harbouring the virus.

Control Measure - Consider if this visit is essential. Reduce the time spent on-site by doing as much of the work from home as possible. Wash hands on arrival and departure at the site.

Wash hands after contact with surfaces on-site. In the absence of hand washing facilities use hand sanitiser. Consider if site is safe to visit. Do not touch your face unless you have washed/sanitised your hands.

### 2.1.2 Financial

With state ordered restrictions and lockdown comes shutdown of business, including the UK construction industry. To have a realistic projection of financial sustainability a stress budget is required. Modelling of Horizon's position in various financial scenarios is used as a risk assessment and informs decision making throughout the period of lockdown and the subsequent months of economic uncertainty. Further planning has taken place to navigate the flux resulting in the differing levels of restrictions in different parts of the country as the infection rates ebb and flow.

As the company moves through the period of restrictions/lockdown, these budgets are reviewed on an as required basis, mapped against the real time financial position. Plans should be in place at the earliest opportunity to navigate the best route to survive the subsequent downturn. This may involve; reviewing invoices and billing on a case by case basis, a combination of scenarios based on product flexibility and stability of income. The financial budget modelling document is confidential and produced and reviewed by the managing directors only.

### 3. Implementation of reliable hygiene processes.

The safest way to reduce contamination is to stay at home (WHO 2020). Although Horizon operates from a home office environment there are times where we must attend other venues to carry out our work. As lockdown easement begins and the country moves through various phases of local restrictions (Scottish Government 2020) there is a demand for businesses and individuals to adapt to the new normal. To that end we must implement a process that maintains our health and safety and mitigates any risk of contamination or spread.

The processes we have agreed are set out in the Horizon M&E Services Design COVID-19 Operating Procedure (Appendix 1). A decision tree in appendix 2 further breaks the procedure down into an easy to follow set of steps.

The Phases described in the operating procedure have no arbitrary dates attached as they are designed to be flexible dependant on the following:

- Risk level of infection/contamination in the community
- Government agreed R number i.e. reproduction rate of infection
- Restriction measures in place (Levels)

It is important to remember movement between phases can go back as well as forward and that individual areas of the country may go back into full lockdown as infection rates rise and pressure on the local health service exceeds capacity. Each local council area will have a COVID Protection Level allocated based on local data, reviewed regularly (Scot Gov 2020).

The aim of the procedure (App 1) is to create a barrier inhibiting the contaminant from transmitting. Where a physical barrier cannot be maintained via distancing, then wearing a face covering and hand hygiene must be adopted to remove any contamination and prevent spread. The WHO (2009) have advised on the widely accepted principle of hand hygiene undertaken for 20 seconds with soap and water as one of the best tools against transmission. In the absence of hand washing facilities, hand rub may be used as an alternative. Examples of how to wash hands effectively with soap or hand gel are depicted in appendix 4.

## 4. Communication

The way Horizon communicates is relatively unchanged, but the subject matter must adapt during this type of crisis. Our operational style is video conference based. When engaging with others at this time we should engage openly about the pandemic being mindful that people will have anxieties about themselves and their families.

### 4.1 Risks of Isolation

Lockdown can have a drastic effect on mental health (L. Collins BMJ 2020). Isolation can be an associated side effect of prolonged lockdown and subsequent restrictive measures. Communicating regularly with colleagues can alleviate this and gives opportunities for those in need to reach out.

### 4.2 Vulnerable workers

The National Health Service (NHS Inform 2020) identified a list of vulnerable workers in relation to risk factor for Covid-19. Box 2 describes the illnesses that would put someone in a high-risk group.

#### Box 2: High Risk Group

This group includes people who are:

- Aged 70 or over (regardless of medical conditions)
- Under 70 and instructed to get a flu jab as an adult each year on medical grounds
- Pregnant

And those with:

- Chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- Chronic heart disease, such as heart failure
- Chronic kidney disease
- Chronic liver disease, such as hepatitis
- Chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- Diabetes
- Problems with their spleen, for example sickle cell disease
- A weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- A BMI >40 or above who are overweight



Box 3 describes illnesses of those in the extremely high-risk group, that should be shielding. If any of the people who work at Horizon or on behalf of Horizon fall into these categories, special consideration must be taken, in conjunction with discussions about whether it is safe for this person to work during the outbreak.

Box 3: Extremely High-Risk Group

This group includes people with:

- Cancer and are receiving active chemotherapy
- Lung cancer and are receiving or have previously receives radical radiotherapy
- Cancers of the blood or bone marrow, such as leukaemia or myeloma who are at any stage of treatment
- Severe chest conditions such as cystic fibrosis, severe asthma, severe COPD, severe bronchiectasis and pulmonary hypertension
- Rare diseases, including all forms of interstitial lung disease/sarcoidosis, and inborn errors of metabolism (such as SCID and homozygous sickle cell) that significantly increase the risk of infections
- An absent spleen or have had removed
- Significant heart disease (congenital or acquired) and pregnant

And those that have had:

- Solid organ replacements
- Bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppressant drugs

Or receiving:

- Immunotherapy or other continuing treatments for cancer
- Other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors, or PARP inhibitors
- Immunosuppression therapies that significantly increase the risk of infection
- Renal dialysis treatment

## 5. Future Plans

As the current crisis moves forward Horizon will too in a new adapted fashion. The changes in working practices across the sector we operate in will not all revert, and Horizon must be prepared to adapt where necessary to evolve along with the sector. The procedure and process established in this crisis will continue to be useful and may well become the accepted standards in the future. There is opportunity for surveillance audit from governing bodies, so future work may include finding a method for recording such practices. The speed at which this current pandemic spread globally and the risk of another such event which results in lockdown encourages a willingness for preparedness and planning. In such case, this policy can be used as a framework with new appendices relative to the specific cause at the time.

