



Scottish Government
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COVID-19 – Framework for Decision Making

Scotland's route map through and out of the crisis

May 2020

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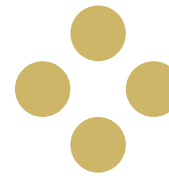
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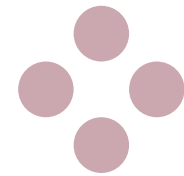
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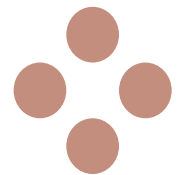
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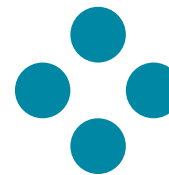
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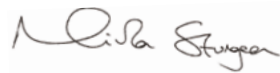
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A handwritten signature of Nicola Sturgeon in black ink.

Rt Hon Nicola Sturgeon MSP
First Minister of Scotland

From First Minister

As I said last week, we can't live this way forever. We all want to get back to some semblance of normality – whether that's seeing our friends and family, getting back to work or school, or just being able to spend our free time in the way we want to.

This document sets out the steps that will take us there. It doesn't have all the answers and it doesn't set exact timescales. That's because we are still learning about the virus. We will have to move carefully and gradually to ensure we keep it under control and develop the best ways of doing so.

Too many people have lost their lives to this disease already and we cannot risk another peak – most importantly because that would mean more deaths but also because it would mean another lockdown.

This week we have also seen what the hard work of lockdown has achieved, with a continuing fall in the number of deaths and in the number of people in intensive care.

But we know the lockdown is doing harm of its own. It is causing loneliness and social isolation, deepening inequalities and damaging the economy.

None of us want it to last any longer than it has to.

So we are setting out the phases by which we will aim to ease lockdown. They are gradual and incremental and will be matched with careful monitoring of the virus. We may, at times, need to hit the brakes on easing. However, it may also be that we are able to ease restrictions faster than we initially thought that we could.

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The biggest single factor in all of this will be how well we continue to observe advice designed to control the virus. Continued hand washing, cough hygiene and physical distancing will be essential – so too will compliance with our test, trace, isolate and support system.

This will mean that our workplaces and our public transport will look different from normal – we have all got used to things being different and it is going to be that way for a while.

It will also mean that how we see our friends and family will be different – we will initially focus on catching up outside and with physical distancing.

Unfortunately, in some ways, easing lockdown will also be more complicated than the present situation – with the trade-off that we will be able to do more. Our messages will necessarily become more complicated as we begin to ease lockdown measures. But what we are asking you to do will allow more personal choice. Trusting each other will be vital, as will recognising that every decision we take as individuals will have an impact on our collective wellbeing.

For those who are currently shielded from the virus these balances will be particularly hard. We know that the isolation imposed by shielding over a long period of time can itself harm physical and mental health. So before the initial period of shielding ends we will set out what comes next. We will listen to your experiences and seek to provide advice that allows you to improve your quality of life while keeping your risks as low as possible.

Our test, trace, isolate and support system – or Test and Protect as we are calling it – is already being trialled and it will be a crucial tool in controlling the virus. It is an important part of our integrated strategy and is crucial for infection control, shielding and protecting shielders. It is critical for specific issues, for example, the return to schools. It is absolutely vital that we are all aware of the symptoms of the virus – a high temperature, or a persistent cough, or a loss of taste or smell – and that we know exactly what to do if we have them.

As we move through the different phases of easing it is incumbent on us to give you clear guidance on what that will mean for you. We will also give you notice as to when changes are happening so you have time to prepare.

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As an example of that we will be publishing guidance in the coming days for key sectors of the economy. This will allow employers and employees to work together and prepare for starting work again. We will also publish guidance on travel and public transport.

The COVID-19 crisis is both complex and uncertain. We are sharing our plans with you based on our current understanding about the epidemic, about the broader consequences of the crisis for our health, our economy and society, and about how our responses are mitigating the impacts of the crisis. Both the epidemic and our understanding continue to develop and so we too will continue to develop our plans, to share them with you and to seek your views on how they might be improved. We may not get everything in this complex and uncertain crisis right first time, but we will continue to listen and to do everything we can to improve our responses.

I know when we see other countries where lockdown conditions are already easing that we are impatient to get there ourselves. But we have to move in line with our own circumstances.

