

Guidance in Relation to COVID-19

1 Engage

We **police by consent**. The initial police response should be to encourage voluntary compliance.

2 Explain

This could be through asking **individuals, groups** or **businesses** whether they have heard about the new guidance, and how quickly they can comply with it. This should be done by stressing the risks to public health and the NHS.

3 Encourage

The government has committed to creating a system that is **flexible, discretionary** and **pragmatic**. This will enable officers to make sensible decisions and employ their judgement. Enforcement should be a last resort.

4 Enforce

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Practical Guidance

Your safety is paramount – please familiarise yourself with the advice available on the Police Scotland dedicated [Intranet Site](#) and [NHS Inform](#)

Health Protection Scotland's advice remains that the best preventative measure is to wash hands with soap and water as soon as you are able even after using hand sanitisers.

If you come into contact with a confirmed or suspected COVID - 19 sufferer – remove your uniform as soon as is reasonably practicable, place it in a sealed bag and wash it when you return home. Do not travel home in your car wearing any potentially contaminated uniform.

REDACTED

We will seek to attend only those incidents which require a physical police presence, in doing so we seek to protect the public, our officers and still support Government guidance

In all instances, when practicable, officers and staff are encouraged to use mobile and electronic technology in order to prevent unnecessary contact with the public.

PPE in relation to COVID – 19 is not required for routine policing activities where COVID – 19 is not suspected.

Where practicable PPE equipped officers will attend Grade 1 & 2 calls (or immediate response) where a physical officer presence is required and COVID – 19 is confirmed.

Current advice (27.03.20) from NHS Public Health Protection Team is that there is no **automatic** requirement for any officer having, during the course of their duties, had contact with a person infected by COVID – 19 to self-isolate, unless the officer begins to display COVID – 19 related symptoms.

CPR – During the current COVID – 19 pandemic, rescue breaths or mouth to mouth ventilation must not be conducted; perform chest compressions only wearing PPE

Useful Links

Internal

[Police Scotland COVID – 19 Intranet Site](#)

[Op TALLA Command Structure](#)

[Op TALLA Gold Strategy](#)

[Local Policing & C3 Operating Model Changes](#)

[Annual Leave Arrangements](#)

[COVID – 19 Estates Cleaning Procedures](#)

[PPE Dressing and Undressing Procedures - Video](#)

[People Management Toolkit](#)

External

[NHS Inform](#)

[Scottish Government Advice](#)

[UK Government Advice](#)

[Health Protection Scotland](#)

[Resuscitation Council UK](#)

1. Guidance for Police Officers & Staff

This guidance is continually reviewed and updated to provide the most up to date information for officers and staff.

This guidance should be read in conjunction with the Gold Strategy for Police Scotland's planning and response to the impact of COVID-19 (Coronavirus) in Scotland, [click here](#).

2. Prevention

Health Protection Scotland advises that the best way to protect yourself is through rigorous self-hygiene and regular hand washing with soap and water. Additionally, the following generic advice must be followed at all times;

- All officers and staff must continually dynamically risk assess all interactions in relation to the risks associated with COVID - 19.
- Where issued FFP3 Face Masks should only be worn when dealing with a suspected or confirmed case of COVID – 19, unless it is not operationally appropriate to do so.
- Type IIR facemasks have been issued to assist in physical distancing where COVID-19 is not suspected or confirmed
- Disposable gloves should be worn when physical contact is likely to be made with any person if possible.
- Disposable gloves must be worn if physical contact is likely to be made with a symptomatic or confirmed infected person.
- Disposable gloves must be worn if physical contact is likely to be made with potentially contaminated areas or items.
- Alcohol based hand gels*, Anti-Bacterial wipes and other decontamination products should be used after any physical contact or removal of PPE. Supplies should be held within vehicles. Good hand hygiene should be adhered to.
- After contact with any individual, wash your hands thoroughly with soap and water at the earliest opportunity. Alcohol based hand gel* is recommended if soap and water is not readily accessible.
- Avoid touching your mouth, eyes, nose or face.
- Officers should wash their hands with soap and water immediately on return to the station.
- Toilet lids should be closed when flushing, this will contain the plume of droplets, which can contain the COVID - 19 virus from human waste.
- Please see Section 6 in relation to PPE.
- Please see Section 8 in relation to officer & staff contamination.

*Note when using Alcohol based hand gels it is important to ensure that users rub the gel well into the hands until they are dry prior to touching any surfaces.

REMEMBER - Health Protection Scotland's advice remains that the best preventative measure is to wash hands as soon as you are able to do so, even after using hand sanitisers.

3. Operational Duties

As per Government guidelines, the UK population have strict restrictions placed upon them and many are self-isolating.

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It is important to stress that not all carriers of the COVID – 19 virus may present with symptoms and officers must be mindful that any interaction with a person could result in exposure to the COVID - 19 virus.

Operating Model

REDACTED

Proactivity

- Our proactive approach to policing will consist of visibility within communities, maintaining vigilance in relation to ongoing or suspected criminality ensuring we maintain order.
- **REDACTED**

We will seek to attend only those incidents which require a physical police presence, in doing so we seek to protect the public, our officers and still support Government guidance

What Do We Do – What Are we Expecting of You?

- **REDACTED**
- We will continue to attend acts of ongoing criminality and crimes or incidents of a serious nature.
- Incidents deemed suitable for attendance have been assessed by C3 through the COVID – 19 CAM / THRIVE protocol.
- Supervisors must ensure officers are provided with an additional level of awareness / support to inform their decision making.
- In all instances, where practicable, officers and staff are encouraged to use mobile and electronic technology in order to prevent unnecessary contact with the public.

C3 Division Service Advisers have implemented screening measures whereby they ask all callers:

- **Are you or is anyone at your house showing symptoms of COVID-19, i.e. loss of sense of smell or taste a fever and / or a persistent cough?**
- **Are you or is anyone at your house self-isolating or shielding as a result of COVID-19? If so, why?**

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If at any time during the call, whilst dealing with the person/s despite answering “no” to the above questions, they state they or someone in their household has COVID - 19 without showing any signs, they will be treated as “at risk” of having the virus by Police Scotland

A new continuous cough means coughing for longer than an hour, or 3 or more coughing episodes in 24 hours. If you usually have a cough, it may be worse than usual.

Contact Centres will continue to use THRIVE assessments to ensure calls are dealt with in accordance with policy on COVID-19 incidents. A STORM Action Plan will assist C3 staff in assessing, screening and prioritising calls. Only when it is deemed absolutely necessary that officers require to physically attend, will they be dispatched to an incident.

Once the call is received by Police, it will be assessed using THRIVE in the normal manner, and passed to a resolution team. Any incident requiring further investigation or of a protracted nature, will be transferred to local officers who should maximise the use of technology to remotely conduct enquiries.