Louise Robertson

Director / Office Manager

## References

References used to inform Horizon M&E Services Design Infection Prevention Policy 2020

Coronavirus (COVID-19): Construction sector guidance 28 May 2020

<https://www.gov.scot/publications/coronavirus-covid-19-construction-sector-guidance/>

Coronavirus (COVID-19): General Advice NHS Inform 5 May 2020

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice>

Coronavirus (COVID-19): Local protection levels 23 November 2020

<https://www.gov.scot/publications/coronavirus-covid-19-protection-levels/>

Coronavirus (COVID-19) update: First Minister's speech 5 May 2020

<https://www.gov.scot/publications/coronavirus-covid-19-first-ministers-speech-5-2020/>

Covid-19: No one seems to know how to help people with mental health problems during lockdown. Lorna Collins, British Medical Journal, April 3, 2020

Getting your workplace ready for COVID-19. The World Health Organisation, 19.04.2020 <https://www.who.int/docs/default-source/coronaviruse/advice-for-workplace-clean-19-03-2020.pdf>

Key messages in the workplace 20.05.2020 Health Protection Scotland.

<https://www.hps.scot.nhs.uk/web-resources-container/key-messages-in-the-workplace/>

Managing risks and risk assessment at work Coronavirus (COVID-19): update

May 2020 Health and Safety Executive <https://www.hse.gov.uk/simple-health-safety/risk/index.htm#>

The Health and Safety toolbox: How to control risks at work. May 2020 Health

and Safety Executive <https://www.hse.gov.uk/toolbox/index.htm>

## Appendix 1

### Horizon M&E Services Design COVID-19 Operating Procedure

The steps in the following procedure should be undertaken whilst working for or on behalf of Horizon M&E Services.

**It is important to remember movement between phases can go back as well as forward.**

The Phases described below have no arbitrary dates attached as they are designed to be flexible dependant on the following:

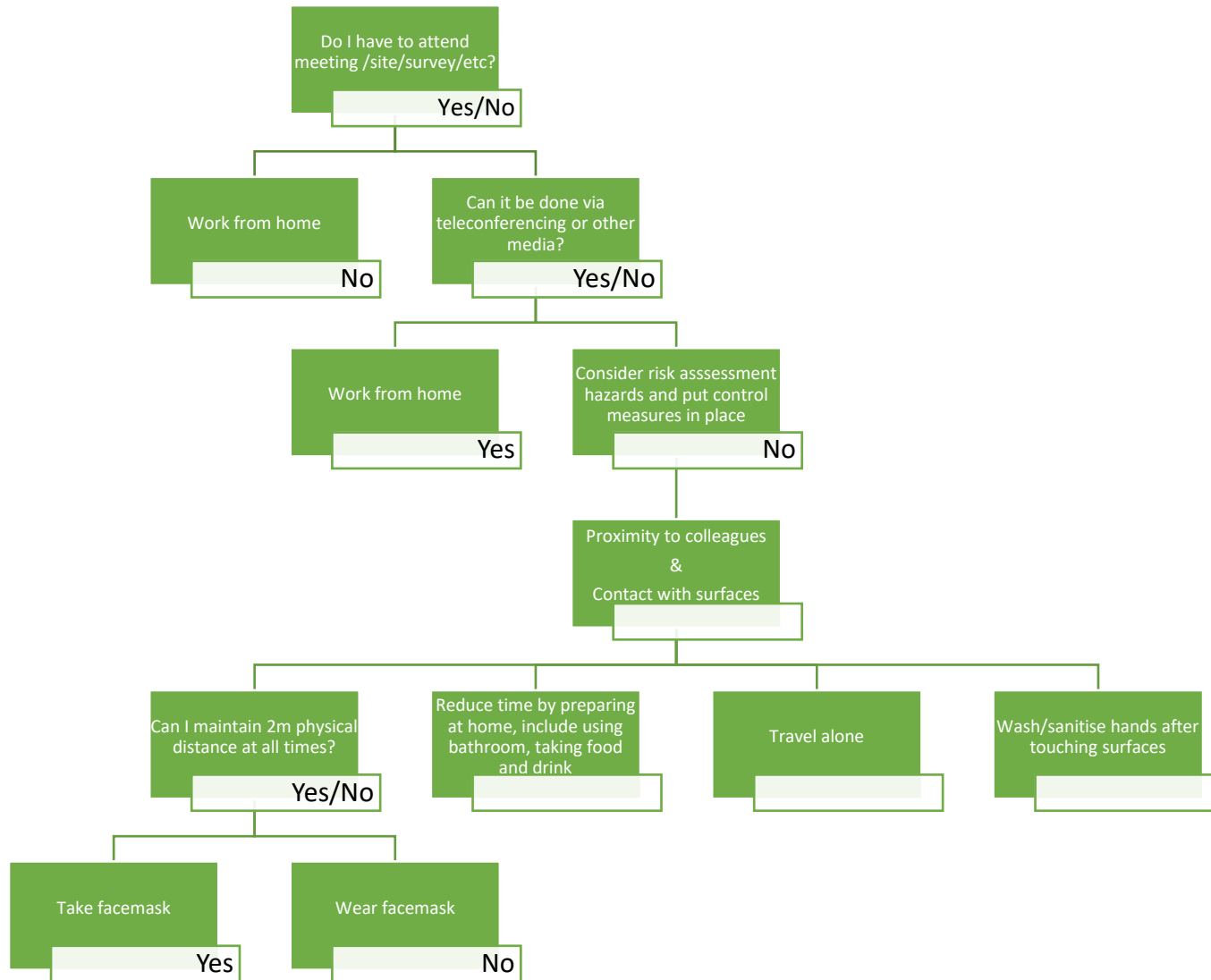
- Risk level of infection/contamination in the community
- Government agreed R number (rate of infection)
- Lockdown measures in place (Phase)

Phase	Government instruction	Construction Scotland Restart Model	Horizon Procedure
Phase 0	State-wide lockdown. Work from home unless leaving home for work in an essential service. Stay at Home unless for food, exercise or urgent medical reason.	Planning	All work from home. Do not attend any meetings outside home. Utilise videoconferencing facilities. Attend NHS, Key Infrastructure sites only.
Phase 1	Outbreak in not contained. R <1 Maintain 2m physical distancing.	COVID-19 pre-start site preparation	Work from home as default. Consider if each invitation to meet could be done via technology. Travel alone. Maintain 2m distancing If you must go out, follow decision tree.

