



COVID-19

Scotland's Strategic Framework



October 2020

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1. Foreword

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It is now seven months since COVID-19 was first detected in Scotland. Like other countries, we faced a first wave, and locked down hard to get the virus under control – recognising the risks that would bring, but also the need to take firm action. We placed our NHS on an emergency footing and quickly redesigned services to ensure our health and social care services were equipped to deal with the pandemic. Local authorities mobilised to deliver new and existing services for their communities and people particularly at-risk. We established our Test & Protect system, built the Protect Scotland app, and gave advice and support to those most vulnerable to the virus. And, through a four nations approach, we worked to provide financial and economic support, which needs to continue while the virus remains a threat.

Our collective effort and sacrifices suppressed the virus to low levels during the summer. That came at a cost: to the economy, with the loss of jobs and businesses, to education and learning, to health and care services, and to our ability to lead our lives freely and stay connected to loved ones. For many, the cost was a cruel illness; too many lost their lives.

COVID-19 threatens health and life, but also how we live our lives, and our shared prosperity. The Scottish Government, in common with other UK Nations, is committed to suppressing the virus to the lowest possible level, and keeping it

there, until we have a vaccine and/or effective treatments, and the virus is no longer the threat it is now. There is no acceptable number of people we are willing to let become infected.

Our approach and principles remain those we set out in our *Framework for Decision-Making*, based on clinical evidence, expert advice, and a balanced assessment of the risks. Over the summer and into the early autumn, we navigated the changes set out in our *Route Map*, restoring a fair amount of normality to our lives. But we knew that, however cautiously we acted, reopening our country would bring new opportunities for the virus to spread. We must respond appropriately.

This new Strategic Framework sets out how we will work to suppress the virus and presents an honest reflection of the decisions we will need to make, and the balance we will have to reach, and it does so rooted in tackling the four harms we know the virus causes.

The first harm is the direct attack on life and health. At its simplest, suppressing the virus means doing everything we can to make it harder for the virus to spread – by following the FACTS rules, keeping physical distancing and protections in place, and taking a firm approach to introducing protective measures when necessary, and a cautious approach to easing them.



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When the virus begins to spread, we need to put in place protective measures to suppress it. To make this simpler, we are moving to a system of levels of protection which will be regularly reviewed. Ministers, with expert advice, will apply these levels, nationally and/or locally, in a proportionate way, guided by evidence on the state of the epidemic, and only for as long as necessary.

However, we must all play our part, and remain aware of what we need to do as individuals to suppress the virus. The better we do that, the more possible it is to ease protective measures and move back towards a more normal way of living. As we take forward our revised response we will ensure we review the guidance and communications we provide so that everyone has the necessary information to play their part in suppressing the virus. We will also scale up the infrastructure we have in place and, based on the recent review of our testing strategy, deploy increasing capacity to support Test and Protect and protect the most at-risk people.

The second harm the virus does is to our wider health and care services, and indirectly to our health and wellbeing. Over the summer, we began to remobilise health and care services. The winter will bring new challenges. By keeping the virus suppressed, we can protect the NHS and our care services.

We will continue our work to remobilise NHS services, ensuring everyone has access to the care they need, while safeguarding the wider system in the face of any further wave. As part of this, and recognising the additional risks posed by the winter period, we have scaled up and expanded our seasonal flu vaccination programme.

The third harm is to wider society. The virus affects us all, but it does not affect us all equally. We know more about how to help the people most vulnerable to harm in society to stay safe and well, and we are doing more to support those most at risk, and most affected by the protective measures we have had to put in place. We can all help by looking out for others.

Over the summer, we have managed the challenge of reopening our schools and resuming learning in our universities and colleges. For the sake of our young people and their futures, we are determined to keep learning open and safe. We will also renew our efforts to protect the people most at-risk in our society, including a new approach to caring for those who have been, or may need to, shield.

And of course, the fourth harm is one that will have hit many individuals, communities and businesses the hardest – the damage inflicted on the economy, employment, and our prosperity. We have seen recovery starting, and we have acted to support and protect it, while keeping workplaces



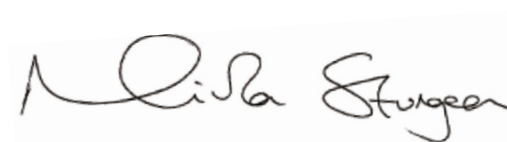
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safe – however, we recognise that many businesses are now suffering from re-imposed protective measures. We will do all we can, at our own hand, with our partners and through the four nations approach, to protect jobs and invest in our future. But we must acknowledge that the levers at our disposal, as a devolved government, do not match the scale and consequences of the pandemic and the toll it will take. It is an unprecedented global health crisis with unprecedented global economic consequences.

During lockdown, we provided an unprecedented package of support to businesses, followed through by ensuring the necessary local support was in place. As we look ahead to a new levels approach, we will ensure, as far as we can and with the resources available to us, support for businesses required to close, or otherwise affected, by protective measures.

Suppressing the virus is a collective effort. We need to stick with it, support each other, and learn from each other. We are committed to transparency in our decision-making, to engaging with you to explain what we are doing and what we ask of you, and listening to your experience and ideas. We will undertake a period of detailed and intensive consultation and engagement with key partners on the levels we have set out, to seek a collective effort and agreement on the way forward.

If we stick with it, and with each other, a better future lies ahead.



Scottish Government

23 October 2020



2. Summary

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Our Strategic Approach:

We will work determinedly, energetically, and collaboratively to **suppress the virus to the lowest possible level** and keep it there, while we strive to return to a more normal life for as many people as possible.



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Tackling the four harms of the virus

The pandemic is a global health crisis, but with devastating wider impacts. Our ability to control the virus requires us to restrict economic activity to minimise transmission risks, and protect lives and the NHS. To suppress the virus, while protecting people, our society, and our economy, we will take coordinated action to tackle the four harms of COVID-19:

<p>Suppress the virus, protecting against the direct and tragic harm to your health.</p> <ul style="list-style-type: none"> • Introduce new protection levels, providing graduated protections locally and/or nationally. • Expand our testing capacity, using it fully to care for those at the greatest risk. • Make further improvements to Test and Protect, and ensure people are supported to self-isolate. • Review our advice and guidance, and how we provide that, to ensure people can do the right thing. • Support our care homes to take action. 	<p>Support broader health, protecting our health and social care services, and your health and wellbeing.</p> <ul style="list-style-type: none"> • Put in place strong winter preparedness plans for both health and social care. • Continue to invest in NHS remobilisation, opening up services where safe and possible, while securing capacity to deal with any surge in the virus. • Introduce new support and advice for those at the greatest clinical risk, including people shielding.
<p>Mitigate social harms, protecting against broader harms to your way of life.</p> <ul style="list-style-type: none"> • Take forward a range of actions to tackle existing inequalities, and protect people on low incomes. • Provide a range of services to support people's mental health and wellbeing. • Prioritise keeping schools and regulated childcare open, taking steps to protect children, young people, and staff. 	<p>Support the economy, protecting against the devastating impact for business.</p> <ul style="list-style-type: none"> • Provide a bespoke package of support to help business through any protective public health measures. • Continue to press the UK Government to ensure a sufficient four nations approach which provides the necessary funding for Scottish businesses and workers. • Work alongside businesses and trades unions to ensure COVID safe premises, protecting workers and keeping premises open where we can.



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Protection levels approach

To best tackle the virus, and protect people, we will move to a strategic approach to outbreak management based on five levels of protection.

While it is important to always retain some flexibility, this will provide a more transparent and easily understood framework for managing outbreaks and allow rapid but proportionate responses to be taken – locally or nationally – using a range of measures and options.

A levels approach also allows us to respond on a national basis if required, but also to avoid a ‘one size fits all’ approach if it is not. It will mean that one part of the country with low rates of infection does not have to live with the level of protective measures designed to suppress the virus in areas with much higher rates.

The table below shows the broad measures people can expect to be in place – however, it is important to note that decisions will build as far as possible on existing structures and processes, allow for good engagement with local leadership, and will be based on the four harms evidence.

The five protection levels consist of four levels above the Route Map Phase 3 baseline (or ‘Level 0’). They are designed to achieve progressively stronger effects in suppressing the virus. It is possible to move up and down.



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Level	What you can expect
Level 0 (baseline) and Level 1	Within these levels, we would expect to see low incidence of the virus with isolated clusters, and low community transmission. Broadly, these levels are the closest we can get to normality, without a vaccine or effective treatment in place, before conditions will allow us to move to Phase 4 of the Route Map. They would be similar to the measures in place during the summer, once we reached Phase 3. The Baseline and Level 1 are designed to be sustainable for longer periods.
Levels 2-3	Within Levels 2 and 3, we would expect to see increased incidence of the virus, with multiple clusters and increased community transmission. There would be a graduated series of protective measures to tackle the virus, focusing on key areas of risk – broadly, indoor settings where household mixing takes place with less, or less well-observed, physical distancing and mitigations. The measures would be intended to be in place for relatively short periods (2-4 weeks), and only for as long as required to get the virus down to a low, sustainable level.
Level 4	Within this level we would expect to see very high or rapidly increasing incidence, and widespread community transmission which may pose a threat to the NHS to cope. It is likely that this level would see the introduction of measures close to a return to full lockdown. Measures would be designed to be in place for a short period, to provide a short, sharp response to quickly suppress the virus.



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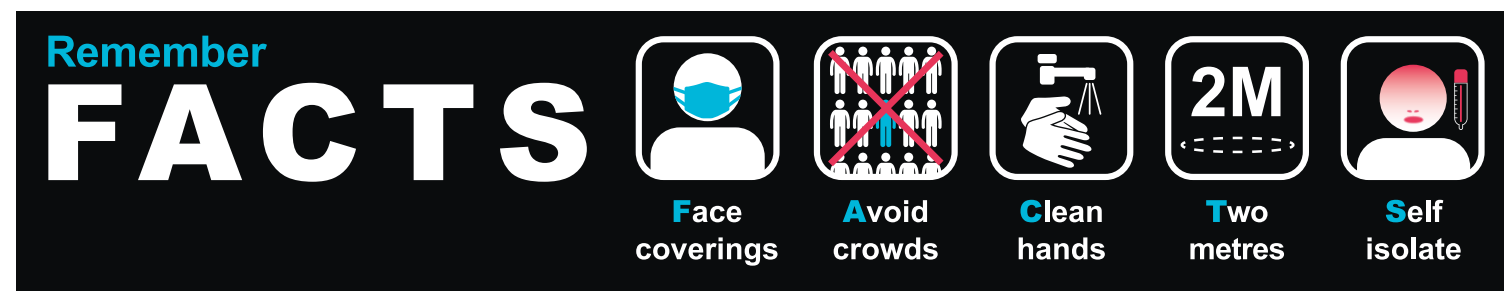
A collective endeavour

We know the difficulty and frustration that can inevitably come with further protective measures – but those short-term sacrifices will help ensure long-term prosperity. By complying with the necessary protective measures, taking care of ourselves and looking out for each other, we hope to return to more normality sooner. That requires trust, and support, so our offer in return is:

- We will support people to comply with the necessary protective measures – providing clear advice and guidance, being open and transparent about what we’re asking and why, and offering the necessary support for self-isolation

- We will keep any protective measures under regular review – ensuring we minimise their use and time in force, to suppress the virus to the necessary level
- We will provide, as far as possible and with the resources available to us, support to businesses and individuals – to keep them safe, and to keep as much of society open as we can

While this framework sets out a refreshed, strategic approach to the crisis, at an individual level, we should always remember the most simple but important advice: **FACTS**



3. Introduction

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Setting the context

Since the first COVID-19 cases were notified in Scotland, and the World Health Organisation declared a global pandemic 7 months ago, we have achieved a significant amount – suppressing the virus to a low enough level to enable us to begin lifting restrictions on our daily lives, and creating a strong base for economic and social recovery.