Each incident identified as COVID-19 related will be tagged by C3 as ‘TALLA’. In addition the 'TALLA POCC' or 'TALLA HATE' tags may also be added. The 'TALLA POCC' tag is added to any 'TALLA' tagged incident requiring action by Police Scotland where there is **additional operational support, guidance or associated risk identified**. An Emergency Procedures Advisor (EPA) in the POCC will review each 'TALLA POCC' tagged incident and will provide advice and guidance on the appropriate response.

If a COVID -19 risk is identified and there is a need for additional operational support or guidance the POCC will be notified and thereafter the current process for incident attendance is as follows:

- Each incident identified as COVID - 19 related will be tagged by C3 as ‘TALLA’ or ‘TALLA HATE’ and / or 'TALLA POCC'.
- Where a 'TALLA POCC' tag is added the incident will be scrutinised by the POCC.
- An EPA in the POCC will review these incidents and will provide advice and guidance on the appropriate response.
- When deployed officers must **AT ALL TIMES** remain vigilant and assess whether any person they are dealing with is displaying or suffering from the symptoms of COVID - 19.

There are clearly various types of foreseeable incidents where frontline officers and staff could encounter individuals from the ‘at risk’ category or potentially contaminated items.

It is important to stress that not all carriers of the COVID – 19 virus may present with symptoms and officers must be mindful that any interaction with a person could result in exposure to the COVID - 19 virus.

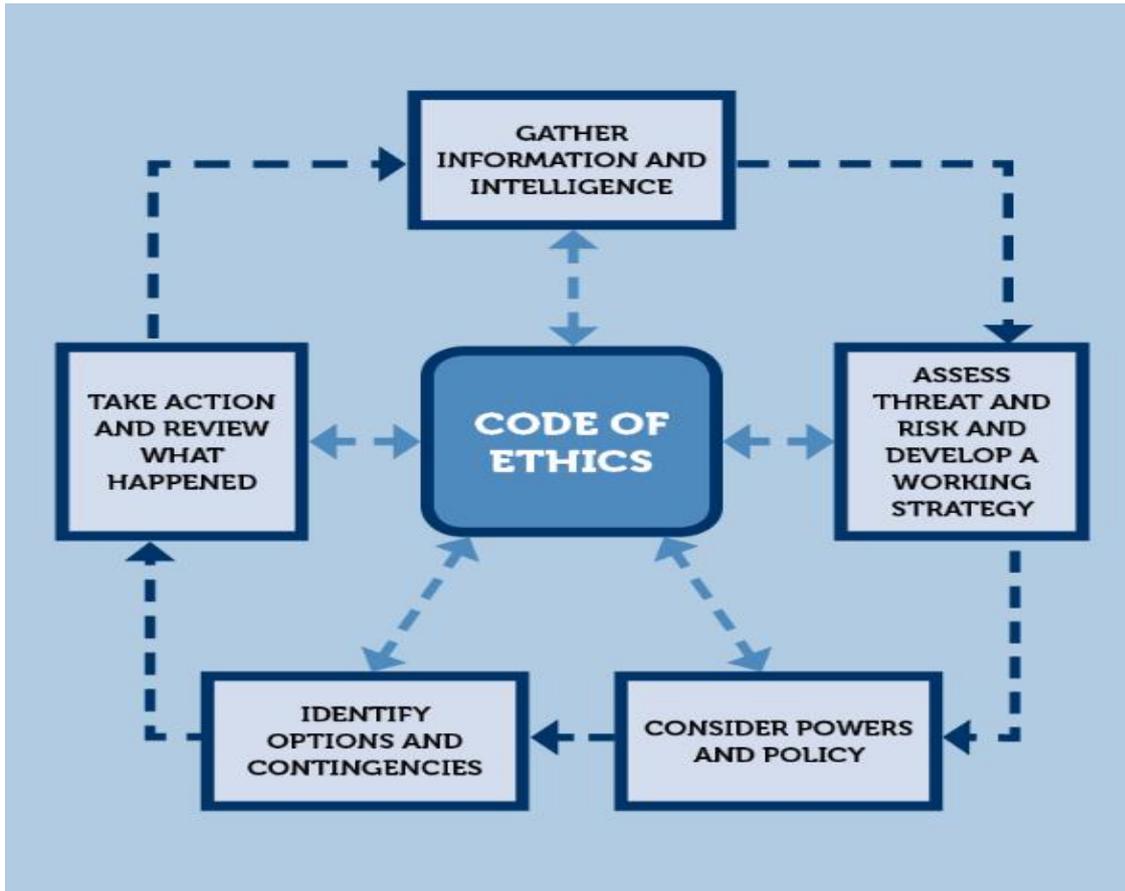
If any officer or member of staff consider that they have been exposed to COVID - 19 during the course of their duties they can contact the 24/7 EPA at the Op Talla National

Coordination Centre **REDACTED**. Request your supervisor reports the incident on SCoPE as soon as is reasonably practicable using the Accident / Near Miss Form.

Current Government advice is available via the Hyperlinks on page 5.

4. Spontaneous Incident Assessment

During a spontaneous incident officers should make an assessment as to whether there is a high probability that there is an individual who has symptoms consistent with COVID-19 infection. The National Decision Making Model (NDM) should be used. Further details regarding the workings of the NDM are available [click here](#).



The following general assessment question will assist with identifying the risk, however:

- It is appreciated that this question cannot always be asked in policing scenarios.
- It is equally recognised that not all people that police officers have contact with are compliant and honest with their answers.

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Where possible this question should be asked whilst officers are more than 2 metres away from the subject.

General Assessment Question
<p>1. Are you or is anyone at your house showing symptoms of COVID-19, i.e. loss of sense, smell or taste, a fever and/or a persistent cough?</p> <p>2. Are you or is anyone at your house self-isolating or shielding as a result of COVID-19? If so, why?</p>
<p>*NO – Proceed with caution – remember not all carriers of the COVID – 19 virus may present with symptoms.</p>
<p>YES - Appropriate PPE where available* See Table 1 below</p>

Following this assessment officers need to consider the action that they are thinking about taking.

*If at any time whilst dealing with the person/s despite answering “no” to the above questions, they state they or someone in their household has COVID - 19 without showing any signs, they will be treated as “at risk” of having the virus by Police Scotland

Should an officer attend an incident which the guidance indicates would require them to use appropriate PPE, where such PPE is not immediately available, it will be for the officer to assess and determine the suitable course of action or intervention based on the particular circumstances. Officers must ensure that their decision is proportionate, justifiable and necessary so as not to place themselves at any increased unnecessary risk.

5. Powers and Policy

UK Government have now passed legislation on amended Policing Powers and Policy in response to the COVID - 19 threat. Further information is available [click here](#).