The way we make progress more quickly is by being open about where we are controlling the virus and sticking closely to the rules that are in place at the time.

We all miss our friends and family, our kids miss their schools and their friends and it's a highly anxious time for business owners and workers – so we must continue to work together to suppress the virus further and restore a way of life that is as close to normal as possible.

Nicola Sturgeon

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Progression of the virus in Scotland

Our society is facing the biggest challenge of our lifetime, with the way in which we live our lives significantly restricted by COVID-19. The virus continues to pose a serious threat to public health in Scotland. The Scottish Government is doing everything it can to suppress the virus and will not change restrictions until it is safe to do so. A second surge in infection would cause further harm to our health, society and economy. To judge whether and when restrictions can be changed, we will consider a range of evidence on the progress of the pandemic in Scotland.

As transmission of the virus reduces, as a result of effective responses, we expect to see stabilisation followed by a decline in the observed measures of the epidemic. Our most recent data for Scotland show there has been a welcome, sustained decline in new COVID-19 cases, hospital admissions, ICU admissions and deaths. Data is published every day on the Scottish Government Coronavirus webpages <https://www.gov.scot/coronavirus-covid-19/>

The restrictions that have been imposed have been extensive but necessary in order to bring down transmission. They have enabled us to prepare for the next phases, where we are better able to identify where the infection is, to give extra protection where protection is needed (shielding the vulnerable and protecting key workers) and to create safer environments (through preparing workplaces and public spaces and delivering Personal Protective Equipment (PPE) where needed). People and communities across Scotland have played an important part in this, and continue to do so, including through maintaining physical distance and hygiene. However, the virus is still with us, and will be for some time to come.

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Significance of both the R number and the number of cases

There has been a lot of discussion about the R number – this is the rate of reproduction and it tells us the average number of people that would be infected by one individual with the virus. If R is 2, then two people would be infected by one person on average. If R is above 1, it shows that the virus is spreading in the population and, if it is below 1, the virus is declining in the population.

The R value is calculated through modelling the path of the virus, using data on cases and deaths and, as such, it is an estimate with a level of uncertainty. R is currently estimated to be between 0.7 and 1.0 for COVID in Scotland. At the start of lockdown, we think it was between 4 and 6. So that is real and very positive progress. We've also seen our estimate of the number of infectious people, currently 25,000, start to fall in recent weeks. It is vital that we keep the R number below 1 and see the number of infectious people continue to fall as, if we do not, the virus will quickly spread again and any relaxation of lockdown conditions will most likely have to be reversed. An increase beyond 1 would risk exponential growth in the number of cases, hospitalisations and deaths causing very significant harm to Scotland's health, society and economy. That is why the Scottish Government is exercising such care and caution.

For now, our advice remains to Stay at Home, except for essential work that can't be done at home, going out for food and medicine, or for exercise. When it is necessary to be outside, our advice is to stay two metres from people from other households, and to wear a face covering in enclosed spaces like shops or public transport. And we continue to recommend thorough and regular hand washing. These measures helped us break the chain of transmission and reduce the number of COVID cases, hospital admissions and deaths.