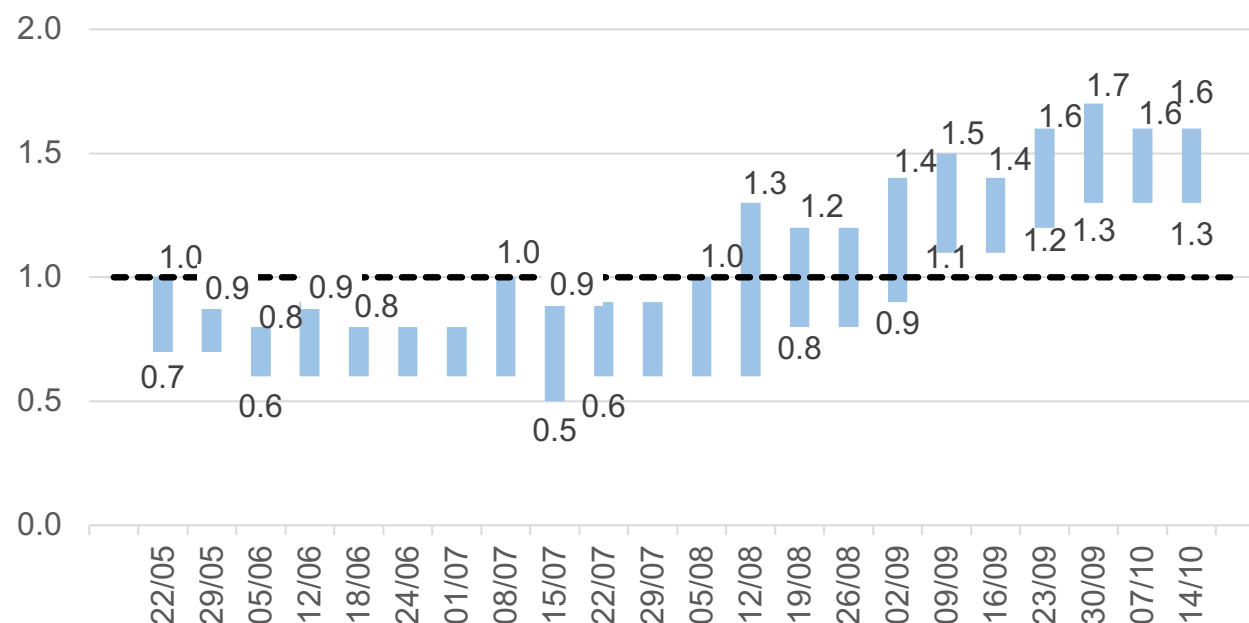
We have been guided by the evidence, lifting protective measures in a phased and gradual way which safeguards public health, underpinned by [Scotland's route map through and out of the crisis](#). While this enabled us to follow a structured yet flexible path in suppressing the virus and reopening our society, it also created increased opportunities for transmission, as set out in [recent clinical evidence from the Chief Medical Officer, Chief Nursing Officer, and National Clinical Director](#).

Most pressingly, while our collective efforts meant we witnessed a significant decline in the rate of growth of the virus, as we reopened our economy and society, the reproduction rate, or 'R' number, has risen significantly above one, leading to rising numbers of cases and test positivity rate in most areas of Scotland. Hospital and intensive care unit (ICU) admissions – while low, relative to start of the pandemic – have also started to increase, following a sustained decline since April.



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Figure 1: The R number in Scotland: May-October 2020, lower and upper bounds



Source: Scottish Government Modelling¹

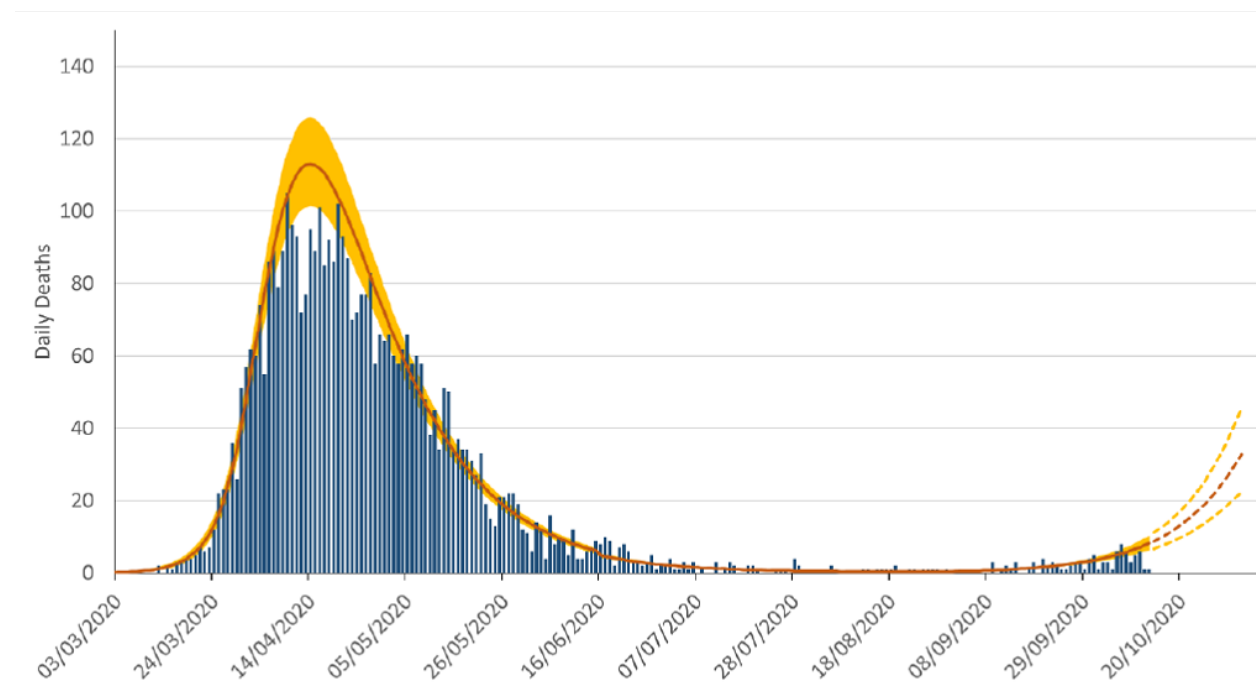
For too many people, the virus has taken a grave toll, and we have lost too many people to it – each and every one a personal tragedy. While our efforts to suppress the virus during the summer meant we were thankfully able to see the number of deaths decline significantly, and at points to zero, they have now started to increase again.

¹ <https://www.gov.scot/publications/coronavirus-covid-19-modelling-epidemic-issue-no-22/>



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Figure 2: Scottish Government short-term forecast of the number of deaths from COVID-19, based on actual data (13 October)



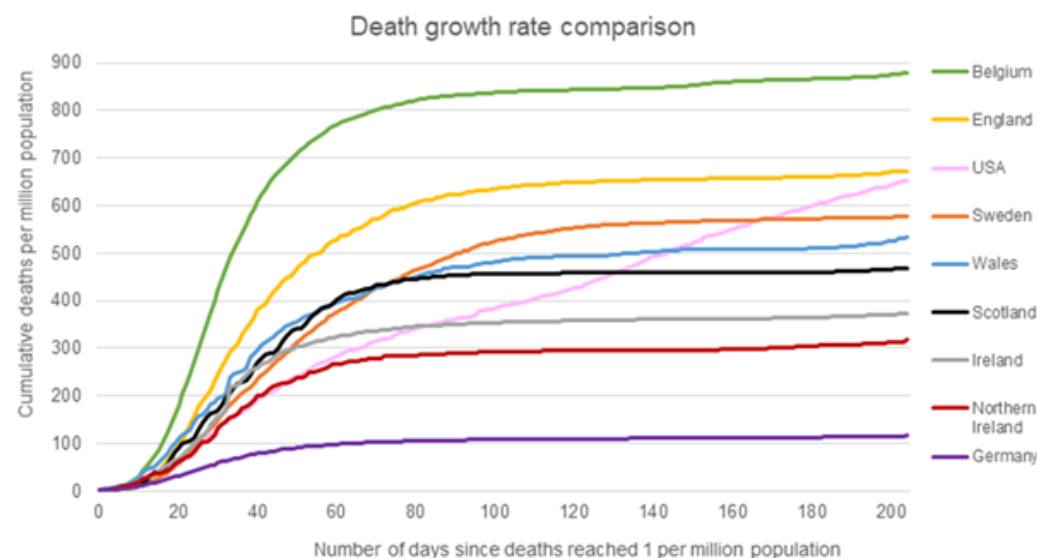
Source: Scottish Government estimates modelled using Imperial College model code

Scotland is not unique in, or immune from, dealing with the tragic effects of the virus, as shown in the figure below. It has taken a grave personal toll already, while infection and prevalence rates increase across the world.



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Figure 3: International deaths due to COVID-19 growth rate comparison (please note there are variations in how countries record deaths associated with COVID-19)



Source: ECDC² UK nation data provided by UK Government and ONS. Please note there are variations in how countries record deaths associated with COVID-19.

All countries are focussed on securing their own individual recovery, but suppressing the virus globally helps all of us, by reducing the risks of cross-border importation. While our efforts through lockdown suppressed the virus in the summer, recent spikes have resulted, in part, from domestic and international travel. We will take an evidence-based approach to the difficult but necessary issues of quarantine and travel restrictions.

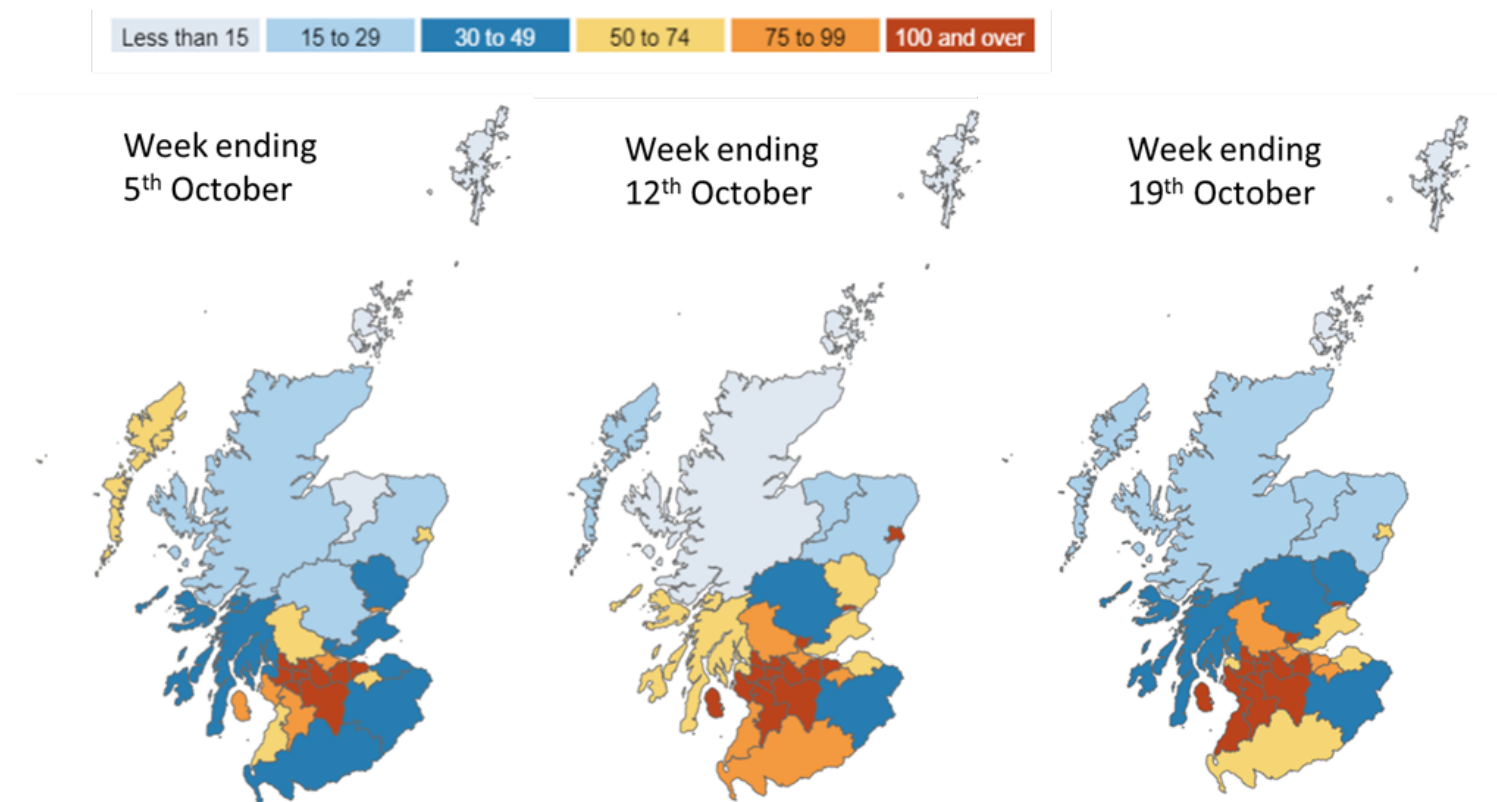
As we have progressed through the crisis, we have also needed to be much more aware of, and respond to, local variations. A small number of local authorities now make up the vast majority of new positive cases, and evidence suggests there may be a 'ripple' effect spreading from existing areas of high case numbers and growth into neighbouring areas.

² <https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-covid-19-cases-worldwide>



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Figure 4: 7 day cases per 100,000 by local authority



Source: Public Health Scotland Dashboard³

³ https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview



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As we moved into the autumn, not only did we reach the limit of what we could safely open up, we required additional measures to slow the spread of the virus and safeguard public health. Getting to the final phase of the Route Map, where the virus no longer poses a significant risk to public health in Scotland will be dependent upon scientific developments, including the roll-out of an effective vaccine and/or the development of a highly effective treatment. Despite learning huge amounts about the virus, such breakthroughs may yet be some time away. We now need to take a new approach which enables proportionate but rapid action.