	Face coverings must be worn in shops, businesses and public transport. Some outside work can begin.		Wear mask, wash hands regularly, cough into tissue, do not touch face, decline refreshments. **Although no formal advice to do so, it may be prudent to change out of work clothes on arrival at family home immediately and separate them until laundered to minimise risk to household.
Phase 2	Outbreak controlled but risk remains high Some construction sites may begin operating	Soft start – only where physical distancing can be maintained	All above plus: May consider attending small* indoor meetings wearing facemasks.
Phase 3	Outbreak suppressed Sporadic outbreaks expected R is consistently low	Steady state – only where physical distancing can be maintained. Some sites may reduce physical distance to 1 meter	All above plus: Check government website / Media outlets to ensure there is not a localised cluster and subsequent lockdown at the destination.
Phase 4	Outbreak is no longer a threat to the public	Steady state – only where physical distancing can be maintained and/or with PPE use	All above plus:
Phase 5		Increasing density / productivity	All above plus:

The full Scottish Government Covid-19 Routemap can be found in appendix 5

# Appendix 2 Horizon M&E Services Design Covid-19 Decision Tree Part 1



### During work activity

Wash hands on arrival, departure and regularly

Maintain 2m distance

Hold conversations prior to entering and after exiting buildings

Avoid indoor activity as much as possible

Wear facemask when indoors

Wash/sanitize hands after touching surfaces

Do not use bathroom

If coughing use sleeve or tissue then dispose of

Avoid touching face unless hands are just washed

Decline offers of refreshments

# COVID-19 Risk Assessment

Trade: Mechanical & Electrical Services	Job Number:	Risk No: 16
Project Title: All Projects		
Design Stage: Site Visits		
Prepared By: LR	Checked By: JR/AW/KW	Date: 08/05/2020

Person at Risk	Contractor	Other Contractor	Maintenance Staff	Public	User
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Assessment						
Severity of incident	<input checked="" type="checkbox"/>	H - fatality, injury or illness causing long term disability	Severity <b>High</b>	Likelihood <b>Low</b>	Likelihood <b>Medium</b>	Likelihood <b>High</b>
	<input type="checkbox"/>	M - injury or illness causing short term disability		H/L <input type="checkbox"/>	H/M <input checked="" type="checkbox"/>	H/H <input type="checkbox"/>
	<input type="checkbox"/>	L - other injury or illness		M/L <input type="checkbox"/>	M/M <input type="checkbox"/>	M/H <input type="checkbox"/>
Likelihood of event occurring	<input type="checkbox"/>	H - certain or near certain to occur	Severity <b>Medium</b>	L/L <input type="checkbox"/>	L/M <input type="checkbox"/>	L/H <input type="checkbox"/>
	<input checked="" type="checkbox"/>	M - reasonably likely to occur				
	<input type="checkbox"/>	L - very seldom or never to occur				
H/H: avoid wherever possible All other values: Control or minimise risks						

RISK	HAZARD	CONTROL MEASURES	ACTION BY
Contracting COVID-19 whilst at the site.	Proximity to colleagues who may be carrying the virus.  Contact with surfaces at the site which may be harbouring the virus	Consider if this visit is essential or in lockdown area.	AW/JR
		Reduce the time spent on-site by doing as much of the work from home as possible.	All
		Travel to the site alone.	
		Wash/sanitise hands on arrival and departure at the site.	
		Wash/sanitise hands after contact with surfaces on-site.	
		If you need to cough, sneeze, blow your nose, do so into a clean tissue and dispose of. Use sleeve if no tissue.	LR/KW order tissues
		In the absence of hand washing facilities use hand sanitiser. Consider if site is safe to visit.	LR/KW order sanitiser
		Always maintain a safe distance of 2 meters from other people at the site.	
		Remain outdoors when conducting conversations with colleagues on-site.	
		Avoid indoor activity such as impromptu meetings, social coffees etc.	
Where indoor working is required and distancing cannot be achieved, wear a face covering such as a mask.	LR/KW order masks		



COVID-19  
Risk Assessment

RISK	HAZARD	CONTROL MEASURES	ACTION BY
Spreading COVID-19 to others	Proximity to colleagues when carrying the virus.  Contact with surfaces at the site when carrying the virus.	Do not touch your face unless you have washed/sanitised your hands.  Consider if this visit is essential or in lockdown area.  Reduce the time spent on-site by doing as much of the work from home as possible.  Travel to the site alone.  Wash/sanitise hands on arrival and departure at the site.  Wash/sanitise hands after contact with surfaces on-site.  If you need to cough, sneeze, blow your nose, do so into a clean tissue and dispose of. Use sleeve if no tissue.  In the absence of hand washing facilities use hand sanitiser. Consider if site is safe to visit.  Always maintain a safe distance of 2 meters from other people at the site.  Remain outdoors when conducting conversations with colleagues on-site.  Avoid indoor activity such as impromptu meetings, social coffees etc.  Where indoor working is required and distancing cannot be achieved, wear a face covering such as a mask.  Do not touch your face unless you have washed/sanitized your hands.	AW/JR  All  LR/KW order tissues  LR/KW order sanitiser  LR/KW order masks

ACTION	ACCOUNTABLE TO	STATUS	COMPLETE
Consider whether site visits are essential.	AW/JR	Consideration built into working pattern and reviewed on a case by case basis	08/05/20
Increase home working	All	Set up and all meetings replaced with teleconferencing	26/03/20
Ensure supply of tissues	LR/KW	Ongoing supply insitu. Will order monthly. LR 08/05/20	partial
Ensure supply of sanitiser	LR/KW	Sanitiser provided. No regular supply insitu yet.	No
Attempt to source masks.	LR	Advise to use cotton masks or scarves as face coverings meantime	No

**Distribution:** Consultants/Managers

Note: This form documents only the risks & hazards that Horizon M&E are aware of.



## Hand Hygiene: Why, How & When?

### WHY?

- Thousands of people die every day around the world from infections acquired while receiving health care.
- Hands are the main pathways of germ transmission during health care.
- Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections.
- This brochure explains how and when to practice hand hygiene.

### WHO?

- Any health-care worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time.

### HOW?

- Clean your hands by **rubbing them with an alcohol-based formulation**, as the preferred mean for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water.
- **Wash your hands with soap and water** when hands are visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.
- If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of *Clostridium difficile*, hand washing with soap and water is the preferred means.