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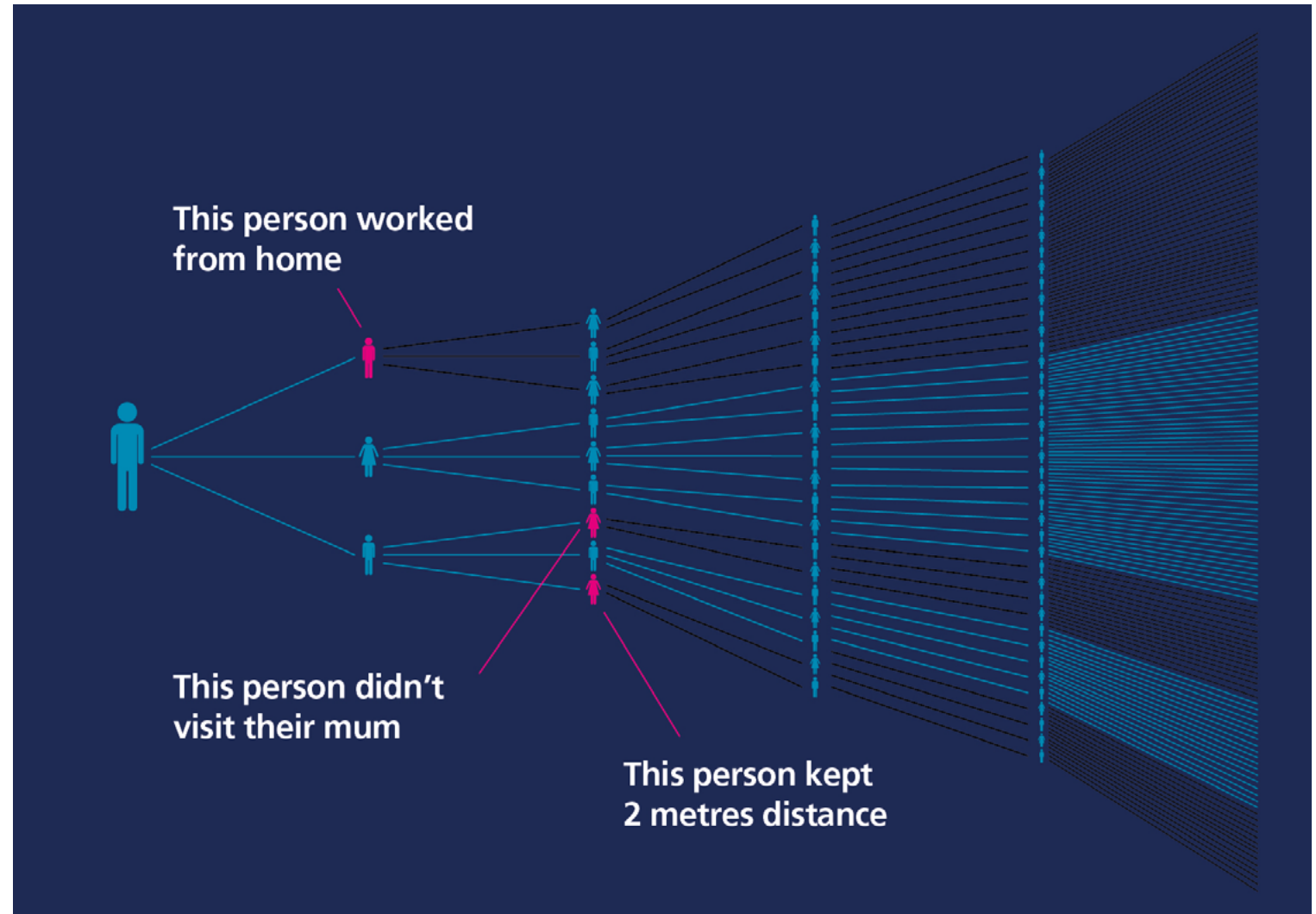
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Breaking the Chain of Transmission



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We are making progress.

However, too many people are still dying, and the situation in care homes – despite the extraordinary dedication of our care workers – remains a serious concern, so we have to be very cautious in our approach to transitioning out of lockdown.

There is some evidence that the current R number in Scotland is slightly above that elsewhere in the UK, though comparative estimates depend on models used and are subject to a significant degree of imprecision and variation over time as new data become available. If the R number is higher, this perhaps reflects the fact that our first cases came later than England's and so we may be at a different – and slightly earlier – stage of the infection curve. Differing population characteristics of Scotland relative to other parts of the UK, such as age structure and population density will also affect the measurement of R.

Our current assessment is that progress, while real, is still fragile – and that our room for manoeuvre remains limited. That is why we have so far stuck with the lockdown restrictions, making only one small change to guidance to allow people to leave their homes for the purpose of exercise more than once a day. We also want to have a test, trace, isolate, support system – Test and Protect – in place before we significantly ease restrictions.

We will continue to monitor the evidence very closely and on an ongoing basis. As we hopefully see more evidence of a downward trend in the virus, we will consider further changes as set out in this document – but we will do so on a very careful and gradual basis.

Box 1: What affects the reproduction number R?

The reproduction number (R) is affected by several factors:

- the underlying infectiousness of the organism;
- how long people who have Covid can infect others;
- the number of people in the population that the affected patients are in contact with, and how intense that contact is.
- Assuming there is a level of immunity once you have had the virus, R should decrease over time: as people become infected in a population there are fewer susceptible people left as they are either infected, have recovered, or have died.
- If policies have the effect of reducing the number of people someone comes into contact with, that would in turn reduce R.