Strategic Intent

Recognising this context, our strategic intent, shared across the four nations of the United Kingdom, is to **suppress the virus to the lowest possible level and to keep it there**, while we strive to return to a more normal life for as many people as possible – what we have referred to as an elimination strategy. Building on our initial focus to protect individuals from, and safeguard the capacity of our NHS to deal with, the impacts of the virus, we will work determinedly, energetically and cooperatively to:

- Make sure people can work and socialise safely, communicating clearly and effectively the steps we all need to take
- Provide tests to those with symptoms and trace their contacts; and seek to prevent new index cases through surveillance and our approach to travel arrangements
- Respond quickly to contain any localised outbreaks, wherever they occur
- Prepare for the pressures we know the winter will bring
- Protect the most vulnerable to harm in society from the effects of the virus
- Help the economy and society recover and renew
- Reach a long-term solution in the form of a treatment or vaccine as soon as possible.



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Four harms approach

We must also recognise that, while the pandemic remains a global health crisis, its impacts are far reaching. This framework sets out how we intend to respond to the crisis over the coming period across the four key harms of the virus.

1. The virus causes direct and tragic harm to people's health. We must suppress the virus. To do that we will:

- Introduce a new levels-based approach of protective measures, with graduated packages of measures at each level to reduce transmission of the virus which can be applied locally or nationally, according to the evolving patterns of infection and transmission
- Expand testing capacity through NHS regional hubs and increased lab capacity which we will deploy based on clinical advice and public need
- Retain a primary focus on testing those with symptoms/who need clinical care, with additional capacity targeted towards asymptomatic testing to protect those most vulnerable to harm
- Work with partners including Public Health Scotland and the Care Inspectorate to ensure care homes and services delivering care at home have the necessary guidance and support in infection prevention control, and to monitor trends, identify risks and take early action

- Work with the travel industry to refine the process of quarantine, and examine the feasibility of using testing to reduce the burden of quarantine
- Place a stronger focus on compliance with guidance and rules, through new marketing campaigns, and enhanced support to help people and businesses to comply

2. The virus has a wider impact on our health and social care services, and our wider health and wellbeing. We must support broader health. To do that we will:

- Introduce new advice and guidance on shielding, linked to the protection levels, and place a focus on ensuring all our interventions respond to the needs of clinically at-risk groups
- Ensure the necessary mental health support services are in place to protect people's wellbeing, including expanding access to digital and online help
- Deliver our largest ever flu immunisation programme, and build on existing infrastructure to plan for the delivery of a mass population vaccination programme for COVID-19 as soon as a safe and effective vaccination is developed



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- Work to safely resume health services impacted by COVID-19 as far as we can, while simultaneously delivering additional surge capacity of over 4,000 acute beds, utilising the Louisa Jordan as necessary. We have also convened a Winter Planning and Response Group, and allocated £1.1 billion for additional COVID-19 related costs

3. The measures necessary to protect us from the virus can in turn cause harm to our broader way of living and society. We must mitigate social harms. To do that we will:

- Alongside our local authority partners, continue to provide support to individuals and families, including: extending support to help people access essentials such as food and fuel, continuing free school meal provision over the Christmas, February and Easter holidays, and helping people experiencing the most acute forms of homelessness
- Work with local authorities and agencies, prioritise keeping schools, early learning and childcare open, strengthening protection measures where necessary whilst ensuring effective plans are in place should remote learning be required, and to maintain access to childcare and family support for the most vulnerable to harm

4. Protective measures have a damaging effect on our prosperity. We must support the economy. To do that we will:

- Introduce a new package of financial support for businesses who are required to close through the new protective levels, or are otherwise affected. This will include grants across the period businesses are required to close, as well as hardship and discretionary funds
- Work with business to help them minimise the risk of Covid within their activities through guidance, support and enforcement
- Take forward our national mission to help create new jobs, good jobs and green jobs, through our Youth Guarantee, National Training Transition Fund, and investment in skills training and digital

All these harms are related and will require tough choices in determining priorities, some of which cannot always follow a simple comparison of risks. However, in making decisions about the future measures, we have weighed up not just the transmission risk inherent in different settings and activities, but also the impacts on broader health and well-being, society and the economy. To bring transparency to our decisions, and to support people to understand the very difficult issues that we face, we publish data on these harms online, <https://data.gov.scot/coronavirus-covid-19/index.html>.



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This framework sets out how we will take a “whole system approach” to suppressing the virus, while all the time seeking to minimise broader harms. We will renew our approach to outbreak management, backed by increased testing capacity and contact tracing. We will also provide support to individuals, particularly those most at risk through health or social inequalities, and ensure businesses have the support they need to get through the crisis, within the resources available to us. We will ensure our health and care services are placed on the strongest possible footing, ahead of the additional challenges of the winter period and any renewed spike in the virus. And we will continue to be guided by the principles and approach set out in our *Framework for Decision Making*.

People and business across Scotland have made significant sacrifices during the pandemic. We should not expect a return to complete normality in the short term. While we understand frustrations with restrictions on peoples’ lives, following a cautious approach will lay the foundations for recovery and reduce the risk of a nationwide resurgence of the virus. It will enable as much of our society to function as is safe, and ensure we are in the best position ahead of winter.



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PRINCIPLES AND APPROACH

Our approach will continue to be to:

- Suppress the virus through compliance, with physical distancing and hygiene measures, ensuring the reproduction number remains below 1 and our NHS remains within capacity
- Care for those who need it, whether infected by the virus or not
- Do everything we can to support people, business and organisations
- Recover as a society and an economy, carefully easing restrictions when safe to do so while maintaining necessary measures and ensuring that transmission remains controlled, supported by developments in medicine and technology
- Protect against this and future pandemics, including through effective testing, contact tracing and isolation
- Renew our country, building a fairer and more sustainable economy and society

Our decision making will always be guided by clear principles:

- Safe: We will ensure that transmission of the virus remains suppressed and that our NHS and care services are not overwhelmed
- Lawful: We will respect the rule of law which will include ensuring that any restrictions are justified, necessary and proportionate
- Evidence-based: We will use the best available evidence and analysis
- Fair & Ethical: We will uphold the principles of human dignity, autonomy, respect and equality
- Clear: We will provide clarity to the public to enable compliance, engagement and accountability
- Realistic: We will consider the viability and effectiveness of options
- Collective: We will work with partners and stakeholders, including local authorities, the UK Government and other Devolved Nations, ensuring we meet the needs of Scotland



4. Suppressing the virus

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As seen from the clinical evidence, as we have cautiously re-opened society, the virus has taken advantage of opportunities to re-emerge and we have had to respond to a growing number of outbreaks. We have made changes at a pace and level that we think is right and safe for Scotland, and must ensure that we are in the best position to continue to do so. This means learning from our experiences to date, listening to and supporting people across Scotland whose lives have been impacted by this crisis, and ensuring the necessary infrastructure is in place to support people, businesses and other organisations to do their part.

This chapter sets out how we will do this by taking a levels-based approach to applying protective measures, the actions we will put in place to support that, and our wider strategy for suppressing the virus.

A 'protection levels' approach

We have always been clear that the current phase of the Route Map would require a continuing focus on containing outbreaks and responding to different conditions in different parts of the country. So far we have taken a tailor-made approach to the application of geographically-targeted protective measures, responding to the specific circumstances of each outbreak with individually tailored packages of interventions.

This approach has served us well, and helped make good progress in suppressing the virus, but we have also learnt from it – both in how we communicate the specific measures in place in different areas, and in terms of decision-making, guidance, regulation and enforcement. Looking ahead to the challenges of the coming months, it is clear that a refreshed approach is needed.

We now propose to move to a strategic approach to outbreak management based on five levels of protection, each with graduated packages of measures to reduce transmission of the virus, that can be applied locally or nationally, according to the evolving patterns of infection and transmission.

A table setting out the five levels is at Annex 1. Additional measures specific to the hospitality industry are shown at Annex 2.

These remain a draft at this stage, ahead of detailed stakeholder engagement to finalise the contents of the tables, setting out the types of protections we envisage would be required at each level.

This approach will provide a more easily understood framework for managing outbreaks and allow rapid but proportionate responses to be taken, either locally or nationally, using a



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range of measures. This will aid decision-making, communication and implementation of protective measures. It will also allow individuals, families, businesses and services to better understand, anticipate, and prepare for the measures that might be introduced, as well as showing how protective measures can and will be eased where appropriate. As we have throughout the pandemic, we have sought to work closely across the four nations, aligning action where necessary but recognising the specific circumstances for Scotland may mean we need to do some things differently to best suppress the virus.

The protective measures in the higher levels, which are more restrictive, are designed to bring the rate of the transmission of the virus down quickly, so they are intended to be in place for a more limited period of time than the measures in the lower levels. It is also important to acknowledge that even at level zero – the baseline – we would expect some measures to remain in place. This is an honest reflection of the fact that we expect to be living with the consequences of the virus for some time.

We will take decisions about which levels to apply in which area, when to escalate if that is needed, and when areas can move down to a lower level, on the basis of advice from local Directors of Public Health and Public Health Scotland, through the National Incident Management Team, and the

assessment of our own senior advisors against the four harms. We will also engage with our local authority partners prior to making decisions, whose support is vital to the success of this approach, and delivery bodies on whom we rely to implement and oversee the measures.

Once the initial levels have been set for each local authority area across Scotland, levels will be reviewed weekly in the light of the evolving situation to decide whether levels should be maintained, increased, or reduced. However, while levels will be reviewed weekly, areas are likely to move between levels less frequently than that. Once set, levels are likely to be in place for two to four weeks at least, to give time for the effect of changes to be observed in data about the virus, and to ensure that the incidence and prevalence of the virus are responding to measures put in place to suppress it.

Decisions on levels, both initially and on review, carry significant consequences, for the communities they affect and for Scotland as a whole, in relation to the “four harms” caused by the virus: its direct impacts on health, and the effect of measures to suppress it on wider health and care, society, and economic activity. In taking and reviewing these decisions, we will exercise care and judgement, applying the approach and principles set out in the Scottish Government’s *COVID-19 Framework for Decision-Making*. In



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particular, protective measures will only be applied where and for so long as they are justified, necessary and proportionate.

These decisions require judgement to be applied to all the facts and considerations relevant at the time they are made, and in relation to the area directly affected and for Scotland as a whole. We are committed to ensuring that decisions will always be informed by data and analysis. To guide us, we will be monitoring key indicators on the state of the epidemic on a daily and weekly basis and taking changes in these into account when considering whether escalation is needed or whether an area can move down a level. These indicators may change over time as the virus develops and new data becomes available and we will keep it under review and open to scientific and clinical views. We will also set out more detail of the ranges we will consider as we take initial decisions on the application of the levels framework. However, the indicators are likely to include:

- The number of cases per 100,000 people over the past seven days, including for particular age groups of the population
- Forecasts of the number of cases per 100,000 over the fortnight ahead
- The percentage of tests that are positive over the past seven days

- Current and projected future use of local hospital beds, compared with capacity
- Current and projected future use of intensive care beds, compared with capacity

These indicators will be considered as part of a rounded assessment of the facts and circumstances relevant to each decision. We will publish, with each decision, a statement of the reasons for it.

We already provide a range of daily updates on national data and trends on our web page [Coronavirus \(COVID-19\) Daily Data web page](#), and our modelling work [Coronavirus \(COVID-19\): modelling the epidemic](#); and we publish a [dashboard which brings together both data and evidence on the broader impacts of COVID-19](#).

Next steps

The levels framework shown in Annex 1 remains draft at this stage – in finalising it, we want to ensure there is discussion and decision across all of our valued partners to what it contains, and how it will be applied.

We will undertake a short period of detailed engagement with our local authority partners, stakeholders, business and trade unions, enforcement and wider civic society, on the detailed design, operation and implications of our new approach.



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To ensure proper parliamentary scrutiny, a final framework will also be subject to the views of the Scottish Parliament. We will engage with all political parties on the detail of the framework, and put this to a debate and vote in Parliament on 27 October.

We intend to apply the new levels system from 2 November.

Developing and deploying the capacity and capability of the Test & Protect system

As we move into this new system of levels, Test and Protect will remain a central element of our strategic response, ensuring we can quickly identify those who have COVID-19, and inform them and their contacts of the need to self-isolate to stop the virus spreading further in their communities.

Testing, on its own, does not reduce transmission. The whole system – from the moment a person first develops symptoms, to the moment the people they may have transmitted the infection to are instructed to self-isolate – has to respond quickly to be effective. This means working with the UK Government (as well as our own NHS Scotland laboratories) to ensure turnaround times for testing are as fast as possible – optimally within 24 hours to enable swift contact tracing to commence.