6. Personal Protective Equipment (PPE)

PPE, in relation to COVID-19, is **not currently** needed for routine policing activities where there are no suspected or confirmed cases. There is no direction to wear PPE unless as detailed in Table 1.

Specialist PPE is being distributed to front line officers. If officers are exposed to a dynamic incident where the presence of COVID – 19, which was not previously suspected, is now reasonably suspected, they should deploy PPE, if practicable, and contact their ACR and supervisor.

PPE is currently only required when information or circumstances indicate that COVID - 19 is suspected or is present. In all instances when PPE is required FFP3 masks must have been formally face fit tested.

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Routine Patrol

Police Scotland required PPE for use - when on routine patrol - if an unforeseen situation arises involving a suspected or confirmed case of COVID-19 is as detailed in Table 1 below.

PPE will be provided individually to officers by Operation Talla Logistics during a phased roll out.

PPE for Higher Risk / Pre Planned Policing Activities

Police Scotland required PPE for higher risk / pre planned activities when dealing with confirmed or suspected cases of COVID-19 is detailed in Table 1 below.

Use and dispose of all* PPE according to the Waste Disposal Guidance, which can be found [here](#). Advice on safe dressing and undressing procedures of PPE equipment [Click here](#).

*Updated guidance has been published (07.04.20) regarding the decontamination of goggles allowing them to be reused. [Click here](#).

Use instructions and training previously provided. If possible wash your hands thoroughly with soap and water before putting on and after taking off PPE or as soon as is reasonably practicable.

REMEMBER - Health Protection Scotland's advice remains that the best preventative measure is to wash hands with soap and water as soon as you are able to do so, even after using hand sanitisers.

Decontamination Guidance is detailed below:

TABLE 1 - PPE SUMMARY – OPERATION TALLA				
Item	Operational Scenario	PPE to be available	When PPE to be used	Request assistance
1	Routine Patrol	1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving. 1 x pair of reusable* goggles. 1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving. 2 x pairs of LONG cuff nitrile disposable gloves. 1 x Type IIR FRSM	If person falls within 'at risk' group or confirmed COVID-19 positive and close contact (within 2 metres) is required. Note: Any person self-isolating because of potential contact with someone else displaying COVID – 19 symptoms should be treated as a suspected COVID - 19 case. Type IIR FRSM to be worn to assist in social distancing where no suspected or confirmed COVID-19 In addition and in line with Scottish Government advice around wearing face coverings in public/enclosed spaces, officers/staff are encouraged to wear the Type IIR FRSM when on duty and within public enclosed spaces e.g. supermarkets or on public transport	Following arrest PPE trained officers to transport to designated COVID-19 Custody Suite

TABLE 1 - PPE SUMMARY – OPERATION TALLA				
Item	Operational Scenario	PPE to be available	When PPE to be used	Request assistance
2	Transportation of 'at risk' or COVID – 19 positive prisoners to a custody suite.	1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving. 1 x pair of reusable* goggles. 1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving. 2 x pairs of LONG cuff nitrile disposable gloves.	If prisoner falls within 'at risk' group or confirmed COVID-19 positive.	PPE trained officers to transport (van)
3	Officers and staff operating within a Designated COVID-19 Custody Suites	1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving. *Disinfectant Shoe Trays 1 x pair of reusable** goggles. 1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving. 2 x pairs of LONG cuff nitrile disposable gloves.	As per CJSD guidance	
4	Search of detained persons in designated COVID-19 Custody Suites	1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving. 1 x pair of reusable* goggles. 1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving. 2 x pairs of LONG cuff nitrile disposable gloves.	As per CJSD guidance	
5	Interviewing accused, suspects and witnesses within designated COVID-19 Custody Suites	1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving. 1 x pair of reusable* goggles. 1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving. 2 x pairs of LONG cuff nitrile disposable gloves.	Prior to contact as per CJSD guidance	
6	Front Offices with no screen/physical barrier Lost/Found property	1 x pair of reusable* goggles. 1 x disposable face mask (to FFP3 standards). 2 x pairs of LONG cuff nitrile disposable gloves.	If person falls within 'at risk' group or confirmed COVID-19 positive.	

TABLE 1 - PPE SUMMARY – OPERATION TALLA

Item	Operational Scenario	PPE to be available	When PPE to be used	Request assistance
	(Requirements applicable to premises with screens/barrier only if items are being handed in)			
7	Seizing Productions	1 x pair of reusable* goggles. 1 x disposable face mask (to FFP3 standards) 2 x pairs of LONG cuff nitrile disposable gloves.	If productions are seized from a locus involving person falling within 'at risk' group or confirmed COVID-19 positive	
8	Sudden Death locus – attending unit	If access is required – kit as follows: 1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving. 1 x pair of disposable protective over boots (EN14126 standards). 1 x pair of reusable* goggles. 1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving. 2 x pairs of LONG cuff nitrile disposable gloves.	If information provides deceased fell within 'at risk' group or confirmed COVID-19 positive.	PPE trained officers asap.
9	Forensic Scene Examiners	1 x pair of reusable* goggles. 1 x disposable face mask (to FFP3 standards). 2 x pairs of LONG cuff nitrile disposable gloves.	If suspected and/or confirmed case of COVID-19 is encountered If not suspected or confirmed, revert to SOP's	
10	Life Saving – see section 7.9	1 x disposable face mask (to FFP3 standards) – make and model face fitted and tested for officer receiving 2 x pairs LONG cuffed Nitrile disposable gloves	In all circumstances.	Inform Ambulance Service during 999 call. Paramedics as per routine SOP's
11	Low risk work in airports, including illegal immigrants	1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving. 1 x pair of reusable* goggles. 1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving.	If suspected and/or confirmed case of COVID-19 is encountered. As per existing health protocols	As per existing health protocols

TABLE 1 - PPE SUMMARY – OPERATION TALLA				
Item	Operational Scenario	PPE to be available	When PPE to be used	Request assistance
		2 x pairs of LONG cuff nitrile disposable gloves.		
12	Pre-planned Operations	1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving. 1 x pair of disposable protective over boots (EN14126 standards). 1 x pair of reusable* goggles. 1 x disposable face mask (to FFP3 standards). 2 x pairs of LONG cuff nitrile disposable gloves.	If person falls within 'at risk' group or confirmed COVID-19 positive. .	
13	Vehicle cleaning (if REDACTED provision is not accessible)	1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving. 2 x pairs of LONG cuff nitrile disposable gloves. 1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving. 1 x pair of reusable* goggles.	If cleaning contaminated vehicle – suspected or confirmed case. Note: this applies if the vehicle is to be cleaned by PS personnel IF vehicle is required within 72 hours and REDACTED cannot attend.	
14	Attending Call where person/s are Shielding	1 x Type IIR FRSM face mask 1 x Pair disposable Nitrile Gloves	Attending any call where persons are shielding and no suspected or confirmed COVID-19	

REDACTED

** Updated guidance has been published (07.04.20) regarding the decontamination of goggles allowing them to be reused. [Click here](#).