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Test and Protect

A key aspect of our strategy is the “test, trace, isolate, support” approach – or Test and Protect as we are now calling it. We will test people in the community who have symptoms consistent with COVID-19. We will use contact tracing, a well-established public health intervention, to identify the close contacts of those cases, who may have had the disease transmitted to them. We will ask those who test positive and their close contacts to self-isolate protecting themselves and others from transmitting the virus further. We will provide information to the public about increases in transmission and significant clusters of cases. And we will make sure that support is available to help people isolate effectively.

However, it is important to stress that Test and Protect will be most effective when levels of infection are low – lower than now – and stay low, and that its success relies on all of us knowing and agreeing what to do if we have symptoms, and being prepared to self-isolate when advised to do so.

As we lift restrictions, we will need to put in place public health measures to stop cases becoming clusters, clusters becoming outbreaks, and outbreaks becoming an uncontrolled peak that would require a return to lockdown to avoid enormous loss of life and an overwhelming of our health and care system – that is what Test and Protect is all about.

Learning from our international partners

We set out in our *Framework for Decision Making* that we will draw on WHO, European, UK, Scottish and wider international expertise to understand the virus and our responses to it.

Many countries have begun to lift physical distancing restrictions and there will be a time lag between lifting and seeing the impact. It is important to remember, however, that each country’s experience of the virus is different and we need to consider Scotland’s population and characteristics as we apply lessons.

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COVID-19 related restrictions currently in place Scotland

The Scottish Government has taken decisive action to address the pandemic, imposing measures to restrict public gatherings, business activity and requiring people to stay at home unless it is absolutely essential to go out, in order to protect public health and protect the NHS. The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 came into force on 26 March to allow enforcement of those measures in recognition of the threat posed to public health from the coronavirus. The Regulations, unless amended, will expire after a period of six months from the date they entered into force. They placed unprecedented restrictions on the movement of people and the operation of businesses across Scotland and have a huge impact on Scotland's way of life.

Due to the extraordinary nature of the restrictions placed on Scottish society, Scottish Ministers have provided for a statutory review of the need for restrictions and requirements contained in the Regulations. Such a review must take place at least once every 21 days.

The physical distancing measures in place in Scotland – a mixture of regulations and guidance can be found in the [Framework for Decision Making: Further Information](#). As of Monday 11 May we removed the once-a-day limit on exercise from guidance.

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The First Minister has set out our intention to be open and transparent about the options for Scotland in tackling this outbreak – that is why we published *COVID-19: A Framework for Decision Making* and supporting documentation. This sets out the approach and the principles that will guide us, the different factors that we will need to take into account, the assessment framework in which we will take decisions, and the preparations we need to make now.

COVID-19 is first and foremost a public health crisis, and the measures to combat it have been necessary to save lives. But those measures also cause harm, and can have the most negative impacts on some people in our society least able to withstand them. We are learning that the harms caused by the pandemic are not felt equally.

Our response to this pandemic must recognise these unequal impacts. Just as we have sought to shield those most at risk, we must continue to provide additional support for those who need it and seek to advance equality and protect human rights, including children's rights, in everything we do.

The effects of increased isolation can be particularly severe for older people, people living alone and people who require support, whether at home or in a homely setting such as a care home. Harmful effects on the economy can also impact hardest on families with low incomes and people who were already experiencing the effects of inequality. For example, the impact for women who take the disproportionate share of caring responsibilities (paid and unpaid), means they are likely to experience particular disadvantage. This will also be a significant issue for other groups already disadvantaged in employment terms, particularly disabled people, minority ethnic groups and some other groups with protected characteristics. Reductions in community support can disproportionately affect many of these groups, and the impacts will intensify the longer the lockdown continues.

We have asked those at the highest clinical risk to shield for at least 12 weeks. We do not want people to shield for any longer than necessary, as it has a clear impact on people's quality of life. We will be guided by the evidence in assessing the continued risks from the virus, as well as people's lived experience of shielding and what matters to them. We will clearly set out the way forward on shielding in the coming weeks.

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Our *Framework for Decision Making* makes clear that the way we approach the COVID-19 crisis aims to protect those most at risk and to protect human rights. The measures currently in place are legally required to be lifted as soon as it is considered that they are no longer necessary to prevent, protect against, control or provide a public health response to the incidence or spread of the virus in Scotland. These considerations, aligning with our overarching commitments to human rights, equality and social justice, will be at the centre of our thinking as we consider options to relax restrictions. As the First Minister said in the Scottish Parliament on 13 May, they will “run right through every decision that we take”.