Our efforts to strengthen Test and Protect, as a public health intervention, are aimed at ensuring that each critical part of the system works together to reduce transmission. We must also recognise that, while Test and Protect is working well, it will be most effective when levels of infection are low, and its success is ultimately dependent on all our actions to reduce contacts, keep our distance, wash hands, and wear face coverings, especially indoors.

We will intensify our efforts to ensure the system is fast and effective in each of its three core component parts outlined below – from symptoms to testing; from testing to contact tracing; and from completed contact tracing to supported self-isolation.

Testing

We will encourage people to get tested as soon as they have symptoms. The Scottish Government will do this through our strengthened public health messaging, stressing the need to isolate and book a test as soon as symptoms are experienced. We will also look to businesses and others to help by encouraging employees to isolate and get tested as soon as they have symptoms and not to take the risk of transmitting to others. And we will continually improve access to testing – for example, increasing the number of walk-through test centres and deploying new technology.



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The sooner someone isolates and is tested the quicker we can begin contact tracing to isolate their contacts – reducing spread of the virus. Waiting a day or two to see if symptoms pass means a delay to starting the testing and tracing system and risks spreading the virus.

There are two routes for sample taking and laboratory processing in Scotland – NHS Scotland routes and the UK Government network, including Lighthouse Laboratories. Our plans to develop the testing element of Test and Protect in the next three months are focussed on building capacity within NHS Scotland and deploying expansions in UK Government testing capacity and capability to its maximum effect in Scotland. Results from both systems feed in to our Test and Protect system and we are reliant on both routes operating efficiently and turnaround times being as fast as possible to make Test and Protect work.

Expansion of lab capacity in Scotland, over and above existing NHS Scotland lab capacity of up to 10,300 tests per day, is being built through the development of regional hubs and commercial and partner nodes:

- Regional Hubs – there will be three regional hubs in Scotland (based in NHS Grampian, NHS Greater Glasgow and Clyde and NHS Lothian). These will be brought on stream through a phased approach between November and December and will offer an additional 22,000 tests per day.

- Additional laboratory capacity from commercial and partner nodes will provide capacity of almost 3,700 tests per day by December.

The infrastructure required to support these developments, including recruitment of staff, is being established to ensure optimal use of the capacity as it becomes available.

As set out in the recent [Clinical Review of the Testing Strategy](#), to ensure robust and realistic planning assumptions we are taking a cautious approach to planned UK Government laboratory expansion, reflecting the complexities involved in delivering significant laboratory capacity. Based on the latest forecast figures, the planned expansion of overall testing capacity to 65,000 tests per day by winter is on track.

These increases in capacity will primarily be required to meet demand from people with symptoms of COVID-19 – both those infected with COVID-19, and those with colds or flu, or other illness with similar symptoms. Total demand based on currently eligible groups – testing people with symptoms, testing for patient care, and regular testing of care home staff (including those in non-elderly adult settings) and groups of NHS staff – is currently estimated to be in the region of 54,000 tests per day. Therefore, we will be able to use our additional laboratory capacity to expand our use of testing among people who do



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not have symptoms. The unanimous agreement of our clinical and scientific advisers, published in the Clinical and Scientific Review of the Testing Strategy, is that the overriding priorities of testing capacity are symptomatic demand and clinical care, with prioritisation of further capacity built in this next phase to be focussed on protecting those most vulnerable to severe harm.

Following this advice, as a first step in expanding our use of testing among people who do not have symptoms, we will introduce testing for all people being admitted to hospital in an emergency as soon as possible.

In line with clinical and public health priorities, we will also extend routine weekly testing of asymptomatic groups in a way which focusses on protecting those most vulnerable to the most harm, including those at highest risk of mortality. Regular testing of this type sits alongside other measures such as the use of PPE to reduce the risk of staff who have COVID-19, but do not have symptoms, transmitting the virus to those they are caring for.

We will therefore extend routine testing to groups of health and care staff who visit care homes delivering close contact personal care such as community nurses, and we will introduce testing for visitors to those who live in care homes where this can add an additional layer of risk mitigation to enable safe visiting to continue. Our targeted programme of regular testing of NHS staff to protect patients in hospital will be broadened in scope to cover more groups of staff. We will also extend testing to staff who provide care at home for those most vulnerable to harm.

We will also undertake more testing of people who do not have symptoms to support outbreak management, and address areas where we are concerned about transmission. This includes undertaking more testing of close contacts of confirmed cases when recommended by our local health protection teams and more intensive use of other asymptomatic testing in outbreaks – for example, outbreaks focussed on a particular workplace. We will also continue to keep under review how testing could be used alongside other measures to reduce transmission in student populations, including encouraging and supporting the use of asymptomatic testing as part of the response to outbreaks in student halls of residence. We will also build on the delivery of the first 11 walk through test sites to continue work to support symptomatic students to access testing rapidly.



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Contact Tracing

Contact tracing is a key part of how we keep the virus under control and ensuring consistent fast turnaround times in test results is critical to enable contact tracing to begin as quickly as possible. This stops potentially infectious contacts spreading the virus further. We will work with the UK Government to drive down turnaround times in Lighthouse Laboratories. We will move care home testing to NHS Scotland Laboratories, improving turnaround times and enabling swift action to remove any asymptomatic care home staff who test positive from the workplace, preventing outbreaks.

Test and Protect is performing well, even in the context of rising prevalence. Over 27,000 cases have had contact tracing successfully completed since 28 May, and from these cases 117,939 contacts have been traced. Since the Case Management System went live on 22nd June, 91.9% of people with a positive test were able to be contacted, as well as 93.8% of all contacts. In the four-week period from 21 September to 18 October, more than 17,000 individuals with a positive test – or 91% – successfully completed their phone interview within 48 hours. For the same period almost 14,000 cases, or 74.7% of the total, were completed within 24 hours. This means their contacts were identified and instructed to self-isolate – the critical action which stops

the virus spreading. Contacts for which mobile numbers are available are notified to self-isolate by SMS immediately following the completion of the case interview, ensuring notification happens as quickly as possible.

We initially identified 2,000 people who could be deployed as contact tracers and have been increasing permanent staffing levels to manage demand. We will continue to prioritise resourcing contact tracing as a key measure to break the chains of transmission and suppress the virus. NHS Boards are required to have in place arrangements to ensure we have capacity to deal with the demand. We have provided NHS Boards with £19 million to ensure they can retain sufficient contact tracing capacity while remobilising their services, and Boards' staffing plans are under regular review to ensure capacity is maintained. Additional resilience also continues to be in place at a national level in the form of the National Contact Tracing Centre run by NHS National Services Scotland. The contact tracing service has been sufficiently staffed throughout the summer, rapidly responding to increases in demand. We expect the workforce to continue to flex and adapt as we head into winter.

We also continue to learn from experiences with the system to date, identifying ways of increasing the efficiency of the system and streamlining processes. Through these improvements, such as



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streamlining case interviews and expediting digital improvements to the case management system, we continue to enhance our contact tracing model to ensure it is robust, responsive to demand and swift in informing those who need to self-isolate to stay indoors.

This capacity and capability is strengthened further through our proximity tracing app – Protect Scotland – which over 1.5 million people have downloaded. As part of its continued development, further automation and improvement is planned, so app users can be alerted as quickly as possible if they have been in close proximity to someone who has tested positive. We are also working to ensure interoperability with contact tracing apps in other parts of the UK and Ireland, and will have the technology required in place to enable this by the end of October. We are also exploring options to connect with apps in Europe and elsewhere in the world to support future travel.

Support for self-isolation

We know that self-isolation can bring significant hardships. The efficacy of the testing and contact tracing programme in reducing transmission can only be realised by achieving broad compliance with self-isolation guidance which in turn requires people to have confidence they will be supported. A vital aspect of ensuring high rates of population

wide compliance is removing the barriers that large numbers of people face in attempting to adhere to self-isolation guidance.

We have introduced the [Self-Isolation Support Grant](#), providing people on low-income benefits who are asked to self-isolate, and in employment they cannot carry out from home, with a £500 grant payment. In addition to a National Assistance Helpline, the Self-Isolation Assistance Service, funded by the Scottish Government and delivered by local authorities, provides a pro-active triaging service, to consider the support requirements of people self-isolating who are most likely to require support and engage services locally to meet these needs.

Both the Helpline and Assistance Service are targeted to groups of people most likely to require support, but to continue to improve compliance rates population wide, further expansion of support services is required for a wider range of people. To ensure we provide the necessary support measures to enable high compliance and suppress the virus, we will:

- Provide further investment in the expansion of the Self-Isolation Assistance Service to a broader range of people
- Develop novel, targeted measures to address specific and discrete barriers to compliance



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- Consider the capacity of community volunteering to provide additional resource for practical support interventions such as deliveries of food and medication and remote emotional support
- Work with employers and trade unions to help employees have the confidence and support to self-isolate and get a test as soon as they have symptoms, or are asked to self-isolate by Test and Protect, without detriment to their employment, pay or conditions

Hospital Acquired Infection (HAI)

We have acted quickly to reduce the risk of hospital associated transmission of COVID-19, particularly focusing actions on the most vulnerable to harm. All staff must adhere to **infection protection and control (IPC) principles** at all times, and we will continue to make sure that **access to PPE** and expanded **COVID-19 testing** offer additional layers of protection. We established the COVID-19 Nosocomial Review Group to consider evidence and provide recommendations, and have ensured that IPC measures are integral to Health Boards' remobilisation plans.

All healthcare workers should be tested where there is an outbreak of COVID-19 and, to further reduce the risk of transmission and infection in hospitals, we have introduced weekly testing

of health care workers in high-risk specialties. This includes regular testing of all hospital staff working in specialist cancer services, as well as those who provide long-term care for the elderly, and those working in long-stay mental health facilities. The testing of healthcare workers is kept under active review, informed by expert advice.

We are working to introduce testing of all emergency admissions to our hospitals and the serial testing of in-patients should continue to be assessed by Boards locally based on local epidemiological evidence. Pre-admission testing of patients undergoing elective surgery is already in place – reducing the risk of poor outcomes in patients with unsuspected COVID-19 infection, and supporting reduction of hospital acquired infection by reducing the introduction of COVID-19 into hospitals.

As we enter winter 2020, it is essential that we both reduce the risk of a major second wave of COVID-19 and plan for the possibility of an increased need for PPE, ensuring we have the necessary supplies in place to ensure the safety of people using services and staff. We will shortly publish a new PPE Action Plan across a range of areas, including building up Scottish supply chains, future planning, and ensuring sufficient supplies.



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Homeworking

Homeworking as a public health measure in response to the pandemic has been a crucial factor in mitigating the transmission of the virus amongst the general population. Until it is deemed safe for workplaces to reopen, working from home and working flexibly will remain the default. We need strong employer and sectoral support on homeworking to help drive Scotland's economic recovery and continue to mitigate the transmission of the virus. Many employing organisations had to implement homeworking quickly, as an immediate response to the pandemic and their contribution to the public health effort must be recognised as should the workers who are practising homeworking. Those who are working from home are making it safer for those workers who cannot work from home – it is an effort we must continue. Where homeworking is not possible, businesses and organisations are encouraged to manage travel demand through staggered start times and flexible working patterns.

Social care

It is critical that social care support is maintained as far as possible to ensure the wellbeing, safety, dignity and human rights of people, and we continue to protect all people in receipt of social care from contracting the virus by taking firm action supported by robust clinical guidance for the sector.

The integration of health and social care has played an invaluable role in our response to the pandemic – ensuring people can receive the care they need, in a setting that is right for them, while protecting the capacity of our hospitals. We have already allocated £150 million for social care as part of our additional COVID-19 funding this year to help the sector mitigate the financial implications of the pandemic and ensure the remobilisation of packages of support. To avert and manage outbreaks of infections in care settings we are taking the following actions:

- Continuing to develop new and specific infection prevention and control (IPC) guidance for care homes and community care to support training and increased resilience through the Clinical and Professional Advisory Group as required
- Meeting the additional costs incurred by Health and Social Care Partnerships and providers for PPE to support access to PPE for staff, visitors and, where necessary, recipients of care over the winter period



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- Ensuring adequate access to appropriate testing meaning staff in adult care homes will continue to have a weekly test to reduce the risk to residents, staff and visitors. We will prioritise testing for those across the wider sector as testing capacity becomes available
- Publishing a comprehensive *Adult Social Care Winter Plan* to deliver maximum protection for people who use social care support in residential and community settings and in their own homes, and to those who provide that care, including unpaid carers

We also recognise that the **wellbeing and quality of life** of people who provide and use social care remains a priority. For those within care home and other adult residential settings, visiting guidance will continue to be reviewed, taking account of local outbreaks and circumstances specific to each setting to maximise the amount of quality time families can spend together without compromising safety.