7. Operational Scenario Guidance

- This guidance is for those in the 'at risk' category or confirmed as COVID – 19 positive.
- The following scenarios list control measures that should be considered.
- This guidance is applicable with immediate effect. .
- These are not exclusive scenarios and there will be others that need to be considered.

Where practicable, PPE equipped officers will attend Grade 1 & 2 calls (or immediate response) where a physical officer presence is required and COVID – 19 is suspected or confirmed.

Due to the unprecedented demand caused by the nature and scale of this virus, it has been necessary to be flexible with policing response and officers should continue to think of creative and innovative ways of dealing with incidents.

REDACTED. Officers should continue to use NDM and ensure that decisions are made to protect the public and police staff. Officers and Supervisors should consider ways to reach a safe and satisfactory conclusion to an incident without officers having contact i.e. contact by phone, details noted from a distance.

There are clearly various types of foreseeable incidents where frontline officers and staff could encounter individuals from the confirmed or ‘at risk’ category or potentially contaminated items.

However, it is important to stress that not all carriers of the COVID – 19 virus may present with symptoms and officers must be mindful that any interaction with a person could result in exposure to the COVID - 19 virus.

7.1 General Patrol

At all times, the dynamic risk assessment approach is required.

Where possible these questions should be asked whilst officers are more than 2 metres away from the subject.

General Assessment Question
1. Are you or is anyone at your house showing symptoms of COVID-19, i.e. loss of sense, smell or taste, a fever and/or a persistent cough?
2. Are you or is anyone at your house self-isolating or shielding as a result of COVID-19? If so, why?
*NO – Proceed with caution – remember not all carriers of the COVID – 19 virus may present with symptoms.
YES - Appropriate PPE where available* See Table 1 above

*If at any time, whilst dealing with the person/s despite answering “no” to the above questions, they state they or someone in their household has COVID - 19 without showing any signs, they will be treated as “at risk” of having the virus by Police Scotland.

Should an officer attend an incident which the guidance indicates would require them to use appropriate PPE, where such PPE is not immediately available, it will be for the officer to assess and determine the suitable course of action or intervention based on the particular

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circumstances. Officers must ensure that their decision is proportionate, justifiable and necessary so as not to place themselves at any increased unnecessary risk.

- Staff shall carry out dynamic risk assessment.
- FFP3 Face masks (once available) should only be worn when dealing with a suspected case of COVID-19 subject to a dynamic risk assessment.
- 2 Pairs of disposable gloves shall be worn if physical contact is likely to be made with a suspected infected person or with potentially contaminated areas or items.
- Goggles should also be worn once available when dealing with a suspected case of COVID-19 subject to a dynamic risk assessment.
- Alcohol based hand gels*, Anti-Bacterial wipes and other decontamination products should be available to officers and held in vehicles.
- After contact with the individual, wash your hands thoroughly with soap and water at the earliest opportunity. Alcohol based hand gel* is recommended if soap and water is not readily accessible.
- Avoid touching your mouth, eyes nose or face at all times.
- Officers should return to a station, or a suitably identified location, as soon as is reasonably practicable and without delay to wash their hands with soap and water.
- In line with Scottish Government advice around wearing face coverings in Public/enclosed spaces officers/staff are encouraged to wear the Type IIR FRSM when on duty and within public enclosed spaces e.g. supermarkets or on public transport.

*Note when using Alcohol based hand gels it is important to ensure that users rub the gel well into the hands until they are dry prior to touching any surfaces.

7.2 Transportation to Custody – At Risk Prisoners

REDACTED.

The Lord Advocate has issued new guidance in relation to Liberation by the Police. Officers should check the guidelines when considering taking someone into custody. [Click here](#) for guidance.

REDACTED.

Control measures are to be task-specific but could include the following:

- In line with normal procedures when considering arrest, professional medical advice to be taken. Should this person be coming to custody?
- PPE required as detailed in Table 1.
- If prisoner is at risk PPE trained officers should be contacted with a view to conveying the prisoner to the Designated Custody Suite, resources permitting.
- Suitable vehicles preferably a caged van, with a closed ventilation system, no fabric surface in the area where the prisoner travels, (easily cleaned after use), is to be used whenever possible, where it is strongly suspected that an individual has, or is exhibiting, signs or symptoms of COVID - 19.
- Prisoners should be conveyed to a Designated Custody Suites as per agreement with Custody Division.
- Adherence to normal custody care procedures and Officer Safety Training guidance.

- Procedures for vehicle cleaning are detailed in Section 9.

7.3 Attendance at Custody – At Risk Prisoner

- The prisoner should not be removed from the police vehicle until the Custody Sergeant is ready to accept them. Ensure the cell van ventilation is kept running whilst the prisoner is within the vehicle.
- It is important that any NHS Custody Healthcare Staff are advised of the pending arrival of a potential COVID – 19 infected prisoner.
- Custody Staff, trained and fitted with the agreed PPE will attend at the police vehicle.
- If the prisoner is compliant Custody Staff will ask them to wear a face mask (if available) or be given a tissue to catch a sneeze or cough and bin it (as per Government guidance). They will also be asked to clean their hands using an Alcohol based hand gel prior to being removed from the vehicle.
- The prisoner will be removed from the vehicle by Custody Staff and led directly to the police cell designated for their use.
- Non-compliant prisoners will be removed directly to the police cell designated for their use.
- The movement of all other prisoners within the custody suite as far as is practicable must be avoided whilst the 'at risk' prisoner is being conveyed from the police vehicle to the designated police cell.
- Immediately prior to being placed in the designated police cell the prisoner will be asked to clean their hands again. Any face mask provided to the prisoner will be removed prior to them being placed within the designated cell.
- Where a prisoner refuses to use Alcohol based gel to clean their hands for any reason they should be offered the opportunity to wash their hands with soap and water.
- Care of detained persons in accordance with normal guidance and risk assessment process.
- Medical assessment will be carried out as required.
- All cells after use must be cleaned and disinfected. Contact Estates for cleaning processes. (Cleaning guidance is available on the guidance pages of the Coronavirus Intranet Site [Click here](#)).

Control measures are to be task-specific but could include the following:

- PPE as detailed in Table 1 according to dynamic risk assessment.
- Disposable gloves shall be worn if physical contact is likely to be made with a suspected infected person or with potentially contaminated areas or items.
- Disposable gloves should be worn when handling any used dishes etc. and the dishes etc. should be washed using hot, soapy water before being placed in a dishwasher if available.
- Staff working within custody should wash their hands more frequently than usual.
- Visitors to custody should be required to wash their hands with soap and water upon arrival and leaving.