This document shows how we will consider and decide on changing restrictions. We will look at the cumulative and overall impact of those measures, and of ongoing restrictions. We will not consider changes in isolation, but in all areas, assessing the impacts, positive and negative, across the aggregate of decisions and across all four harms. We will consider:

- the scale of impact, in terms of the numbers of people and businesses likely to benefit;
- whether the approaches will protect and support the groups and individuals in society most in need of support, their impact on protected characteristics, and the extent to which they would help to reduce inequalities in outcomes; and

- evidence about the impacts of the current measures and any relevant wider evidence from other countries and scientific research.

This document sets out some of the ways we are already making those decisions:

- We know that school closures are having a negative effect on many aspects of children’s progress and development, including their wellbeing. This will be particularly so for some of our most disadvantaged young people. That is why we are prioritising measures such as provision of school-based education, early learning and childcare, youth work and adult learning.
- We also recognise that in transitioning through and out of the crisis we need to take a holistic approach to support those families who will be more affected than others by the impact of COVID-19 and the mitigation measures. This means asking professionals across health, early learning, schools and social work to work together to support families who are struggling, and working with the third sector to provide holistic, practical, well-being support for families.
- During the pandemic, the provision of support within people’s homes may have changed to reduce the risk of disease or as a result of distancing measures. So we are supporting the operation of support services for at-risk adults.

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- Necessary changes to the care home sector such as restricted visiting and a pause on normal activities and routines in order to protect residents, staff and visitors is having a significant impact on the wellbeing of residents and their loved ones. Care homes are first and foremost people's homes and it is important that we find safe ways for people to reconnect with their families and friends.
- Many households are concerned that the COVID-19 crisis will have a financial impact on them or their family. We are investing £2.3 billion into support for businesses and employers, including hardship funds for self-employed people and the creative and tourism sectors, and support for the SMEs who create so much of Scotland's employment.
- We know that the essential public health measures we have had to take, are in themselves creating an economic emergency which has had a significant impact on people's jobs, living standards and inequalities in our society. We have real sympathy for those who have had to close their businesses or who have lost their jobs and we understand the need to carefully get our economy moving again as quickly as we are able to do that safely and to help people back into work.
- We are making plans to restart housebuilding – essential if we are to meet our aspirations around reducing homelessness – and energy efficiency schemes to tackle fuel poverty.
- Necessary changes to the criminal justice system have unfortunately led to backlogs and delays which have impacts, particularly on the health of victims of crime. So we are supporting the operation of the justice system and have increased support for victims. Decisions about the operation of courts and tribunals are ultimately a matter for the senior judiciary.

We will draw on a wide range of data and expertise to understand the impacts of the pandemic and the measures to combat it. Scottish Ministers have access to a range of professional advisers and expert groups, both within and beyond the Scottish Government, including the Poverty and Inequality Commission and Equality and Human Rights Commission. We will also listen carefully to the voices of those affected to understand the lived experience on which our policies must build.

A wide range of research and analysis on COVID-19 is underway across Scotland. This includes a programme of work funded by the Chief Scientist's Office (CSO) that enables Scottish Academic Institutions to research issues arising from the COVID-19 pandemic.

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There is a balance of harms to weigh up in easing or re-tightening any restrictions. Public Health Scotland and collaborators have recently published a paper on the risks of distancing measures negatively impacting on people's health, and how to mitigate these wider harms¹. It finds that the interventions in place to lower transmission of the virus can themselves cause a wide range of harms and that building a more sustainable and inclusive economy for the future will be crucial to mitigating these wider harms

In Scotland there are approximately 170,000 people shielding. Around half are over 65 years (14% over 80 years). A quarter of those shielding live in the most deprived areas of Scotland.

Structural inequality causes damage to our society, as the impacts of COVID-19 have highlighted. But the way we have responded to it as a society has shown there are ways to do things differently:

- our homelessness response focused on ensuring everyone experiencing homelessness had a home in which they could safely self-isolate and practise physical distancing;

- local services have developed new and innovative approaches to reach children in their own homes, including regular telephone and online contact, as well as practical and emotional support; and
- our approach to free school meals, working with local authorities, has shown that very large numbers of children and young people from low income families can be supported in a range of ways, including via a 'cash-first' (direct financial payments) approach.