To ensure the wellbeing, safety, dignity and human rights of people are protected and enabled, we also continue to work with Health and Social Care Partnerships and Local Government to ensure that all social care packages are delivered to meet the needs of each individual.

To ensure we learn from the lessons of the pandemic, and put in place the best system for the future, an **Independent Review of Adult Social Care** is currently underway. The Independent Review is taking a human-rights based approach and will comprehensively review all aspects of adult social care including how it is organised, commissioned, regulated and funded. It will report in January 2021 and will recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who in it.

Compliance, Behaviour, Enforcement

Suppressing the virus means asking a lot from individuals, businesses and communities. It is difficult, but our actions can make a significant difference, and success depends on all of us. While no one can guarantee that we won't get COVID-19, or pass it on, we can all act to reduce our own risk, reduce the risk to others, and keep our communities safer. Together with our partners, we will support people, businesses and organisations to do the right thing. We will always strive to:

- **Be clear**
- **Make it possible**
- **Build a team approach**



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Be Clear

We want people to be aware of and clearly understand the measures we are asking them to take to help suppress the virus and how. We also want people to be clear about how, by maintaining and changing their behaviour, they can help to keep the number of coronavirus cases low. While weekly polling data through the pandemic has shown evidence of strong knowledge and support, self-reported compliance and confidence in the approach to decision making has fallen. The three main reasons given for not complying with the protective measures are: (i) difficulty from a practical point of view; (ii) not agreeing in principle with measures; and, (iii) finding them difficult from an emotional point of view. As we develop new messages, we will seek to address these specific barriers to compliance, and find ways to help people comply.

We will continue to communicate clear public health guidance and explain the rationale behind the requests we are making of people. Significant numbers of people continue to use existing channels to access information on the virus. As of late September, around half of the population said that they consistently used the First Minister's briefing as a regular source of information, and during one week in August, Scottish Government social media posts reached over 4.5 million people. Our evaluations show people have

high levels of trust in Scottish Government communications and that there is a clarity to the messages.

However, we also know public engagement can slip, that people are becoming tired as the pandemic continues, and with it adherence to what is needed may be reducing. As we move to a new levels approach, it is important we keep communications under review and ensure people have the necessary information to play their part. We will listen to people, monitor the latest consumption habits and media trends, and ensure delivery via channels that work for all segments of the population. As part of this, we will work with minority ethnic communities and organisations to ensure we get our messaging right and that it's delivered in the right way. And local authorities will play a leading role in ensuring the right communications are provided in the right way, in the right place, dependent on local circumstances.

We will further invest in how people can access information, through options such as helplines, live chats and a postcode level checker so that they can access the information that addresses circumstances and location, and in the way they want to access it. We will undertake a review of guidance and associated products, rationalising and coordinating guidance across Scottish Government functions and will take a more strategic and holistic view of that guidance. And



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we will undertake new marketing campaigns which will focus on educating and persuading everyone to follow the current protective measures, including getting tested and self-isolating as soon as symptoms develop, where regulations and guidance have changed, and when there are new enforcement measures in place.

Make it possible

We will support people when they need to self-isolate. As noted previously, we have introduced significant financial and practical support for people who need to self-isolate, and ensure they are supported to do so, including by their employers.

We will ensure the necessary support for those in education. In higher education, there will be appropriate support for students self-isolating and in quarantine. Universities Scotland have announced a [Consistent Core of Care package](#) which commits every institution to providing regular check-ins for self-isolating students, help with food and groceries, cleaning supplies, and internet access. In schools and nurseries, we will continue our partnership approach to decision making with local authorities as the education authority in each area. We will work locally and nationally with local government politicians to ensure that schools and nursery based education is safe, effective and focused on the needs of the child and their family.

The Care Inspectorate continue to regulate childcare settings, and the Health and Safety Executive has undertaken a programme of compliance checks regarding implementation of School Reopening Guidance which they have stated was generally of very good quality. Education Scotland are also developing channels to share good practice that is identified with practitioners to drive more effective implementation of guidance, and we will soon launch a communication and engagement strategy targeted at young people of secondary school age. We have worked with Young Scot to ensure this is age appropriate and that it will encourage greater compliance with school-based mitigations and FACTS when leaving the school grounds.

We will support people to stay safe outdoors, continuing to support outdoor activity that is safe. We will support local authorities to prioritise safe spaces in town centres and urban areas over the winter period, recognising it is important to have a place where we can meet. This has been supported by the £38 million funding for Spaces for People which has supported local authorities to provide extra space for walking and cycling. We have also published the [Safe Public Space guidance](#) which we are in the process of updating, and have launched the Scotland Loves Local Fund, giving priority to projects that evidence inclusion and encouraging people to shop local.



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We will support people to stay safe while travelling. We have published guidance on how to travel safely on public transport and while sharing a car, if people have to, with others outside their household. We have produced detailed guidance for public transport operators, who have introduced a range of measures to increase cleaning regimes and maintain physical distancing, with some operators introducing apps which help identify how busy services are. We are working in partnership with operators to ensure that compliance on the wearing of face coverings is high and will adapt our communications as evidence emerges. Transport Scotland is exploring a potential pilot for QR code scanning on longer rail and ferry journeys to assist with Track and Trace services, and we are working to determine whether the QR code generator for hospitality venues can be adapted for travel services.

Build a team approach

We will work in closer partnership with communities, businesses and other organisations, trade unions, regulators, NHS, Police Scotland and equality organisations. We will also continue to work to ensure the needs of all children and families are considered in decision making.

We will continue to work closely and in partnership with local government, locally and nationally, taking into account local needs and concerns in the decisions that we make. Local Government is also continuing to share best practice, and to help their communities take the lead in establishing safe behaviours.

Working with our Communities

Community cohesion and empowerment has been a hallmark of the pandemic. We will build on the great work of our communities, including by local authorities across Scotland, who have worked to recruit volunteer banks who have mobilised in their communities to provide important services such as deliveries and support for people socially isolated.

Neighbourhood and community groups will continue to be involved in supporting self-isolation. The third sector has also been central to the COVID-19 response to date and we are strengthening this to help ensure that support can continue. We are providing a £25 million **Community and Third Sector Recovery Programme**, helping organisations adapt their operations and income generation to increase sustainability, and support communities as they re-start and adapt service and activity delivery.



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Working with business on compliance

We will continue to work with businesses and their representatives, to highlight the benefit of them taking a lead in developing solutions to keep the virus suppressed in their premises and practices. Such an approach – with businesses aiming to act in a way that minimises the ability of the virus to spread within their premises and activities – is good for business, for employees, and for suppressing the virus. Many businesses are applying risk assessment and risk management techniques to manage the virus and we know from a number of Incident Management Teams that effective implementation of preventative measures in all workplace settings is key. The first three guidance publications for safer workplaces (construction, manufacturing, retail) were developed with the active support of sector representative bodies, businesses, and trade unions. That created a model which is now our standard approach for all sectors. Based on positive examples in certain sectors, including work by Food Standards Scotland in the meat industry, we will work with sectors to develop appropriate evaluation tools to assess the ongoing effectiveness of the implementation of their measures. We will take that forward with regulators, with business, and with trade unions.

We will work with business organisations and sector bodies to understand the challenges they face in maintaining their operations while keeping employees and customers safe from the virus. We will use this engagement to help shape and enhance guidance to ensure that it is effectively understood and implemented by businesses across all sectors. As part of this, and our levels approach, we will engage with business to ensure critical national infrastructure can remain in place, as we saw during lockdown, and so that businesses providing vital services and deliveries can continue.

We will continue to work closely with business leaders to develop this strategic approach and to support them in communicating key messages that maintain compliance and help to suppress the virus, minimise and mitigate impacts on jobs and the economy, and promote personal and corporate responsibility for the actions which will deliver those ambitions.



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Working with the hospitality industry

We will work in partnership with industry to build on the proactive approach we have seen taken across the majority of hospitality. We recognise the significant effort and investment that has been made by operators to adapt their businesses and we want to thank everyone for that. We also recognise that the hospitality sector has been heavily impacted by coronavirus and the measures that have been necessary to combat it, but we want to see safe and viable businesses that the public can enjoy, while observing all required mitigating behaviours. That will continue to require vigilance and high levels of compliance at all times, from operators and the public particularly where hospitality operates at a lower level of physical distancing than other premises or spaces. We will continue to develop our ongoing engagement with industry and compliance partners to ensure this is maintained, and to explore, develop and share best practice so that the sector can stay open, protecting jobs and local services.

Working with the retail sector

The safety of people – customers, employees and business owners – is the number one priority and we are working with retailers to ensure that people can still shop safely. Guided by the need to ensure shopping is safe, we want people to use their local high streets, towns and city centres, to ensure that crowding is avoided, that good hygiene measures are in place and that physical distancing is maintained at all times.

Working with workers

Worker representatives and trade unions have an important role to play in helping us to ensure that we all comply with the rules and guidance designed to keep workplaces safe. The Scottish Government and Scottish Trades Union Congress (STUC) published a joint statement in March, with a [refreshed statement](#) in July signed jointly with the STUC, local government and business and third sector partners. This outlined the importance of a Fair Work approach to the COVID-19 crisis, with partners working collaboratively to reach collective decisions on worker protection, public safety, and support to help organisations survive and to keep people in work. The success of our approach rests upon our ability to sustain strong compliance which will reduce the need for further protections.



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Listen and understand

We will continue to learn and adapt our approach. We will build on the existing data we gather from polling and from public health and enforcement activity to target our activity. We will also consider what further information can be gathered quickly to help us understand levels of compliance, the public's response to protective measures, and ensure our actions are evidence based. We will explore the use of new and innovative processes – such as citizens panels – to engage people, building on our two open consultations, and will continue to test public views on the effectiveness of our measures through focus groups.

Enforce the law where there is no alternative

We are grateful to all organisations involved in enforcement, including Police Scotland and local authorities, for their continued proportionate enforcement of the regulations, and their use of the 4 E's approach: Engage, Explain, Encourage and, only where necessary, Enforce.

We have used the current period of additional protective measures to review the current fine levels associated with offences under the Health Protection (Coronavirus) Scotland regulations. As we move to the new protection levels approach, we will keep this under review and consider whether it is appropriate to increase the fine level.

We are exploring conferring additional enforcement powers on Environmental Health Officers and Trading Standards Officers, building on direction-making powers put in place earlier this year, to support their intelligence-led approach to enforcement.

Given indoor household meeting restrictions, we are also exploring providing the police with further powers of entry. However, we recognise that there is broad compliance, and willingness to follow the necessary regulations, and will continue to prioritise clear and consistent public guidance and communications.

Tackling importation and spread of the virus

Managing the risk of importing and exporting cases from communities with high risks of transmission is key to suppressing the virus, particularly as we reduce the prevalence of the virus in our communities. For Scotland, this risk has two dimensions: international travel, and travel within the Common Travel Area (the UK, the Republic of Ireland, the Isle of Man and the Channel Islands).



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International travel

For the majority of international travellers into Scotland, there is currently a requirement to quarantine for 14 days. This means that international travellers, with a small number of exemptions, chiefly related to maintenance of critical national infrastructure, must complete an online passenger locator form and, unless they fall within an exempted category, they should self-isolate for two weeks. Individuals who arrive in Scotland from elsewhere in the UK, having travelled internationally within the last 14 days, must also complete a Passenger Locator Form on arrival in the UK, with this information shared across the four nations.

We publish a list of the limited number of exempt overseas destinations, where the prevalence of the virus and consequently the risk of importation is low. Travellers from these areas are not required to quarantine, although they are still required to complete a passenger locator form. That list is reviewed every week by the Joint Biosecurity Centre (JBC), based on assessment of various factors, and we also take into account information from Test and Protect on cases with an international travel link. These actions mean the risk of importations from overseas is lower now than it was during the summer. However, as the protective measures we put in place begin to reverse the increase in infections, the significance of importation risk will once again grow.

We need to ensure that travel restrictions are achieving their objective and are effective, while recognising the impacts they have on people's civil liberties, the travel industry and wider economy. We are discussing with the travel sector whether alternative approaches, potentially involving a reduced period of quarantine coupled with testing, might deliver similar or better outcomes than the 14 day quarantine period. We are also taking part in the Global Travel Taskforce established by the UK Government to explore alternative options to quarantine as well as continuing to assess the need for sectoral exemptions.

Travel within Scotland, the UK and the wider Common Travel Area (CTA)

We also need to minimise the opportunities for the spread of the virus from areas of high prevalence, whether in Scotland, elsewhere in the UK, or the wider CTA. That means that we have to limit non-essential travel to and from such areas. We will therefore advise people to avoid unnecessary travel either to or from Level 3 or Level 4 areas in Scotland. Similarly people – whether they live in Scotland or elsewhere – should not travel between Scotland and areas of high prevalence elsewhere in the UK or in the wider CTA unless they really need to do so.