7.4 Search of Detained Persons within Custody – At Risk Prisoner

- Prisoner Processing procedures will be undertaken within the designated police cell.

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- Where possible, and the prisoners behaviour and safety permits, officers should physically distance themselves from the prisoner.
- Suitably trained and equipped officers and staff (as dictated by the relevant legislation) at designated custody centres will carry out all 'hands on' procedures including searching, obtaining biological samples and general care of prisoners 'at risk'. This is due to restrictions on PPE and also for safety reasons. See Table 1 for PPE required. This includes procedures for all crimes including road traffic procedures.
- There may be instances, as a result of staff training, where the arresting officer, or a suitably trained PPE officer, if the arresting officer is not trained, is required to undertake the searching or obtaining of samples. In these circumstances the officers will be provided with PPE by custody staff to safely undertake this task.
- Single use gloves should be worn and physical contact should be kept to a minimum.
- When removed from the designated police cell the prisoner should be asked to wear a surgical face mask (if available) or be given a tissue to catch a sneeze or cough and bin it (as per Government guidance).
- Any equipment, Live Scan, Intoximeter etc. should be thoroughly cleaned with disinfectant / Anti-Bacterial wipes before and after use.
- **REDACTED**
- Any deviation from normal procedure requires to be discussed and agreed with the Force Custody Inspector (FCI) and documented on the prisoners National Custody Record.
- If a prisoner, previously not suspected as suffering from COVID – 19 starts to display symptoms of COVID -19 (loss of sense, smell or taste, fever and / or persistent cough) they will be deemed to be 'at risk' and wherever possible examined by NHS Custody Healthcare Staff.
- If the medical assessment or police assessment is that they are suspected of having COVID – 19 Service Overview should be advised and arrangements made for OSD to transfer the prisoner to a Designated Regional Custody Suite, if not already within one.
- The number of officers and staff dealing with a suspected or confirmed COVID – 19 prisoner should be kept to a minimum.
- Further advice relating to Custody Environment Guidance is available, [click here](#).

REMEMBER - Health Protection Scotland's advice remains that the best preventative measure is to wash hands with soap and water as soon as you are able to do so, even after using hand sanitisers.

7.5 Drink and Drug Drive Procedures

This section provides guidance in relation to the processes to be carried out in respect of roadside and evidential Drink and Drug Drive procedures during the Coronavirus (COVID-19) pandemic.

Police Scotland will keep this guidance under continuous review and take into consideration all relevant advice from public health.

Roadside Breath Test Devices

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Roadside breath test devices use single-use mouthpieces that are fitted with a non-return valve. There is little risk of transfer of pathogenic material between subjects.

Officers conducting a roadside breath test on a subject suspected or confirmed of having COVID-19 MUST be in Full PPE, as listed within Op Talla Operational Guidance, and should adhere to the following:

- MUST carry out test out with police vehicle
- Reduce time spent in close proximity of the subject to a minimum (less than 5 minutes)
- Ensure the subject is not blowing towards the officer during the test
- Hold breath test device at full arm's length for subject testing
- Stand up wind of the subject if possible
- Dispose of mouthpiece, gloves and mask as clinical waste in line with current guidance.
- Clean the device with a disinfecting wipe

Officers conducting a roadside breath test on a subject NOT suspected of having COVID-19 should adhere to the following:

- MUST carry out test out with police vehicle
- Reduce time spent in close proximity of the subject to a minimum (less than 5 minutes)
- Wear disposable gloves
- Wear Fluid Resistant Surgical (IIR) Mask
- Ensure the subject is not blowing towards the officer during the test
- Hold breath test device at full arm's length for subject testing
- Stand up wind of the subject if possible
- Dispose of mouthpiece, gloves and mask as clinical waste in line with current guidance.
- Clean the device with a disinfecting wipe

Roadside Drug Testing

Officers carrying out a roadside drug wipe on a subject suspected or confirmed of having COVID-19 MUST be in Full PPE, as listed within Op Talla Operational Guidance, and should adhere to the following:

- MUST carry out test out with police vehicle
- Reduce time spent in close proximity of the subject to a minimum (less than 5 minutes)
- Don't stand directly in front of the subject
- Dispose of the Drug Wipe, gloves and mask as clinical waste in line with current guidance

Officers carrying out a roadside drug wipe on a subject NOT suspected of having COVID-19 should adhere to the following:

- MUST carry out test out with police vehicle
- Reduce time spent in close proximity of the subject to a minimum (less than 5 minutes)
- Wear disposable gloves
- Wear Fluid Resistant Surgical (IIR) Mask

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- Don't stand directly in front of the subject
- Dispose of the Drug Wipe, gloves and mask as clinical waste in line with current guidance

Evidential Breath Test Device – Intoximeter EC/IR

The device manufacturer has confirmed that the single-use disposable mouthpiece is fitted with a non-return valve which prevents any pathogenic material from one subject being inhaled from the device by the next. Although viruses could enter the Intoximeter there is no way for them to be inhaled by the next user. In addition, the machine heats up and destroys any pathogenic material during its purge phase.

Officers carrying out an evidential breath test on a subject who is suspected or confirmed as having COVID-19 MUST be in Full PPE, as listed within Op Talla Operational Guidance, and should adhere to the following:

- Reduce time spent in close proximity of the subject to a minimum (less than 5 minutes)
- Dispose of mouthpiece, gloves and mask as clinical waste in line with current guidance
- Clean the breath tube and other surfaces with a disinfecting wipe

Officers carrying out an evidential breath test on a subject who is NOT suspected of having COVID-19 should adhere to the following:

- Reduce time spent in close proximity of the subject to a minimum (less than 5 minutes)
- Wear disposable gloves
- Wear Fluid Resistant Surgical (IIR) Mask
- Dispose of mouthpiece, gloves and mask as clinical waste in line with current guidance
- Clean the breath tube and other surfaces with a disinfecting wipe

This guidance is intended to reduce the risk to operational officers of exposure to COVID-19.

7.6 Constant Supervision/Hospital Prisoner Watch/Prolonged Wearing of PPE

Officers / staff deployed on Constant Supervision / Hospital watch of "at risk" prisoners, or involved in prolonged enquiries where the presence of COVID-19 is suspected / confirmed will be in full COVID-19 PPE.

It is important that Supervisors / Officers / Staff are aware that whilst deployed on these duties that more regular breaks will be required than normal due to dehydration / overheating and fatigue associated with wearing the PPE.