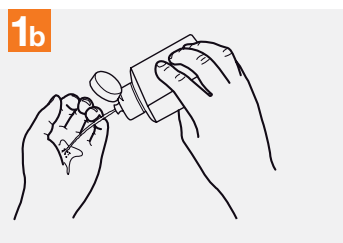
## HOW TO HANDRUB?

### RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

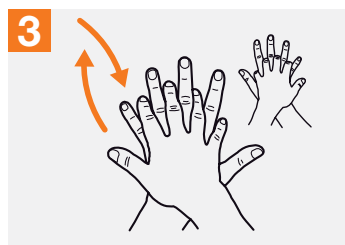
 Duration of the entire procedure: 20-30 seconds



**1a** Apply a palmful of the product in a cupped hand, covering all surfaces;



**2** Rub hands palm to palm;



**3** Right palm over left dorsum with interlaced fingers and vice versa;



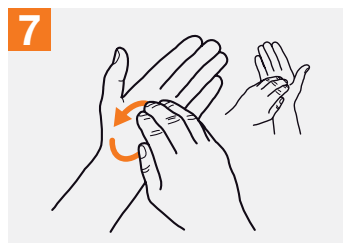
**4** Palm to palm with fingers interlaced;



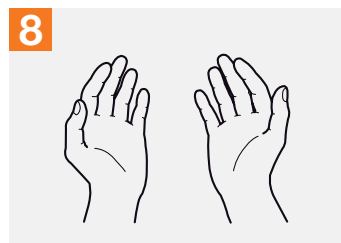
**5** Backs of fingers to opposing palms with fingers interlocked;



**6** Rotational rubbing of left thumb clasped in right palm and vice versa;



**7** Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

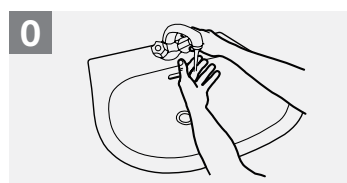


**8** Once dry, your hands are safe.

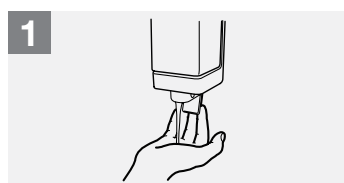
## HOW TO HANDWASH?

### WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

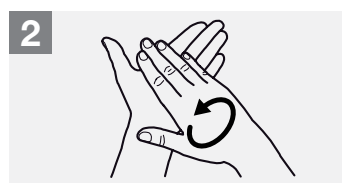
 **Duration of the entire procedure: 40-60 seconds**



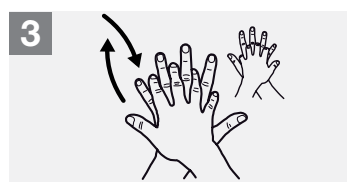
**0** Wet hands with water;



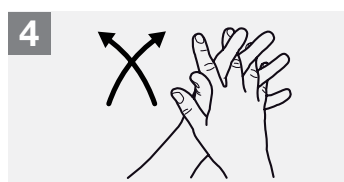
**1** Apply enough soap to cover all hand surfaces;



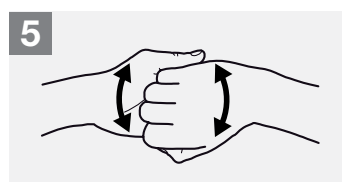
**2** Rub hands palm to palm;



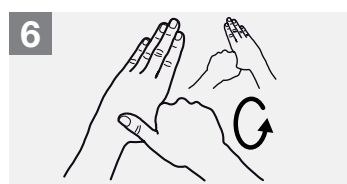
**3** Right palm over left dorsum with interlaced fingers and vice versa;



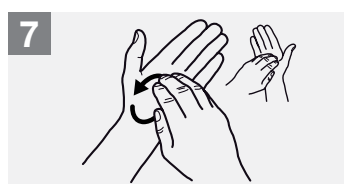
**4** Palm to palm with fingers interlaced;



**5** Backs of fingers to opposing palms with fingers interlocked;



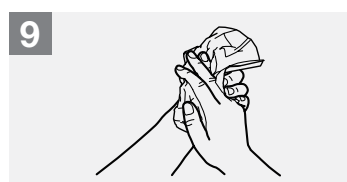
**6** Rotational rubbing of left thumb clasped in right palm and vice versa;



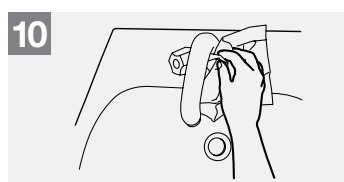
**7** Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



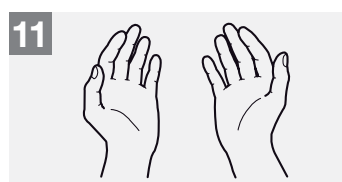
**8** Rinse hands with water;