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More generally, people who live in an area where there are protective measures in place should not travel to another area to avoid them. And in Level 4 areas, if the prevalence of the virus requires it, it may be necessary also to set limits on the distance people should travel, or to ask them to remain at home wherever possible.

As in the spring we will set out the travel restrictions in guidance, with the option of enforcement through regulations where that is necessary. Regardless of our approach, we would expect everyone to follow the evidence and expert advice about what is required to suppress the virus. We will enable low-risk activities outdoors as far as possible and seek to avoid adverse effects such as loneliness. We will ensure that there are exceptions, for example, for essential travel including for work (where that is not reasonably practicable at home), education, outdoor exercise, and access to healthcare and other essential services, for weddings and funerals, for essential shopping where that is not possible locally, and for transit through restricted areas. We will continue to engage closely with local authorities and transport providers, particularly those covering our rural and island communities to consider the specific issues they may face.

Vaccinations

Once completed on a large enough scale, vaccinations will play an important role in ensuring we return to as close to normal life as possible. While global efforts to develop vaccines are still underway and may take time, we will ensure our immunisation infrastructure is in place now, to respond as quickly as possible when one becomes available. This will build on our successful programme of vaccinations, but given the pace and scale will bring new challenges.

The Joint Committee on Vaccinations and Immunisation (JCVI) provide independent advice to the four nations on vaccines, and we anticipate they would provide timely recommendations. On the basis of assumptions – which may change once we have received the JCVI's advice – we are undertaking operational planning to put us in the strongest position once we have that advice, including:

- Seeking a Memorandum of Understanding with the Department of Health and Social Care for the deployment of vaccines, having already put in place an agency agreement to enable the UK Vaccines Taskforce to procure vaccines on a four nations basis
- Developing a protocol under the amended Human Medicines Regulations to enable a wider workforce to vaccinate



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- Scoping out delivery channels such as drive and walk through centres, mobile units and outreach facilities for care homes and those that can't leave home
- Securing additional refrigeration capacity throughout Scotland, modelling workforce requirements to deploy vaccinators, and developing an improved IT and digital platform

In the absence of a vaccine, and anticipated delivery schedule, we are focused on how best to vaccinate the greatest proportion of the population most vulnerable to harm and those health and social care workers at highest risk of infection, based on the information we have. We will provide more detail once we have greater clarity on likely timings and delivery schedules.



5. Supporting broader health

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Our response to COVID-19 must recognise and take account of wider risks, particularly the critical twin risks in health of a second wave potentially coinciding with the seasonal flu, and the wider pressures that the winter period brings, impacting across health and social care.

The NHS remains on an emergency footing and we will work to balance retaining sufficient capacity for resurgence of COVID-19, managing other winter risks, whilst maximising the safe and effective resumption of planned services.

Health and Social Care

NHS Scotland continues to balance its response to COVID-19 with the need to keep people alive and well through remobilisation of other essential urgent and routine health and social care services to the greatest extent possible – but that can only be achieved by keeping case numbers low, and safeguarding the capacity of services, and the need to treat rising cases of the virus. As we saw at the beginning of the pandemic, any surge in the number of cases, and subsequent hospitalisations, would put our health service under significant strain and necessarily impact on efforts to remobilise services.

There are a number of actions now being taken to prepare for and mitigate against winter challenges across Health and Social Care, and safeguard that remobilisation:

- A Winter Planning and Response Group has been convened to develop our response
- Board Re-mobilisation Plans have confirmed allocations of £1.1 billion to cover additional pandemic-related costs, including £78 million to support additional elective activity
- Plans are in place to deliver surge capacity of over 4,000 repurposed acute beds, utilising the NHS Louisa Jordan and independent sector as necessary
- Facilitating a series of table-top Winter Planning events to allow Boards to develop their plans based on the most up to date scenarios, as part of the iterative planning process
- Work to continue to protect and support our health and social care staff, including a forthcoming PPE Action Plan

Winter preparedness plans relating to both the NHS and Adult Social Care will be published shortly with related statements to Parliament, providing more detail on our response to the challenges of winter.

As part of our desire to ensure people can continue to receive the care they need, when and where they need it, it is vital they can continue to access healthcare services in their communities. General Practices and Community Pharmacies remain open as they have done throughout the pandemic, though these services



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might be provided in a different way than before such as through telephone consultation or with physical distancing measures in place. The NHS Pharmacy First Service Scotland has also now made Community Pharmacy the first point of call for all minor illnesses, and there remains a dedicated pathway in place through 111 for those who have COVID symptoms that have worsened or not improved after 10 days to be seen at a COVID assessment centre. For dental and eye care issues, community optometrists and dentists are continuing to increase activity levels to deliver a comprehensive range of patient care safely by applying all necessary public health measures.

Recognising the specific threat posed through the winter period, we will deliver the largest immunisation programme ever, with a view to vaccinating 2.4 million people. NHS Boards are working hard to vaccinate as many people as possible, and are using more diverse settings such as drive and walk-through centres as well as community pharmacists to support delivery within GP surgeries, so that the majority of those eligible are vaccinated before the end of the year.

Protecting people at risk

The best protection for people who are most at risk from the virus is to stop its spread in our communities. But if case numbers are too high,

we must take clear steps to provide additional protection, in a way which safeguards individual wellbeing and human rights.

Shielding and the clinically at-risk

Building on the support we put in place at the start of pandemic, our future approach to shielding will be based on the following principles:

- advice must be **proportionate** to the level of infections in the local community;
- it should be set at a level which optimises the **benefits of protection and minimises health, social and economic harms**;
- it should be practical, empower people to make **decisions which are right for them**, and be culturally appropriate and tailored to ensure reach and accessibility.

We will introduce **levels of advice to protect people with the highest clinical risk**, shown below, setting out clearly how advice will change depending on the rates of infection in local areas. As the levels in a local area change, the protection advice for people on the shielding list in that area will change as well. People at highest risk should still follow the advice for the general public as a minimum, but these levels provide additional advice for areas like work, schools, shopping and contact with others.



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	Level 0 & 1	Level 2	Level 3	Level 4
<p>Shielding This is advice, consider which level of protection is right for you.</p> <p>All levels: We will not ask you to distance from people within your own homes or to stop taking outdoor exercise.</p>	<p>Contact with others Follow the level advice to the general population</p> <p>Shopping Strictly follow the guidelines when shopping</p> <p>If you cannot work from home Following a workplace risk assessment, your employer should make the necessary adjustments to your workplace to protect you. You can discuss getting a fit note with your GP or clinician if you still feel unsafe.</p> <p>School/formal Childcare Follow the level advice to the general population</p>	<p>Contact with others Reduce the number of people or households you have face to face contact with.</p> <p>Avoid one metre zones.</p> <p>Shopping Strictly follow the guidelines when shopping</p> <p>If you cannot work from home Following a workplace risk assessment, your employer should make the necessary adjustments to your workplace to protect you. You can discuss getting a fit note with your GP or clinician if you still feel unsafe.</p> <p>School/ formal Childcare Follow the level advice to the general population</p>	<p>Contact with others Limit meeting people outside your own household, avoid indoor public spaces.</p> <p>Shopping Strictly follow the guidelines when shopping and limiting the number of times you go to a shop. Shop at quieter times.</p> <p>If you cannot work from home Speak to your employer to ensure all appropriate protections are in place. If they are not, discuss getting a fit note with your GP or clinician.</p> <p>School/ formal Childcare Parents or guardians should discuss with their GP or clinician whether children should still attend.</p>	<p>Contact with others Minimise contact with people outside your own household if you can. You should not take public transport.</p> <p>Shopping Strictly follow the guidelines when shopping and limiting the number of times you go to a shop. Shop at quieter times.</p> <p>If you cannot work from home The Chief Medical Officer will issue an automatic two week fit note to give people on the shielding list protection while they speak to their GP or consultant and get a personal fit note if necessary.</p> <p>School/ formal Childcare Children on the shielding list should not attend in person.</p>



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This new advice and guidance will sit alongside a package of information, tools and advice to those on the shielding list to enable and empower them to make informed decisions about how to stay safe and protect themselves, and to promoting their health and wellbeing more broadly. We will shortly be publishing a practical guide to help them find this information and to balance what is right for them, including:

- SMS Text Alert Service
- Publicly available [Neighbourhood Covid infection data](#)
- Information on high and low risk activities
- Workplace risk assessments
- Information on how to shop safely
- Online priority shopping slots
- Helpline (0800 111 4000)
- Local Authority and Third Sector support
- Mental and Physical Health and Wellbeing support
- Vitamin D offer

We encourage people to adapt this advice to make it right for them. It is a personal decision on how to balance the benefits of protection with quality of life. To do this in practice, people told us they needed information about infection rates in local communities, level of risk specific to their health conditions, and how to manage risks on a day to day basis

Those on the shielding list will still be able to go to shops and pharmacies but there are a range of shopping and delivery options available to **make shopping safer**, including supermarket support for those who are clinically at risk.

The **SMS Text Service** will continue to provide updates and alerts, including to people in outbreak areas who are on the shielding list. Updated advice will also be available online and the national helpline will continue to be available for information, advice and to signpost support, including for those who are struggling with access and affordability issues in relation to food.

Minority Ethnic People and Communities

COVID-19 has affected minority ethnic groups disproportionately. The reasons for this are complex, with the interplay between socio-economic disadvantage, high prevalence of chronic diseases and the impact of long-standing racial inequalities being key explanations.



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We will take forward a number of recommendations from the Expert Reference Group on Covid-19 and ethnicity (ERG) to better understand the impacts of COVID-19 on black and minority ethnic communities, and ensure that Test and Protect, shielding, vaccinations, NHS remobilisation, public health messaging, and other areas specifically consider and respond to the needs of minority ethnic communities.

Mental Health – Scotland’s Transition and Recovery

The pandemic has been tough for people’s mental wellbeing, exacerbated by existing inequalities. We announced over £6 million of dedicated funding to create new online and telephone support services, and to increase the capacity of existing services. Building on new initiatives during the pandemic, we are continuing the [Clear Your Head](#) campaign which contains a variety of resources and tips to help people take care of their mental health and wellbeing. For those who need more support the Scottish Government has expanded the [NHS24 Mental Health Hub](#) so that it is now available 24 hours a day, seven days a week, and increased the capacity of the Breathing Space telephone helpline

We have published Scotland’s [Mental Health Transition and Recovery Plan](#). It prioritises rapid and easily accessible support for those in distress and ensures safe, effective treatment and care of people living with mental illness. A tailored programme of work will help individual NHS Boards respond effectively to the anticipated increase in demand in the months ahead.



6. Mitigating social harms

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This pandemic remains a public health emergency, but it is having significant impacts on our society, communities and lives, and the need to tackle the damaging impacts of inequalities has come into even sharper focus. Protecting and supporting people during these unparalleled times has been the absolute focus of the Scottish Government, and that will continue as we renew our approach to tackling the pandemic. Arguably it becomes even more important, to ensure that confidence in, and adherence to, additional protective measures is not undermined by deepening inequalities. Through all of this, we recognise the need to ensure human rights and equalities are embedded in our approach.

Tackling inequalities exacerbated by the crisis

Emerging evidence suggests COVID-19 has exacerbated many pre-existing inequalities: those living in our most deprived communities and black and minority ethnic people have a higher death rate; it has taken a significant toll on the mental health of young people; there are increased risks of domestic abuse for women and children; there has been growing digital divide and exclusion; and, older people are at greater risk of social isolation. As part of this, we will continue to be mindful of the differing needs across our rural and urban areas, and how we ensure the necessary access to services across the country.

Building on our initial response, we will take forward a range of support for people and communities at risk. This is supported by expert advice through our Social Renewal Advisory Board, the Expert Reference Group on COVID-19 and Ethnicity, and the First Minister's National Taskforce for Human Rights Leadership.

Around £42.5 million is available to support awards through the **Scottish Welfare Fund**, a further £8 million has been made available through **Discretionary Housing Payments** to help meet housing costs, and we have launched a £10 million Tenant Support Fund. Support also continues to be available through the **Council Tax Reduction** scheme to help meet council tax liabilities, with a further £25 million provided to local councils.

Our updated **Ending Homelessness Together Action Plan**, outlines our next steps to end homelessness and rough sleeping. This includes proposals to modify night shelter provision this winter and end the use of night shelter and dormitory style provision in future. To support this, we are establishing rapid rehousing centres to provide an under-one-roof multi-agency service to people experiencing the most acute forms of homelessness.



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Our **Connecting Scotland** Programme to tackle digital exclusion, backed by £43 million, will help 50,000 digitally excluded low-income households get online by the end of 2021.