Officers / Staff should refer to CJSJ document 'Masks - Reuse V2 Final' for guidance on the safe removal and reuse of the FFP3 mask' [Click Here](#)

7.7 Interviewing - Interviewing Accused / Suspects within Police Stations.

The most recent advice and guidance in relation to this procedure is contained within Police Scotland Memo 50/20 [click here](#).

Control measures are to be task-specific but could include the following:

- Medical advice should be sought as appropriate.
- Staff shall carry out Dynamic risk assessment.
- PPE as detailed in Table 1 must be worn if physical contact is likely to be made.
- Sensible and proportionate use of reporting options should be utilised.

7.8 Front Offices

If members of the public present to the Police front offices stating that they think they have the virus. They should be directed to NHS 111.

Front counter provision is currently being maintained and local divisions are encouraged to consider the use of barrier tape and / or local signage to create and enforce physical distancing.

- Officers and Staff shall carry out a dynamic risk assessment. The risk assessment questions can be asked whilst the Front Office staff are behind the screens or no closer than 2 metres to the member of the public.
- Wearing of face shields should be risk assessed by front facing staff (e.g. in front counters) when:
 - o You are unable to physically distance from the public
 - o Workspaces do not have a physical Perspex barrier
 - o You are unable to use/access the Type IIR Fluid Resistant Surgical Masks (FRSMs).
- After contact with the individual, wash your hands thoroughly with soap and water at the earliest opportunity.
- Avoid touching your mouth, eyes or nose, unless you have recently cleaned your hands after having contact with the individual.
- Cleaning - If a person who has been **confirmed** with COVID-19 or is symptomatic of having COVID – 19 has been in a front office, Police need to follow specific guidance as the virus takes about 72 hours to degrade in the enclosed environment – contact Estates (See Section 9) for guidance on cleaning. This also applies to handling / decontaminating lost / found property.

7.9 Offices – Physical Distancing & Hygiene

Advice on Physical Distancing for Frontline Officers is available: [Click here](#).

Also, practical guidance for line managers to support physical distancing is available: [Click here](#)

General advice for operational / key / critical employees who cannot work from home:

- Observe good hand hygiene.
- Use of teleconferencing, skype, email etc. should be maximised to avoid attendance at non-business critical meetings, maintaining organisational distancing.

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- If possible briefings should be conducted observing the 2 metre spacing rule. This may mean undertaking more than one briefing at the commencement of a shift to facilitate this or utilising larger spaces such as gymnasiums or canteens.
- If practicable, where possible maintain a 2m distance from colleagues – if practical to do so move to another work area.
- Do not gather with colleagues for coffees or refreshments.
- Where possible keep hot desking to a minimum.
- If hot desking is unavoidable, take hygiene precautions before and after use by using Anti-Bacterial wipes wherever possible.
- Remember if you develop symptoms – self isolate as per NHS instructions.

7.10 Sudden Deaths

Specific COVID-19 Sudden Death guidance has been created and is available online: [Click here](#) and access the Guidance tab.

For all deaths in the community that are not COVID-19 related existing procedure should be followed as per the [Investigation of Death PSOS SOP](#).

Please see Table 1 (Page 12) Section 8 – Sudden Death for PPE required

Current advice (27.03.20) from NHS Public Health Protection Team is that there is no automatic requirement for any officer having, during the course of their duties, had contact with a person infected by COVID – 19 to self-isolate, unless the officer begins to display COVID – 19 related symptoms.

awareness of the possibility that the victim may have COVID-19.

During CPR secretions can be directly transferred into the mouth or nose of the rescuer and those people who are nearby (within 2m) and possibly could be inhaled into the lungs. It is conceivable that someone may become infected by touching a person, a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes.

Whenever CPR is carried out, particularly on an unknown victim, there is risk of cross infection, particularly with giving rescue breaths and compression of the chest of victims. **Therefore no mouth to mouth breaths should be administered.** While chest compression only CPR is being performed, then the patient's nose and mouth should be covered to protect the rescuer.

If you are required to perform CPR, you should conduct a dynamic risk assessment and adopt appropriate precautions for infection control.

- Make sure an ambulance is on its way. If COVID – 19 is suspected, tell the ambulance service when you contact them.
- Wear PPE - FFP3 face mask, eye protection, gloves. If disposable coverings are available (suit) this should also be worn.
- If PPE is not immediately available officers should request PPE and in the meantime cover the nose and mouth of the victim and start compressions until PPE arrives.
- **Mouth to mouth breaths should not be administered.**

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- The victim's nose and mouth should be covered loosely with a porous material (e.g. cloth, scarf or spare mask) to protect the officer or member of staff from expelled secretions.
- Attempt compression only CPR by placing protected hands together in the middle of the chest and push hard and fast and / or early defibrillation until medical assistance arrives.
- Do not listen or feel for breathing by placing your ear and cheek close to the victim's mouth.
- Officers should follow guidance as detailed in Section 8 for decontamination of uniform.

CPR – During the current COVID – 19 pandemic, rescue breaths or mouth to mouth ventilation must not be conducted; perform chest compressions only wearing PPE

Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxia arrest (cardiac arrest due to lack of oxygen).

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the NHS Inform website [click here](#)

For information on Resuscitation Council (UK) Guidelines in relation to COVID – 19 [click here](#)

Current advice (27.03.20) from NHS Public Health Protection Team is that there is no automatic requirement for any officer having, during the course of their duties, had contact with a person infected by COVID – 19 to self-isolate, unless the officer begins to display COVID – 19 related symptoms.

7.12 Seizing Productions

It is possible for the virus to remain viable on surfaces for about 72 hours. Therefore handling contaminated productions without the necessary process and PPE could feasibly result in virus transmission.

- From Sudden Death scenes - only seize items if a death is crime related.
- PPE to be worn as per attendance at a suspected or COVID - 19 call, in particular:
 - 1 x pair of reusable goggles.
 - 1 x disposable face mask (to FFP3 standards)
 - 2 x pairs of LONG cuff nitrile disposable gloves.
- All productions from suspected or confirmed cases involving COVID - 19 must be double bagged and suitably marked with COVID-19 information.
- Bags should thereafter be wiped down prior to being transferred to productions.

- Observe hand hygiene instructions after seizure, packaging and hand over of productions.

Specific Production Manager's guidance is currently under consultation. Business area specific guidance is also in place within Forensic Services.

7.13 Handling of Dogs

Where a dog has been in contact with a person suspected or confirmed as having COVID-19, it is possible the virus can transfer and remain viable on the coat of the dog (or other animals) for up to 72 hours. Contact with such a dog could potentially lead to the virus transmitting to the handler.

Only remove an animal from premises (or accept into Police premises) if absolutely necessary.