**9** Dry hands thoroughly with a single use towel;



**10** Use towel to turn off faucet;



**11** Your hands are now safe.

### Hand care

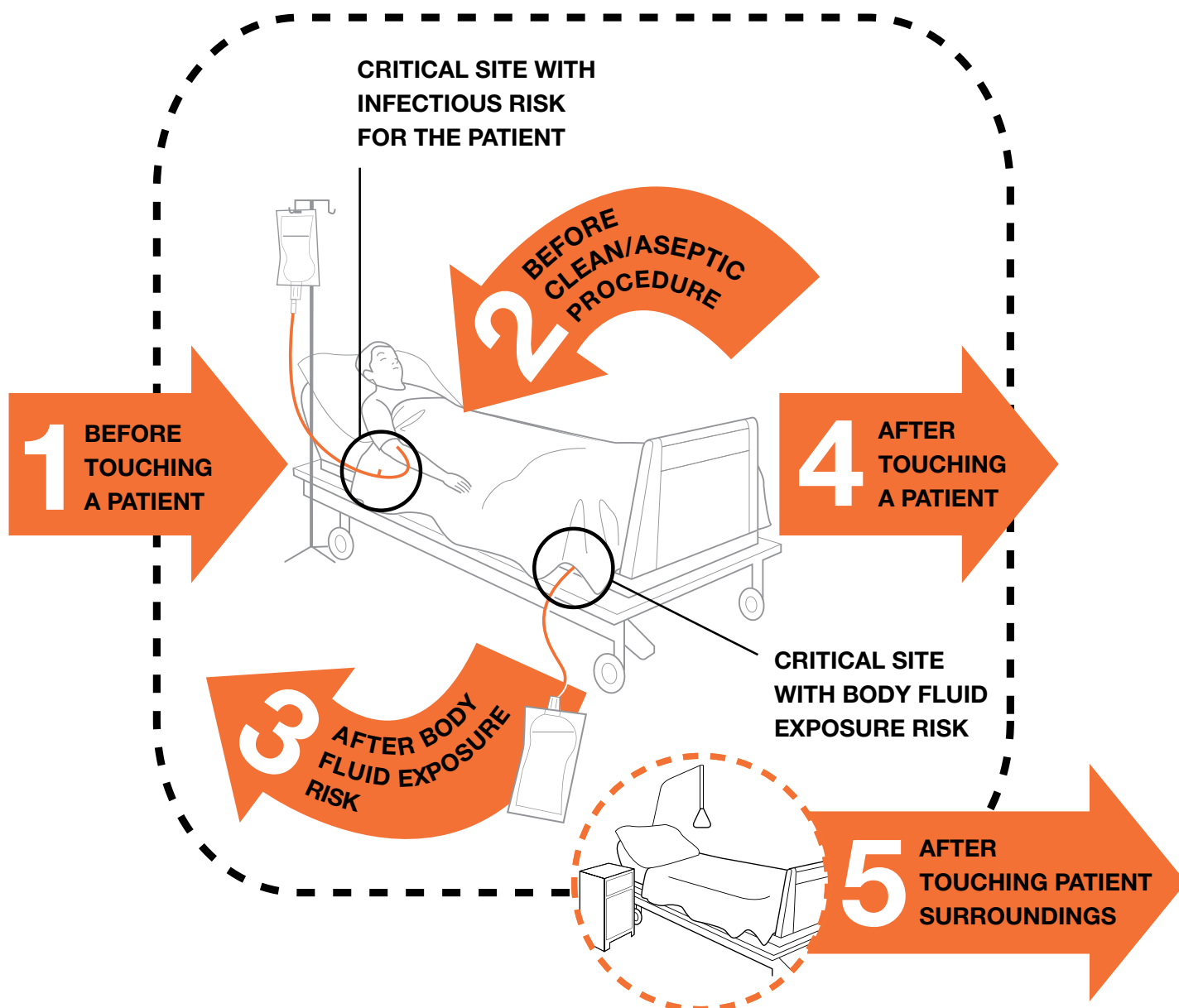
- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

### Please remember

- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.

## WHEN?

### YOUR 5 MOMENTS FOR HAND HYGIENE\*



\*NOTE: Hand hygiene must be performed in all indications described regardless of whether gloves are used or not.

## 1 Before touching a patient

**WHY?** To protect the patient against colonization and, in some cases, against exogenous infection, by harmful germs carried on your hands

**WHEN?** Clean your hands before touching a patient when approaching him/her\*

### *Situations when Moment 1 applies:*

- Before shaking hands, before stroking a child's forehead
- Before assisting a patient in personal care activities: to move, to take a bath, to eat, to get dressed, etc
- Before delivering care and other non-invasive treatment: applying oxygen mask, giving a massage
- Before performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

## 2 Before clean / aseptic procedure

**WHY?** To protect the patient against infection with harmful germs, including his/her own germs, entering his/her body

**WHEN?** Clean your hands immediately before accessing a critical site with infectious risk for the patient (e.g. a mucous membrane, non-intact skin, an invasive medical device)\*

### *Situations when Moment 2 applies:*

- Before brushing the patient's teeth, instilling eye drops, performing a digital vaginal or rectal examination, examining mouth, nose, ear with or without an instrument, inserting a suppository / pessary, suctioning mucous
- Before dressing a wound with or without instrument, applying ointment on vesicle, making a percutaneous injection / puncture
- Before inserting an invasive medical device (nasal cannula, nasogastric tube, endotracheal tube, urinary probe, percutaneous catheter, drainage), disrupting / opening any circuit of an invasive medical device (for food, medication, draining, suctioning, monitoring purposes)
- Before preparing food, medications, pharmaceutical products, sterile material

## 3 After body fluid exposure risk

**WHY?** To protect you from colonization or infection with patient's harmful germs and to protect the health-care environment from germ spread

**WHEN?** Clean your hands as soon as the task involving an exposure risk to body fluids has ended (and after glove removal)\*

### *Situations when Moment 3 applies:*

- When the contact with a mucous membrane and with non-intact skin ends
- After a percutaneous injection or puncture; after inserting an invasive medical device (vascular access, catheter, tube, drain, etc); after disrupting and opening an invasive circuit
- After removing an invasive medical device
- After removing any form of material offering protection (napkin, dressing, gauze, sanitary towel, etc)
- After handling a sample containing organic matter, after clearing excreta and any other body fluid, after cleaning any contaminated surface and soiled material (soiled bed linen, dentures, instruments, urinal, bedpan, lavatories, etc)

## 4 After touching a patient

**WHY?** To protect you from colonization with patient germs and to protect the health-care environment from germ spread

**WHEN?** Clean your hands when leaving the patient's side, after having touched the patient \*

### *Situations when Moment 4 applies, if they correspond to the last contact with the patient before leaving him / her:*

- After shaking hands, stroking a child's forehead
- After you have assisted the patient in personal care activities: to move, to bath, to eat, to dress, etc
- After delivering care and other non-invasive treatment: changing bed linen as the patient is in, applying oxygen mask, giving a massage
- After performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

## 5 After touching patient surroundings

**WHY?** To protect you from colonization with patient germs that may be present on surfaces / objects in patient surroundings and to protect the health-care environment against germ spread

**WHEN?** Clean your hands after touching any object or furniture when leaving the patient surroundings, without having touched the patient\*

### *This Moment 5 applies in the following situations if they correspond to the last contact with the patient surroundings, without having touched the patient:*

- After an activity involving physical contact with the patients immediate environment: changing bed linen with the patient out of the bed, holding a bed rail, clearing a bedside table
- After a care activity: adjusting perfusion speed, clearing a monitoring alarm
- After other contacts with surfaces or inanimate objects (note – ideally try to avoid these unnecessary activities): leaning against a bed, leaning against a night table / bedside table

**\*NOTE:** Hand hygiene must be performed in all indications described regardless of whether gloves are used or not.

## HAND HYGIENE AND MEDICAL GLOVE USE

- The use of gloves does not replace the need for cleaning your hands.
- Hand hygiene must be performed when appropriate regardless of the indications for glove use.
- Remove gloves to perform hand hygiene, when an indication occurs while wearing gloves.
- Discard gloves after each task and clean your hands – gloves may carry germs.
- Wear gloves only when indicated according to Standard and Contact Precautions (see examples in the pyramid below) – otherwise they become a major risk for germ transmission.