We will provide a further **£30m** of flexible funding to local authorities to tackle financial insecurity. This will enable **local authorities** to tackle food and fuel insecurity and ensure that there is sufficient funding available to meet demand for both the Scottish Welfare Fund and Discretionary Housing Payments. **This includes over £10m for Free School Meal provision** to cover to cover the Christmas, February and Easter holidays.

Marginalised groups

We will protect marginalised people, including people with experiences of homelessness, problem drug and alcohol use, imprisonment and prostitution, and those at risk of destitution due to their immigration status. We have provided accommodation and facilities for self-isolation; medical and social care; access to food and money; advice, information and advocacy; and continuation and expansion of wraparound support for people with multiple and complex needs.

Faith and belief communities

We recognise that for many people, faith and belief will have been a source of personal strength, resilience, and wellbeing during the difficulties of lockdown. We have continued to engage closely with and listen to our faith communities throughout this period and we understand the important role of congregational worship in supporting spiritual wellbeing. Places of worship were able to reopen from July. This followed publication of updated guidance which reflected the evolving scientific and health advice, and has been developed in consultation with leaders and representatives of Scotland's faith and belief communities.

Under our levels approach, we hope that the clear guidance we have produced, supported by regular engagement, can continue to ensure that places of worship can safely remain open with restricted numbers. We will keep this under review, informed by scientific evidence and continued engagement with faith and belief communities.



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Education, children and young people

Throughout the pandemic we have worked with our partners in local government to put the rights and wellbeing of children and young people at the centre of our response, and we will continue to draw on evidence of the impact of protective measures to inform our joint decision making. Measures applied to children and young people must be necessary and proportionate, and assessed against Child Rights and Wellbeing Impact Assessments. We will maintain our focus on upholding children's rights as enshrined in the UN Convention on the Rights of the Child and Getting It Right for Every Child.

While taking difficult decisions to suppress the virus, we continue to weigh this against the potential mental and physical health, social and developmental harm that may be caused by any measures. Both short and long term developmental perspectives needs to be taken in the knowledge that the impacts of protective measures may not be immediately apparent and may not manifest until later life, while the mental and physical health and wellbeing of children and young people is inexorably bound with that of their parents or carers.

Early learning and childcare, and schools

Recognising the unique impacts on children and young people, and to ensure the virus does not prevent them receiving the best start in life, we will prioritise keeping schools and regulated childcare, including early learning and childcare, open while ensuring the safety of children and young people and the staff who have worked hard to keep settings open.

Our suite of school and regulated childcare guidance sets out clearly the protective measures that should be in place. Where outbreaks and incidents do occur, Test and Protect and local Incident Management Teams are working to disrupt chains of transmission rapidly. The evidence we have to date suggests these arrangements are working well. Public Health Scotland report relatively few incidents of transmission in schools and childcare settings. A programme of independent compliance checks by the Health and Safety Executive was very positive about the efforts of staff to implement protective measures in schools. The Care Inspectorate has put in place a programme of scrutiny, including joint work with the Health and Safety Executive, to assure compliance in childcare settings.



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The COVID-19 Advisory Sub-Group on Education and Children's Issues has been tasked with reviewing the scientific and public health advice that underpins our guidance, to ensure it remains appropriate as circumstances change. The COVID-19 Education Recovery Group will draw on that advice to make recommendations to national and local government on how best to strengthen and augment protective measures in schools and ELC settings.

The impact of local protections

On the basis of our levels approach, we will work quickly and collaboratively with local authorities on the basis of advice provided by the Education Recovery Group, and its ELC work stream group, on the necessary approach and guidance to ensure there are clear processes for responding to any changes at a local level. Our initial assumption would be that each level would mean:



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Level	Regulated childcare	Schools
Level 0/1	Open with standard protective measures <ul style="list-style-type: none"> Public Health measures in place as contained in the current guidance, which evolve as required in accordance with evidence 	Open with standard protective measures <ul style="list-style-type: none"> Public Health measures in place as contained in the current guidance, which evolve as required in accordance with evidence
Levels 2-3	Open with enhanced protective measures <ul style="list-style-type: none"> Augmenting levels 0/1 while providing additional protective measures that do not further restrict capacity and therefore restrict access to childcare. These could include additional use of face coverings, and a strengthened focus on compliance, including refreshed risk assessments for staff rooms and other high risk areas 	Open with enhanced protective measures <ul style="list-style-type: none"> Augmenting levels 0/1 with additional measures This could include enhanced use of face coverings, including in classrooms at senior phase, and a strengthened focus on compliance, including refreshed risk assessments for staffrooms and other high risk areas
Level 4	Open, subject to targeted intervention which may impact on capacity <ul style="list-style-type: none"> Could include targeted use of measures previously in force in regulated childcare, which may have an impact on capacity in services This would be based on the evidence of transmission in ELC and childcare, and the need to protect and support those who are most at risk 	Open, with enhanced and targeted protective measures <ul style="list-style-type: none"> Augmenting previous levels with additional, targeted measures Could include specific interventions to protect and support those who are most at risk



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To ensure we protect the rights of children and young people **our aim will always be to keep schools and learning open at all levels.**

Decisions regarding local outbreaks will continue to be taken in conjunction with local Incident Management Teams, and the relevant local authorities and agencies, and dependent on the availability of data, to identify high-risk areas which could be mitigated. Decisions will always be taken with a view to minimising the impact on children and young people, while protecting them and staff. Education Scotland has also worked with key partners to develop a shared national offer for schools which will provide essential support for those children and young people who cannot be in schools, including those in the shielding category where relevant.

We know that any changes to schooling, childcare and ELC will have an impact on families, and measure will be put in place to ensure that those who need it most will continue to be supported. We know that changes to guidance can create challenges for private and voluntary ELC and childcare providers. Throughout lockdown and recovery, we have worked with the sector to support these providers, and will continue to do so.

Protecting family services

We will work with our partners in local government to prioritise keeping services open which protect the most vulnerable to harm, and the Children and

Families COVID-19 Leadership Group will oversee activity and guidance in support of this. It has collected and monitored data and intelligence for use locally and nationally, identifying areas for action. It has supported the continuation of social work services and social care, delivery of third sector services, and early reopening of Children's Hearings. A detailed COVID recovery and renewal plan for the children's hearings system has been developed by the core agencies and we have invested more than £2m to support full recovery by autumn 2021.

In the context of the pandemic, it is all the more important to retain our commitment to early intervention and prevention to minimise the risks to children and families. We will also look to continue to protect universal health service provision, including maternity, health visiting, family nurse partnership and perinatal and infant mental health services, for pregnant women and families from birth and during the preschool period. We are working with key partners in Local Government Children and Family services through a national Leadership Group to ensure a clear focus on the needs of those at most risk, including children in need of protection, children affected by domestic abuse, disabled children and young people with care experience. We have also continued to protect play, to support children's wellbeing and resilience. We have ensured exemptions which allow for play outwith school interactions, and announced a £400,000 fund to support outdoor play for low-income families.



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Further and Higher Education

We will learn lessons from the start of the 2020/21 academic year looking at the formation of student households, how student accommodation is used, and student compliance as part of a safe experience while at, and returning to, campus. We will continue to work with institutions and the National Union of Students to ensure that students understand how the rules apply to them, to deliver the highest possible rates of compliance while supporting a positive experience, and to support student mental health and wellbeing.

There are particular challenges around the winter break this year. Based on previous year's data, up to 150,000 university students (60% of total enrolments) could be leaving their term-time addresses over the winter break, with risks across a number of categories:

- Students switching households for Christmas and in many cases returning to multi generation settings or vulnerable communities
- Students returning after Christmas, forming new households in student accommodation and socialising with different households and in different settings
- Students returning from potentially higher risk areas

- Potential higher virus levels in the general population exacerbated by winter health issues such as flu

The following areas are being considered with the objective of developing a package of options based on risk and for the balancing of the 4 harms with a particular focus on student wellbeing.

- Supporting students to continue to protect themselves and others around the vacation period
- Driving down prevalence through enhanced compliance and outbreak management
- Increasing the amount of online learning before term ends in December 2020, and when the new term starts in January 2021. In high prevalence areas this could include reserving in-person teaching for subjects with significant practical learning requirements, as well as exams
- Asking students to adopt a precautionary approach to limiting their contact with others before they go home, and on return, to help them safely make a temporary change of households over the holiday period
- Exploring the value of, and scope for, additional testing
- Supporting students to travel home safely



7. Supporting the economy

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The pandemic is a public health crisis, with global economic consequences unlike any we have seen before. Not only in terms of scale and speed of impact across the world, but also the nature of the extraordinary steps we have had to take to protect our health. Businesses and individuals have made extraordinary sacrifices as we tackled the pandemic together. While we are starting to see gradual and cautious signs for optimism across the economy, and growth is now recovering from an unprecedented fall, the economy remains significantly smaller than its pre-Covid level in February (-10.7%).

That has particularly hit key sectors. Even where businesses have continued to trade, turnover is down, resulting in precarious cash flows. Where they have started to reopen, often that has not been on a business as usual approach, and many not be for the foreseeable future. And we know that the risk of unemployment is to an extent distorted by the Job Retention Scheme, with record falls in hours worked and slowing of pay growth impacting incomes – reflected in record rises in the claimant count, which doubled to 8.0% in September from 4.0% in March, and may represent a truer reflection of the unemployment rate.

Our economic response and recovery programme initially focused on protecting the economy through insulating businesses and households from the worst impacts of COVID 19 including a £2.3 billion package of support with an additional £230 million economic stimulus package, guidance and support to help businesses to safely restart. We also moved quickly to protect people made redundant, and will scale up our PACE initiative which offers free advice and is available to all individuals affected by redundancy. Most recently, we provided additional funding of £40 million to help businesses closed or very directly affected by temporary protective measures to slow the spread of the coronavirus which already provided the most generous support in the UK.

Jobs and skills will be central to our ongoing economic response. We recognise the potential of the COVID-19 pandemic to exacerbate existing labour market inequalities for disabled people, women, and those from a minority ethnic background, increasing the gender and employment gap for these groups in the long term. These groups are most likely to be in occupations with higher exposure risks, and over represented in work that is not secure or has stopped.



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Recent reports from both the Advisory Group on Economic Renewal and the Education and Skills Strategic Board have been clear that economic recovery needs to be grounded in well-being and a green recovery, with skills and jobs in the digital economy or similar, and with a clear need to focus on the future of young people. All efforts have now turned to implementing our response. As set out in our recent Programme for Government, we are taking forward an ambitious package of support – with a national mission to help businesses create new jobs, good jobs and green jobs – to ensure we do all we can to protect businesses and individuals from the worst effects of the crisis, and support them to be a central part of renewal and recovery. But we cannot shy away of the scale of the challenge facing us, and the long-term – and potentially irrevocable – impacts it will have.

Support for businesses impacted by protective measures

Supporting businesses under protective measures not only helps to foster a more robust and resilient economy but can also help to sustain and build on the compliance businesses of all sizes and sectors have demonstrated since March. We want and need that support to continue, and we are confident most business will act to protect, assist and influence their employees and customers. We know there will be significant financial

hardships and risks for businesses as a result of any further protective measures – something we have recognised most recently through our COVID-19 Restrictions Fund, including additional help with the costs of re-furloughing staff during the October reset, by supporting the 20% salary contribution required by the UK Government.

As we move to a levels approach, businesses in different parts of the country may face different protective measures. To provide greater certainty for business alongside the introduction of a levels approach, we will introduce a new package of support for those firms that must close by regulation, or operate in a restricted way as a result of public health decisions. The support we set out here is the maximum we can provide within the resources currently available to us, but the minimum we think is necessary.

It is welcome to see the UK Government's recent announcement of improved support for businesses and workers in England – heeding the calls of businesses and workers to ensure more generous support was available – but this will not deliver any upfront additional funding for Scotland, and provides no guarantee that funding will be available to see us through this crisis.



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We will match the UK Government's offer to businesses in England – but without any guarantee that funding will be available to sustain that. It is incumbent on the UK Government to ensure Scotland, and all the devolved administrations, receive an equitable share of funding, to meet our specific public health and economic requirements, and for that support to be available for as long as it is needed to get the virus suppressed.

Our new financial support will provide:

- A grant of £2,000 or £3,000 (depending on rateable value) for business required to close by law, payable every four weeks for the duration protective measures are in place
- A hardship grant of £1,400 or £2100 (depending on rateable value) for businesses that remain open but are specifically required to modify their operations by protective measures, payable every four weeks for the duration measures are in place
- These grants will be provided regardless of level, to eligible businesses, and paid in fortnightly instalments (subject to discussions with local authorities)

We would expect this bespoke support to be supplemented by UK Government support, not least the revised Job Retention Scheme launching on 1 November, and will continue to press them to ensure this recognises specific circumstances across Scotland.

Financial support will be made available as levels are reviewed, and we will work with local authorities to ensure a quick and efficient local delivery mechanism for this support. We will also continue to engage with specific sectors who have may face unique impacts.