Where officers or staff seize a dog in such circumstances, appropriate PPE (including suit, gloves and FFP3 mask as per the operational guidance) should be worn. Where possible and practicable the dog should be washed with soap and water, after which it can be towelled dry. Collars and tags should also be wiped down with an antibacterial wipe or similar product.

If transported within a police vehicle, the vehicle will also need to be cleaned see Section 8.

After 72 hours any animal will be unlikely to carry infection (source - SSPCA). Therefore, if it is not possible to wash the animal, minimise contact and follow the decontamination instructions as required and detailed in Section 8.

Following all or any of the above, observe the current hand hygiene instructions.

If the kennel is required within 72 hours of the above scenario - request the kennel area is subject to an enhanced clean by **REDACTED** to include items such as food bowls etc.

7.14 Non – Compliant Scenarios

OST training should be utilised in line with force policy in conjunction with a dynamic risk assessment using the NDM. Tactical options may include verbal commands or require a use of force in some cases. This might include restraint techniques, or even PAVA or Taser where there is a higher risk to the public or to staff. The principles of the use of force by police is outlined here:

PAVA: Officers need to make an individual risk assessment based on all the facts presented to them as they would at any other time. The virus does affect the respiratory system and PAVA can affect breathing. However, there is no clear evidence that says you shouldn't use the spray on someone with the virus. As in every deployment of PAVA spray, the after care provided by the officer to the person sprayed is key.

TASER: Consideration should be given to the deployment of Taser as a tactical option to give the officers space and time to approach and safely detain the subject. The use of Taser has to be in line with normal operational guidance on its use.

7.15 Options for Pre-Planned Operations Involving the Potential for Violence / Restraint

Command:

Consider the input from appropriately trained Commanders and Tactical Advisors where available and practicable (time / circumstance etc. permit) Specialist medical advice should continue to be sought via Health Protection Scotland.

In all cases consideration needs to be given to the rights of the subject balanced against the actual threat and risk posed and the use of force kept to a minimum.

Consider the need for partner agencies in line with JESIP principles.

PPE and Tactics:

Follow the current guidance on PPE. Where improvisation or the combining of PPE options takes place (e.g. with PSU kit) consider the need to suitably store, clean and potentially dispose of equipment.

A key consideration of the use of PPE and tactics is to maintain, where possible, distance, minimise contact and the potential to dislodge any protective equipment.

De-escalation, negotiation and call out remain a primary tactic.

Current advice (27.03.20) from NHS Public Health Protection Team is that there is no automatic requirement for any officer having, during the course of their duties, had contact with a person infected by COVID – 19 to self-isolate, unless the officer begins to display COVID – 19 related symptoms.

7.16 Illegal Immigrants

Police should follow their normal procedures when dealing with a call of this nature. However it should be remembered that many Human Trafficking routes transit infected countries.

- Care should be taken to follow the assessment questions described earlier in Section 4.
- Follow force procedure for ensuring that you have access to the PPE that is required. Refer to Table 1 (Page 12) Section 11.
- Alcohol based hand gels*, Anti-Bacterial wipes and other decontamination products should be available to officers and held in vehicles.
- Alcohol based hand gel* is recommended if soap and water is not available.
- Avoid touching your mouth, eyes, nose and face.
- Officers should return to a station, or a suitably identified location, as soon as is reasonably practicable and without delay to wash their hands with soap and water.

*Note when using Alcohol based hand gels it is important to ensure that users rub the gel well into the hands until they are dry prior to touching any surfaces.

7.17 Meetings

Attendance at internal meetings and external meetings with partner agencies and organisations should only be undertaken if business critical.

Control measures are to be task-specific but could include the following:

- The default position will, wherever practicable, be to use tele/video conferencing facilities rather than personal attendance when conducting meetings
- Staff should carry out Dynamic risk assessment.
- The necessity of carrying out the meeting should be reviewed on a case by case basis.

7.18 Isolation/Testing Procedure

The Operational Guidance remains, that officers / staff do not automatically need to isolate unless they show symptoms.

Asymptomatic Testing

If there is a concern emerging from such circumstances that indicate a risk of the virus having been passed to the officer as a result of a COVID-19 assault or near miss through for example being spat on, coughed on, engaged in a struggle and PPE has been removed during an incident, then the People Management Asymptomatic Testing guidance applies.

Supervisors should fully assess what the level of interaction their officer has had with an individual confirmed or suspected of COVID-19 via the accident reporting process and determine if the interaction, physical contact, actions of the prisoner (spitting in face / coughing if no PPE is worn) has increased the risk. If, following this assessment, it is felt that Testing is appropriate then the officer / staff member **MUST** be told to self-isolate whilst awaiting the test. This is in line with Government advice on Asymptomatic testing as follows:

“During the 72 hour period, the individual must remain isolated and at home as when a line manager assesses that the risk of exposure is such that a test is required, the individual must then be treated as a potential carrier and so a potential spreading risk develops”.

Current advice (27.03.20) from NHS Public Health Protection Team is that there is no automatic requirement for any officer having, during the course of their duties, had contact with a person infected by COVID – 19 to self-isolate, unless the officer begins to display COVID – 19 related symptoms.

Test & Protect

The Test & Protect programme was introduced on 28th May 2020.

A dedicated page on the intranet provides further information and includes common questions, operational guidance, operational scenarios and links to the Government Guideline and relevant information such as guidance on the use of PPE and physical distancing measures etc. The intranet will be developed on an on-going basis as more operational scenarios are identified.

REDACTED

If Officers / staff are contacted by an NHS Contact Tracer please note the following:

- Contact tracers will get in touch by phone call or text message. They will themselves, state the reason for their call, and will always identify the call recipient by name.
- The contact tracer will only ask for information about your movements and the people you have been in close physical proximity to i.e. a 'close contact'.

When an officer / member of staff is contacted by a NHS Contact Tracer and asked to provide details of individuals they have been in close contact with over the previous 48 hours the following **should be adhered to**:

When contacted, officers and staff must advise the NHS Tracer that they are an emergency services worker and work for Police Scotland (advise if member of staff or officer)

The NHS Tracer **will not** provide a name of the index case (i.e. the person who has tested positive for Covid-19) and so officers / staff will only be asked about people they have had close contact with over the last 48 hours without being aware of the index case. Ensuring the index case remains anonymous will protect all parties and ensures all health data remains confidential.

The NHS Tracer will talk the officer / member of staff through what a close contact means but in general terms, the guidance remains as

- household contacts
- anyone who has been in face to face contact with the index case for any length of time
- anyone who has not had face to face contact but who has been within 2 metres of the index case for 15 minutes or more

Officers and staff should provide detailed information of all physical distancing measures that were followed in the respective 48 hour period including any PPE being worn.

Most of the scenarios will be straight forward as the close contacts are more often than not, household members and / or colleagues from within a workplace setting.