## The Glove Pyramid – to aid decision making on when to wear (and not wear) gloves

Gloves must be worn according to **STANDARD** and **CONTACT PRECAUTIONS**. The pyramid details some clinical examples in which gloves are not indicated, and others in which clean or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless of indications for glove use.



## Glossary

<b>Alcohol-based formulation</b>	An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands for hygienic hand antisepsis.
<b>Body fluids</b>	Blood; excretions like urine, faeces, vomit; meconium; lochia; secretions like saliva, tears, sperm, colostrum, milk, mucous secretions, wax, vernix; exudates and transudates like lymphatic, pleural fluid cerebrospinal fluid, ascitis fluid, articular fluid, pus (except sweat); organic samples like tissues, cells, organ, bone marrow, placenta.
<b>Clean / aseptic procedure</b>	Any care activity that implies a direct or indirect contact with a mucous membrane, non-intact skin, an invasive medical device. During such a procedure no germs should be transmitted.
<b>Critical site</b>	Critical sites are associated with risk of infection. They either correspond to body sites or medical devices that have to be protected against harmful germs (called critical sites with risk of infection for the patient), or body sites or medical devices that potentially lead to hand exposure to body fluids and bloodborne pathogens (called critical sites with body fluid exposure risk).
<b>Hand care</b>	Actions to prevent skin irritation.
<b>Hand hygiene</b>	Any action of hygienic hand antisepsis in order to reduce transient microbial flora (generally performed either by handrubbing with an alcohol-based formulation or handwashing with plain or antimicrobial soap and water).
<b>Indication for hand hygiene</b>	Moment during health care when hand hygiene must be performed to prevent harmful germ transmission and/or infection.
<b>Invasive medical device</b>	Any medical device that enters the body either through a body opening or through a skin or mucous membrane breaking.





COVID-19 – Framework for Decision Making

# Scotland's route map through and out of the crisis

Phase 1 Update – 29 May 2020



# Introduction

- ❖ Introduction
- ❖ Routemap

Our *Route map through and out of the crisis*<sup>1</sup> was published on 21 May and provides an indication of the order in which we will carefully and gradually seek to lift restrictions across four phases.

On 28 May the First Minister confirmed that we have seen sufficient progress in suppressing the virus to enable us to move from the Lockdown to Phase 1. We have today published the evidence supporting that assessment. <https://www.gov.scot/isbn/9781839607714>

The Route map table sets out, in summary form, the changes we plan to make in each phase. It does not seek to show every aspect that we know will be of concern to people. Specific concerns will often be addressed in the supporting guidance: <https://www.gov.scot/collections/coronavirus-covid-19-guidance/>



The COVID crisis is inherently uncertain and complex, and our understanding of it will evolve. When we published the Route map, we said that it would be consultative and dynamic, responding to shifting evidence on both the epidemic and our responses to it. This publication provides an updated annex to the original route map to reflect the move to Phase 1.




<sup>1</sup> [www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/](https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/)

Changes to elements within the Route map – for example, moving specific changes forwards or backwards through the phases – will continue to be considered. Having reviewed the evidence since publication and feedback to date, the Scottish Government has decided **not to make changes to the Route Map at this stage**, beyond recording the move to Phase 1. In future, for transparency, we will document any substantive changes to the Route map in updates like this one.



It should be emphasized that continued progress through the phases of the Route map will depend on compliance with the rules set out in each phase. It is only through continued compliance that we will achieve the progress required to meet the criteria for the next phase of easing restrictions. Weaker compliance may require us to delay the next phase or tighten restrictions.


**Scottish Government**  
**29 May 2020**


	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
 <b>Epidemic Status</b>	High transmission of the virus. Risk of overwhelming NHS capacity without significant restrictions in place.	High risk the virus is not yet contained. Continued risk of overwhelming NHS capacity without some restrictions in place.	Virus is controlled but risk of spreading remains. Focus is on containing outbreaks.	Virus has been suppressed. Continued focus on containing sporadic outbreaks.	Virus remains suppressed to very low levels and is no longer considered a significant threat to public health.
 <b>Criteria/ Conditions</b>	R is near or above 1 and there are a high number of infectious cases.	R is below 1 for at least 3 weeks and the number of infectious cases is starting to decline.  Evidence of transmission being controlled also includes a sustained fall in supplementary measures including new infections, hospital admissions, ICU admissions, deaths of at least 3 weeks.	R is consistently below 1 and the number of infectious cases is showing a sustained decline.  WHO six criteria for easing restrictions must be met.  Any signs of resurgence are closely monitored as part of enhanced community surveillance.	R is consistently low and there is a further sustained decline in infectious cases.  WHO six criteria for easing restrictions must continue to be met.  Any signs of resurgence are closely monitored as part of enhanced community surveillance.	Virus is no longer considered a significant threat to public health.