This funding will go some way to supporting businesses through the necessary public health protections we may need to put in place. But we have to be realistic about the scale of the challenge our economy and our society faces: a sharply rising claimant count, many businesses in a precarious situation, and diminished resilience across the board. With the limited financial and economic levers at our disposal, we will not be able to protect every business; and financial support cannot replace all lost income or save every job.



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We are not able, financially, to offer local funding packages beyond the grants set out above without the further consequential funding which we need from the UK Government. Indeed, due to the nature of the crisis, and the challenge in estimating demand for funding, the grant support provided may well exceed the funding provided via consequentials to date, especially if protective measures are required for an extended time period. We will continue to support local authorities through the funding settlements we have previously agreed and we will continue our efforts to tackle poverty caused by COVID-19 through our support for programmes such as the Scottish Welfare Fund and Free School Meals. We have and will continue to argue for greater flexibility and support from the UK Government to meet the demands Covid places on our public services, our economy and our communities.

While the economic package set out here is predicated on the potential for differing protection levels being applied across areas, we will respond as necessary should the public health evidence necessitate a return to more national measures, building on the comprehensive support we provided earlier in the year. We will do everything in our power to help Scotland's businesses to weather the storm as we all work, together, to suppress the virus and restore the conditions for future growth.



8. Conclusion

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This new framework sets out our strategic approach to ensuring we suppress the virus to the lowest possible level, enabling us to minimise the protective measures required, and in turn the impact on individuals, communities, and businesses. It seeks to ensure we maintain maximum transparency around our approach, and public confidence in what we are doing, and why. To succeed, it needs everyone's help and adherence.

We recognise concerns and difficulties with continued protective measures – on what people can do, and who they can see; at times, our very way of life. But we have seen the impact of the crisis so far on our health and social care system, as they heroically worked to quickly redesign services to ensure the necessary capacity and systems were in place to manage the crisis. We have witnessed the toll it has taken on individuals and communities, deepening inequalities and exacerbating social issues such as exclusion and isolation. And we have seen the devastating effects for businesses and workers.

But so too did we witness the tremendous community spirit and collective action to see us through the crisis. Communities rallying together to support the most vulnerable to harm and ensure vital supplies of food and other goods. We have seen every day workers going above and beyond, continuing to work so we could retain some semblance of normality and have access to deliveries, groceries and other basic necessities. Businesses repurposing their operations to provide vital equipment. And emergency services staff continuing to risk their lives to ensure ours were safer.

As we move forward we must retain that collective courage and resolve to do our part so our health and care services, communities, and economy can best be protected. By following the necessary protective measures and playing our individual part, taking care of ourselves and looking out for each other, a better future lies ahead.



Strategic Framework



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	Level 0	Level 1	Level 2	Level 3	Level 4
Socialising (different rules for children – see guidance)	8/3 indoors (in-home socialising permitted) i.e. max 8 people from 3 households 15/5 outdoors	6/2 indoors ¹ 6/2 outdoors	No in-home socialising 6/2 outdoors and in public places, e.g. hospitality settings	No in-home socialising 6/2 outdoors and in public places, e.g. hospitality settings	No in-home socialising 6/2 outdoors and in public places
Hospitality (Food & drink)	Level 0 hospitality measures – see Hospitality Table	Level 1 hospitality measures – see Hospitality Table	Level 2 hospitality measures – see Hospitality Table	Level 3 hospitality measures – see Hospitality Table	Level 4 hospitality measures – see Hospitality Table
Accommodation (Hotels, B&Bs, Self-catering, Caravan and Camp Sites)	Open – socialising rules apply	Open – socialising rules apply	Open – socialising and hospitality rules apply	Open – socialising and hospitality rules apply Guidance encourages non-essential (leisure/tourism) use only by locals Essential, eg work-related use can continue	Essential only, eg work-related. (No tourism)

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot

¹ At times, depending on circumstances, we may need to stop indoor socialising in Level 1 in an area



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	Level 0	Level 1	Level 2	Level 3	Level 4
Travel	<p>No non-essential travel to/from level 3 or higher areas in Scotland and equivalents in rest of UK</p> <p>Exemptions for essential travel for work, education, shopping, health etc; outdoor exercise; weddings and funerals; and transit through restricted areas</p> <p>International quarantine regulations apply</p> <p>Otherwise unrestricted</p>	<p>No non-essential travel to/from level 3 or higher areas in Scotland and equivalents in rest of UK</p> <p>Exemptions for essential travel for work, education, shopping, health etc; outdoor exercise; weddings and funerals; and transit through restricted areas</p> <p>International quarantine regulations apply</p> <p>Otherwise unrestricted</p>	<p>No non-essential travel to/from level 3 or higher areas in Scotland and equivalents in rest of UK</p> <p>Exemptions for essential travel for work, education, shopping health etc; outdoor exercise; weddings and funerals; and transit through restricted areas</p> <p>International quarantine regulations apply</p> <p>Otherwise unrestricted</p>	<p>No non-essential travel into or out of the level 3 area</p> <p>Exemptions for essential travel for work, education, shopping health etc; outdoor exercise; weddings and funerals; and transit through restricted areas</p> <p>International quarantine regulations apply</p>	<p>No non-essential travel into or out of the level 4 area. If necessary, limits on travel distance, or a requirement to stay at home</p> <p>Exemptions for essential travel for work, education, shopping health etc; outdoor exercise; weddings and funerals; and transit through restricted areas</p> <p>International quarantine regulations apply</p>

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot



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	Level 0	Level 1	Level 2	Level 3	Level 4
Transport	<p>Active travel (walk, run, cycle, wheel) where possible</p> <p>Avoid car sharing with people outside extended household wherever possible</p> <p>Face coverings compulsory on public transport</p>	<p>Active travel (walk, run, cycle, wheel) where possible</p> <p>Avoid car sharing with people outside extended household wherever possible</p> <p>Face coverings compulsory on public transport</p>	<p>Active travel (walk, run, cycle, wheel) where possible</p> <p>Avoid car sharing with people outside extended household wherever possible</p> <p>Face coverings compulsory on public transport</p>	<p>Active travel (walk, run, cycle, wheel) where possible</p> <p>Avoid car sharing with people outside extended household wherever possible</p> <p>Avoid non-essential use of public transport</p> <p>Face coverings compulsory</p>	<p>Active travel (walk, run, cycle, wheel) where possible</p> <p>Avoid car sharing with people outside extended household wherever possible</p> <p>No use of public transport, except for essential purposes</p> <p>Face coverings compulsory</p>
Shopping	Open	Open	Open	Open	<p>Close</p> <p>non-essential retail (click and collect permitted)</p>

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot



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	Level 0	Level 1	Level 2	Level 3	Level 4
Close contact services (e.g. hairdressers, barbers, tailors and beauticians)	Open Mobile close contact services permitted	Open Mobile close contact services permitted	Open Mobile close contact services not permitted	Open , but may be subject to additional protective measures Mobile close contact services not permitted	Closed Mobile close contact services not permitted
Public buildings – e.g. libraries	Open	Open	Open (with protective measures)	Open (with protective measures)	Closed

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot



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	Level 0	Level 1	Level 2	Level 3	Level 4
Stadia & Events	<p>Outdoor events permitted</p> <p>Indoor events – seated and ambulatory permitted (restricted numbers)</p> <p>Indoor grouped standing not permitted</p> <p>Stadia – open with restricted numbers</p>	<p>Outdoor events seated and open space permitted (restricted numbers)</p> <p>Outdoor grouped standing events not permitted</p> <p>Small seated indoor events permitted</p> <p>Stadia – open with restricted numbers</p>	<p>Events not permitted/closed</p> <p>Drive in events permitted</p> <p>Stadia closed to spectators</p>	<p>Not permitted/closed to spectators</p>	<p>Not permitted/closed to spectators</p>
Worship	Open – restricted numbers (50)	Open – restricted numbers (50)	Open – restricted numbers (50)	Open – restricted numbers (50)	Open – restricted numbers (20)

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot



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	Level 0	Level 1	Level 2	Level 3	Level 4
Life events Life events (weddings, and civil partnerships, Funerals) Ceremonies and receptions/wakes	Weddings/civil partnerships – 50 person limit Funerals – 50 person limit Wakes and receptions permitted, subject to 50 person limit	Weddings/civil partnerships – 20 person limit Funerals – 20 person limit Wakes and receptions permitted, subject to 20 person limit	Weddings/civil partnerships – 20 person limit Funerals – 20 person limit Wakes and receptions permitted, subject to 20 person limit	Weddings/civil partnerships – 20 person limit Funerals – 20 person limit Wakes and receptions permitted, subject to 20 person limit	Weddings/civil partnerships – max. 5 (6 where interpreter permitted) Funerals – 20 person limit No receptions. Wakes permitted subject to 20 person limit
ELC/formal childcare	Open – with standard protective measures in place	Open – with standard protective measures in place	Open – with enhanced protective measures in place	Open – with enhanced protective measures in place	Open , subject to targeted intervention which may impact on capacity

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot



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	Level 0	Level 1	Level 2	Level 3	Level 4
Informal childcare	Permitted in line with household/numbers restrictions (See Socialising)	Permitted in line with household/numbers restrictions	Permitted in line with household/numbers restrictions, children only may enter other households	Permitted in line with household/numbers restrictions, children only may enter other households	Essential worker informal childcare only, In line with household/numbers restrictions, children only may enter other households
Schools	Open – with standard protective measures in place	Open – with standard protective measures in place	Open – with enhanced protective measures in place	Open – with enhanced protective measures in place	Open – with enhanced and targeted protective measures
Colleges	Blended learning	Blended	Blended	Restricted Blended	Restricted Blended
Universities	Blended learning	Blended	Blended	Restricted Blended	Restricted Blended
Driving lessons	Permitted	Permitted	Permitted	Permitted	Not permitted

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot



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	Level 0	Level 1	Level 2	Level 3	Level 4
Sports & Exercise	All permitted	All permitted except 18+ indoor contact sports (professional permitted).	All permitted except 18+ indoor contact sports (professional permitted).	Indoor: individual exercise only (exemption for under 18s) Outdoor – all except adult (18+) contact sports (professional permitted)	(Indoor) Gyms closed Outdoor non-contact sports only. (professional permitted)
Leisure and Entertainment	Open with the exception of adult entertainment and nightclubs (unless permitted events)	Open with the exception of adult entertainment and nightclubs (unless permitted events)	Cinemas, amusement arcades open Following closed: soft play, funfairs, indoor bowling, theatres, snooker/pool halls, music venues, casinos, bingo halls, nightclubs and adult entertainment	Closed	Closed

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot



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	Level 0	Level 1	Level 2	Level 3	Level 4
Visitor Attractions	Open	Open	Open	All open or outdoor only open, depending on circumstances	Closed
Public Services (Health following NHS remobilisation plan)	Open	Open	Open but reduced face-to-face services	Essential face-to-face services only (online where possible)	Essential face-to-face services only (online where possible)
Unregulated (children's) activities (incl. youth clubs, children's groups)	Permitted	Permitted	Differentiated restrictions apply	Differentiated restrictions apply	Indoor activities not permitted
Support services (mental health, counselling, day services, respite care)	Permitted	Permitted	Permitted	Permitted/online where possible	Essential only/online where possible
Offices & Call Centres	Working From Home still advised	Essential only/WFH	Essential only/WFH	Essential only/WFH	Essential only/WFH

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot



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	Level 0	Level 1	Level 2	Level 3	Level 4
Other workplaces	Open – WFH default where possible	Open – WFH default where possible	Open – WFH default where possible	Open – WFH default where possible	Permitted: Essential workplaces Outdoor workplaces Construction Manufacturing
New Shielding Rule (more details available)	Level 0 shielding	Level 1 shielding	Level 2 shielding	Level 3 shielding	Level 4 shielding

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot



Strategic Framework Hospitality Measures (socialising rules apply)



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	Level 0	Level 1	Level 2	Level 3	Level 4
Hospitality – alcohol on-sale outdoors	Permitted – time restrictions may apply	Permitted – time restrictions may apply	Permitted – time restrictions may apply	Not permitted	Closed
Hospitality – alcohol on-sale indoors	Permitted – time restrictions may apply	Permitted – time restrictions may apply	Permitted with main meal – time restrictions may apply	Not permitted	Closed
Hospitality – food for consumption on premises	Permitted – time restrictions may apply	Permitted – time restrictions may apply	Permitted – time restrictions may apply	Permitted – time restrictions may apply	Closed (hotel exception)

Note: Takeaways permitted for alcohol and food as per existing arrangements

Relevant public health advice and requirements (such as physical distancing, use of face coverings, and enhanced hygiene measures) apply. Find relevant guidance on www.gov.scot





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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80004-227-8 (web only)

Published by The Scottish Government, October 2020

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS780566 (10/20)



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