Where an officer / member of staff determines a close contact as being a member of the public i.e. a custody brought in to a custody suite or where taking a statement from a witness in their home etc. then the contact details of the individuals can be provided to the NHS Contact Tracer. However no information should be provided regarding the nature / or the reason the officers / staff was in contact with the member of the public.

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When the NHS tracers then make contact with a member of the public that the officer / member of staff has identified as a close contact, the link to the officer / member of staff is not divulged. It is acknowledged that on occasions the link may be obvious regarding where the trace originated and this may be unavoidable but everything possible will be done to ensure anonymity.

It is also acknowledged that there may be some very rare scenarios whereby officers / staff may feel that providing information to the contact tracer may inadvertently disclose operational policing business, or perhaps the member of the public is in a vulnerable position and so further caution should be taken.

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The EPA can talk through the circumstances of the contact with the member of the public and determine a way to provide the information to the NHS Tracer without disclosing any sensitive policing matters. Thereafter, the officer / member of staff can immediately provide the agreed information and contact details of the member of the public to the NHS Tracer.

There may be cases where it is appropriate to provide some policing information and the common example is where a close contact has been traced to an individual who is / was in custody. As there may be others within the custody suite who equally could be affected i.e. two custodies brought in together then providing details of the environment i.e. a custody suite will be important.

In these situations, officers / staff who are contacted by an NHS tracer can contact an EPA and agree the way forward. In these types of situations, the EPA may determine it would be better if they take on the contact with the NHS tracer as it may involve further 'investigation' in to the circumstances or may involve other officers / members of staff. If that is agreed following an assessment of their situation then the officer / member of staff would provide the name of the NHS Tracer and thereafter the EPA will contact them. Again, this must be done immediately as any delay undermines the value of contact tracing.

If officers / staff are advised to self-isolate for 14 days by a NHS contact tracer they must contact their line manager and report absent REDACTED. At the point of calling, P&D staff will ask for details of any particular advice given i.e. to arrange a Covid-19 test.

8.0 Decontamination of Officers / Staff

Uniform Care and provision

(No COVID-19 Contact):

- Please adhere to previous instruction regarding not travelling to and from work in uniform.
- Ensure you have a spare pair of trousers and base layer / polo shirt / plain clothes (if appropriate to your role) available at work at all times (any issues around storage need to be managed by Divisions).

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- Take trousers and base layer / polo shirt home at end of shift and have laundered as soon as possible to maintain uniform availability.

After a potential contact with a COVID-19 infected or suspected infected person:

- As soon as is reasonably practicable, using gloves remove items of uniform / clothing believed to be contaminated* and place within a bag and then seal.
- Change gloves, roll off hands turning inside out and place in sealed bag.
- Wash hands with soap and water and then place sealed bag into another bag and seal it, remove gloves, as before putting those gloves in the second sealed bag, try not to touch your face or mouth until you have washed your hands.
- Take sealed bags home, remove items carefully from sealed bags and place in washing machine immediately and wash at warmest possible water temp as per manufacturer's instructions.
- Place empty bags in secure place for 72hrs (in household waste bin if not being collected for 72hrs) then deal with as normal household waste.
- Immediately wash hands with soap and water.
- Do not eat or drink until hands have been washed.

Contamination of Hi Viz Equipment Carrier / Jacket during shift:

- If carrier is contaminated remove as above and place OST equipment etc. onto utility belt for rest of shift, take home and wash as above
- If Hi Viz jacket is contaminated remove as above, ensure line manager is aware that for rest of shift you cannot be deployed to incidents where the wearing of the jacket would be required, take home and wash as above ready for next shift.

Contamination of Officer Safety Equipment:

- If you believe any items such as baton, handcuffs etc. have been contaminated* refer to guidelines in relation to cleaning after BBV incidents e.g. Use Trigene or anti-bacterial wipes.
- Handcuffs applied to any persons infected or suspected of suffering from COVID – 19 must be cleaned, upon removal, as detailed above.

(*Contamination: either having been spat, sneezed, coughed on or been involved in a struggle with suspected COVID-19 infected person).

If you come into contact with a confirmed or suspected COVID - 19 sufferer – remove contaminated uniform as soon as is reasonably practicable, place it in a sealed bag (as above) and wash it when you return home. Remember, do not travel home from work in uniform.

display COVID – 19 related symptoms.

- If applicable follow guidance and procedure detailed at 7.18 above
- Should you develop such symptoms you should follow the advice on what to do on the NHS Inform website [click here](#)
- The Employee Assistance Programme is available to support officers affected [click here](#)

Current advice (27.03.20) from NHS Public Health Protection Team is that there is no automatic requirement for any officer having, during the course of their duties, had contact with a person infected by COVID – 19 to self-isolate, unless the officer begins to display COVID – 19 related symptoms.

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9.0 Decontamination of Buildings and Vehicles

Buildings

All COVID-19 related cleaning requests should be raised with Estates via the [Estates Connect](#) online site.

Out of hours contact **REDACTED** to request a COVID-19 related enhanced clean.

Further [cleaning guidance](#) is available in the Guidance section of the Op Talla intranet site.

Decontamination of Vehicles

Vehicle cleans must be requested if an individual at risk or confirmed as having COVID - 19 has been transported within a vehicle.

It has been confirmed that the service level agreement with **REDACTED** who provide this service is that they will aim to attend within 4 hours of being requested to do so. (As COVID - 19 continues to impact on our suppliers however it is foreseeable that this timescale may not always be achievable).

If an individual at risk or confirmed as having COVID - 19 has been transported within a vehicle, the following should be adhered to:

- Seal off the vehicle
- Request vehicle clean via the **REDACTED**
- On completion of vehicle clean, the vehicle may be used once again

Vehicle is NOT Heavily Contaminated*

If, for any reason, it is not possible to arrange a **REDACTED** vehicle clean or, having arranged a vehicle clean, it cannot subsequently be carried out – **if the vehicle is not visibly/heavily contaminated** – seal the vehicle off for 72 hours. During which time there should be a clear note/sign upon the vehicle to stipulate to others that it is out of use for the time period whilst awaiting cleaning. After this time it can be subject to routine wipe down, wearing gloves, of the vehicle touch points and re-used. Throughout this process cleaning records should be maintained to reflect the status of the vehicle.

Further guidance for cleaning the vehicle (by PS Officers/Staff) IF it is required for operational reasons before expiry of the 72 hour time period, can be accessed via the following link: **REDACTED**

Vehicle is Heavily Contaminated*

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Heavily contaminated vehicles must be taken out of use until **REDACTED** are able to attend. Police Scotland personnel must not attempt to clean any vehicle which is heavily contaminated.

*A heavily contaminated vehicle is one where body fluids are present, or the individual at risk or confirmed as having COVID - 19 has sneezed or coughed within.