	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
   <p><b>Protections advised in each phase</b></p>	<p>Physical distancing requirements in place.</p> <p>Frequent handwashing and hygiene measures for all.</p> <p>Cough etiquette is maintained.</p> <p>Face coverings in enclosed public spaces, including public transport.</p> <p><b>Shielding:</b> We know how hard people at the highest clinical risk are finding the advice to shield, and that you are concerned about what will follow the initial 12 week shielding period. We will be updating the advice to people who are shielding in the course of the coming weeks. We will base that advice on what you are telling us about what matters to you, as well as on the evidence, in order to improve your quality of life while keeping your risks as low as possible.</p>	<p>Physical distancing requirements in place.</p> <p>Frequent handwashing and hygiene measures for all.</p> <p>Cough etiquette is maintained.</p> <p>Face coverings in enclosed public spaces, including public transport.</p>	<p>Physical distancing requirements in place.</p> <p>Frequent handwashing and hygiene measures for all.</p> <p>Cough etiquette is maintained.</p> <p>Face coverings in enclosed public spaces, including public transport.</p>	<p>Physical distancing requirements in place.</p> <p>Frequent handwashing and hygiene measures for all.</p> <p>Cough etiquette is maintained.</p> <p>Face coverings in enclosed public spaces, including public transport.</p>	<p>Physical distancing requirements to be updated on scientific advice.</p> <p>Frequent handwashing and hygiene measures for all.</p> <p>Cough etiquette is maintained.</p> <p>Face coverings may be advised in enclosed public spaces, including public transport.</p>

All decisions on phasing will be kept under review as the research evidence base on the impact of the virus and the effectiveness of different interventions builds.


	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:
 <b>Seeing family and friends</b>	<p>Strict physical distancing and hygiene measures.</p> <p>Contact should be within own household only.</p> <p>No public gatherings except for meetings of two people permitted.</p> <p>Self-isolation/household isolation if displaying symptoms.</p> <p>Shielding of very high risk individuals.</p>	<p>More outdoor activity permitted – such as being able to sit in the park, as long as physically distanced.</p> <p>Meeting up with another household outdoors, in small numbers (max 8), including in gardens, but with physical distancing required.</p>	<p>Able to meet with larger groups including family and friends <b>outside</b> with physical distancing.</p> <p>Meeting people from another household <b>indoors</b> with physical distancing and hygiene measures.</p>	<p>Able to meet with people from more than one household <b>indoors</b> with physical distancing and hygiene measures.</p>	<p>Further relaxation on restrictions on gatherings.</p> <p>Continued importance of hygiene and public health emphasised.</p>
 <b>Getting around</b>	<p>Stay at home with essential travel only, staying in local area.</p> <p>Active travel including walking and cycling in local area for daily exercise.</p> <p>Public transport operating with limited service and capacity with physical distancing.</p> <p>Passengers recommended to wear face coverings, only to travel for essential purposes and to avoid busy routes/periods.</p>	<p>Consistent with the reopening of workplaces set out in this phase, where home working is not possible businesses and organisations are encouraged to manage travel demand through staggered start times and flexible working patterns.</p> <p>Permitted to travel short distances for outdoor leisure and exercise but advice to stay within a short distance of your local community (broadly within 5 miles) and travel by walk, wheel and cycle where possible.</p> <p>International border health measures are introduced.</p>	<p>Consistent with the reopening of workplaces set out in this phase, where home working is not possible businesses and organisations are encouraged to manage travel demand through staggered start times and flexible working patterns.</p> <p>People are permitted to drive locally for leisure purposes.</p> <p>Public transport operating increased services but capacity still significantly limited to allow for physical distancing. Travel at peak times discouraged as far as possible.</p> <p>May be geographical differences depending on circumstances.</p>	<p>Can drive beyond local area for leisure and exercise purposes.</p> <p>Public transport operating full services but capacity still significantly limited to allow for physical distancing. Travel at peak times discouraged as far as possible.</p> <p>May be geographical differences depending on circumstances.</p>	<p>Public transport operating full service.</p> <p>Physical distancing may remain in place.</p>



	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:
 <p><b>Schools, childcare and other educational settings</b></p>	<p>Schools and childcare services closed.</p> <p>Measures in place to support home learning and to provide outreach services to vulnerable children.</p> <p>Critical childcare provision for key workers and vulnerable children provided through hubs, nurseries and childminding services.</p> <p>Universities and colleges closed – remote learning and research.</p>	<p>School staff return to schools.</p> <p>Increased number of children accessing critical childcare provision.</p> <p>Re-opening of child minding services and fully outdoor nursery provision.</p> <p>Transition support available to pupils starting P1 and S1 where possible.</p>	<p>On campus university lab research restarted subject to physical distancing.</p>	<p>Children return to school under a blended model of part-time in-school teaching and part-time in-home learning. Public health measures (including physical distancing) in place.</p> <p>Subject to the progress of the scientific evidence, schools are expected to open on this basis on 11 August.</p> <p>All childcare providers reopen subject to public health measures, with available capacity prioritised to support key worker childcare, early learning and childcare (ELC) entitlement and children in need.</p> <p>Universities and colleges phased return with blended model of remote learning and limited on campus learning where priority. Public health measures (including physical distancing) in place.</p>	<p>Schools and childcare provision, operating with any necessary precautions.</p> <p>College and university campuses open – including key student services with any necessary precautions.</p>


	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:
 Working or running a business	Closure of non-essential workplaces.  Social distancing requirements for essential businesses.  Remote working is the default position.	Remote working remains the default position for those who can.  For those workplaces that are reopening, employers should encourage staggered start times and flexible working.  Non-essential <b>outdoor</b> workplaces with physical distancing resume once relevant guidance agreed.  Construction - Phases 0-2 of industry restart plan can be implemented. (Industry to consult government before progressing to phase 2.)  Preparing for the safe reopening of the housing market.  Workplaces resuming in later phases can undertake preparatory work on physical distancing and hygiene measures.	Remote working remains the default position for those who can.  Non-essential <b>indoor non-office-based</b> workplaces resume once relevant guidance agreed - including factories & warehouses, lab & research facilities - to re-open with physical distancing.  Construction sector to implement remaining stages of phased return.  Relaxation of restrictions on housing moves.	Remote working remains the default position for those who can.  Non-essential <b>indoor office</b> workplaces can open, once relevant guidance agreed, including contact centres with physical distancing.	Remote and flexible working remains encouraged.  All workplaces open with improved hygiene and in line with public health advice.

	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:
 <p><b>Shopping, eating and drinking out</b></p>	<p>Shopping for necessities, with distancing measures.</p> <p>Closure of non-essential retail, libraries and some indoor public spaces.</p> <p>Closure and restriction of businesses selling food or drink.</p> <p>Closure of outdoor markets.</p>	<p>Gradual re-opening of drive through food outlets.</p> <p>Garden centres and plant nurseries can reopen with physical distancing. Associated cafes should not reopen at this stage except for takeaway.</p>	<p>Previously closed small retail units can reopen with physical distancing.</p> <p>Outdoor markets with physical distancing, hygiene measures and controls on numbers of people within market.</p> <p>Pubs and restaurants can open outdoor spaces with physical distancing and increased hygiene routines.</p>	<p>Larger retail can reopen with physical distancing.</p> <p>Pubs and restaurants can open in indoor spaces with physical distancing and increased hygiene routines.</p> <p>Personal retail services including hairdressers open (with physical distancing and hygiene measures).</p>	<p>All open with improved public health advice.</p> <p>Shop local still encouraged.</p>
 <p><b>Sport, culture and leisure activities</b></p>	<p>Daily (unlimited) exercise.</p> <p>Closure of entertainment premises and leisure facilities.</p> <p>Closure of playgrounds.</p> <p>Closure of holiday accommodation.</p>	<p>Consistent with the rules and guidance that are applicable to any activity in this phase:</p> <p>Unrestricted outdoors exercise adhering to distancing measures.</p> <p>Non-contact, outdoor activities in your local areas e.g. golf, hiking, canoeing, outdoor swimming, angling.</p>	<p>Reopening of playgrounds and sports courts.</p> <p>Resumption of professional sport in line with public health advice.</p>	<p>Museums, galleries, libraries, cinemas open, subject to physical distancing and hygiene measures.</p> <p>Gyms open subject to physical distancing and hygiene measures.</p> <p>Relaxation of restrictions on accommodation providers.</p> <p>Live events permitted with restricted numbers and physical distancing restrictions.</p>	<p>Further relaxation of restrictions on live events in line with public health advice.</p>



	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:
 <p>Community and public services</p>	<p>Limited number of courts open and business limited.</p> <p>All jury business halted.</p> <p>Other services restricted where necessary in line with public health advice.</p>	<p>Gradual resumption of key support services at the community level with physical distancing and hygiene measures.</p> <p>Restarting face-to-face Children’s Hearings with physical distancing.</p> <p>Greater direct contact for social work and support services with at-risk groups and families with physical distancing and hygiene measures.</p> <p>Access to respite/day care to support unpaid carers and for families with a disabled family member.</p> <p>Household Waste Recycling Centres open.</p> <p>Re-opening of court and tribunal buildings, with limited business and public access.</p>	<p>Further scaling up of public services from Phase 1 where it is safe to do so.</p>	<p>Further resumption of justice system processes and services.</p>	<p>Public services operating fully, in line with public health advice, with modifications and changes to service design, including increasing use of digital services where appropriate.</p>

	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:
 <b>Gatherings and occasions</b>	<p>No public gatherings of more than two people.</p> <p>No mass gatherings.</p> <p>Funerals take place with limited number of attendees.</p>	<p>No public gatherings permitted except for meetings of two households, outdoors and with physical distancing.</p>	<p>Registration offices open for high priority tasks.</p> <p>Places of worship open for private prayer under physical distancing rules and hygiene safeguards.</p> <p>Allow marriages and civil partnerships and other types of ceremonies to take place with minimal number of attendees.</p>	<p>People can meet in extended groups subject to physical distancing.</p> <p>Places of worship open to extended groups subject to physical distancing and hygiene safeguards.</p> <p>Relaxation of restrictions to attendance at funerals, marriages and civil partnerships.</p>	<p>Mass gatherings resume in line with public health advice.</p> <p>All ceremonies can take place, with improved hygiene and other precautions.</p>
 <b>Health and social care</b>	<p>All non-urgent care health care services stopped and capacity focused on COVID-19 response:</p> <p>COVID hubs and assessment centres.</p> <p>Urgent care including dental and the creation of ICU capacity.</p> <p>Joint working to reduce delayed discharges by over 60% and prioritising “home first” and prioritisation of safety and wellbeing of care home residents and staff.</p> <p>Urgent and cancer care still available.</p>	<p>Beginning to safely restart NHS services, covering primary, and community services including mental health.</p> <p>Phased resumption of some GP services supported by an increase in digital consultations.</p> <p>Roll out the NHS Pharmacy First Scotland service in community pharmacies.</p> <p>Increase care offered at emergency dental hubs as practices prepare to open.</p> <p>Restart, where possible, urgent electives previously paused.</p>	<p>Remobilisation plans implemented by Health Boards and Integrated Joint Boards to increase provision for pent up demand, urgent referrals and triage of routine services.</p> <p>Reintroduce some chronic disease management which could include pain services, diabetic services.</p> <p>All dental practices open to see patients with urgent care needs. Urgent care centres provide urgent aerosol generating procedures.</p> <p>Prioritise referrals to secondary care begin.</p>	<p>Emergency and planned care services delivered.</p> <p>Expansion of screening services.</p> <p>Adult flu vaccinations including in care homes and care at home.</p> <p>All dental practices begin to see registered patients for non-aerosol routine care. Urgent care centres to provide aerosol generating procedures.</p> <p>All community optometry reopens with social distancing safeguards.</p>	<p>Full range of health and social care services provided and greater use of technology to provide improved services to citizens.</p>

	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:
 <p>Health and social care continued</p>		<p>Resumption of NHS IVF treatment has now been approved in Scotland and we are working with the 4 centres to resume services quickly and safely.</p> <p>Increase provision of emergency eyecare in the community.</p> <p>We will consider the introduction of designated visitors to care homes.</p>	<p>Increase number of home visits to shielded patients.</p> <p>Continue to plan with COSLA and Scottish care and other partners to support and, where needed, review of social care and care home services.</p> <p>Phased resumption of some screening services.</p> <p>Expand range of GP services.</p> <p>Phased safe resumption of essential optometry/ ophthalmology services.</p> <p>Phased resumption of visiting to care homes by family members in a managed way where it is clinically safe to do so.</p>	<p>Some communal living experience can be-restarted when it is clinically safe to do so.</p>	

Notes: Above examples are illustrations, and are not intended to be comprehensive. Each phase description should be viewed as a general description rather than precise definitions of permitted activities.

All decisions on phasing will be kept under review as the research evidence base on the impact of the virus and the effectiveness of different interventions builds.



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