We will take the chance, as we emerge from this period, to chart a better way forward in support of all of Scotland. As we move forward we want not simply to return to where we were, but to build on the innovative responses seen throughout the crisis to build a Fairer Scotland. We will use the lessons learned during the pandemic to help us make progress towards our long-term outcomes of lower, poverty levels, greater equality, inclusive communities and respected and enhanced realisation of human rights. Our decisions in coming weeks and months will aim to do that.

¹ <https://www.bmj.com/content/369/bmj.m1557>

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This route map takes an evidence-led and transparent approach to easing restrictions and sets out a phased approach towards the future. This will inevitably be a future which will not just pick up where we were before this pandemic, but will be marked by the experiences we have been through. As we move forward over the coming months we will recognise that the impact of the virus has not been the same for everyone, although everyone has been affected. We will take an approach that takes us steadily towards the objectives and outcomes set out in the National Performance Framework.

The route map provides an indication of the order in which we will carefully and gradually seek to lift current restrictions, but does not attempt to specify dates for all of the different phases. Rather, as we move beyond the first phase, future phases will be based on meeting particular criteria, including those set by the World Health Organisation (WHO).

We will continue to take a cautious approach that ensures that the virus remains suppressed, while seeking to restore as much normality as possible when it is safe to do so. We will continue to hold reviews every three weeks as a minimum, to ensure we are on track and to assess whether we can accelerate or need to decelerate elements within each phase.

The Annex provides a table setting out five phases ranging from Lockdown to Phase 4 – when the virus ceases to be a significant issue, though the need for some physical distancing and hygiene measures may remain for some time. The phases contain practical examples of what people, organisations and businesses can expect to see change over time. They also show some of the things that won't change for some time to come, such as the need for enhanced public health measures.

The examples set out in this table provide broad descriptions or examples of the types of changes we will make. They will be refined and augmented over time, including through additional guidance for people and sectors.

Our steps will be careful, gradual and incremental. Businesses, public services and the third sector will need time to plan and to prepare workplaces, processes, supply chains and logistics in order to introduce any changes safely and effectively. In doing so, they must recognise the importance of the role of trades unions and of undertaking risk assessments of workplaces conducted with staff and health and safety representatives. Communities, households and individuals will also need to adapt.

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Our plans will need to include assessments of the steps needed to reverse each option should that prove justified, necessary and proportionate.

Conditionality and criteria for moving between phases

We will use clear criteria to move between phases as we ease the restrictions that have been put in place. Every three weeks, we will review and report on whether, and to what extent we can move from one phase to another. It may be that not everything currently listed in a single phase will happen at the same time. It might be possible to lift some measures more quickly while some may take longer than we envisage now. A single phase may also span more than one review period.

To progress from Phase 0 to Phase 1, we will need to have seen evidence of transmission being controlled. This would include the R number being below 1 for at least 3 weeks and the number of infectious cases starting to decline. Evidence of transmission being controlled would also include a sustained fall in supplementary measures including new infections, hospital admissions, ICU admissions, and deaths of at least 3 weeks (WHO Criterion 1 – see Box 2).

Assuming no regression in our progress so far, we believe these conditions will allow a move into Phase 1 from 28 May. Our Test and Protect system will be in place at the end of May to support a move to Phase 1.

To progress from Phase 1 to Phase 2, we would need to have seen the R number consistently below 1 and the number of infectious cases showing a sustained decline. The WHO six criteria for easing restrictions must also be met. (We will work closely with the UK Government to ensure that the fifth criterion is met.)

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Box 2: World Health Organisation: Six key criteria for easing restrictions

1. Evidence shows that COVID-19 transmission is controlled.
2. Sufficient public health and health system capacities are in place to identify, isolate, test and treat all cases, and to trace and quarantine contacts.
3. Outbreak risks are minimized in high vulnerability settings, such as long-term care facilities (i.e. nursing homes, rehabilitative and mental health centres) and congregate settings.
4. Preventive measures are established in workplaces, with physical distancing, handwashing facilities and respiratory etiquette in place, and potentially thermal monitoring.
5. Manage the risk of exporting and importing cases from communities with high-risks of transmission.
6. Communities have a voice, are informed, engaged and participatory in the transition.

To progress from Phase 2 to Phase 3, the WHO six criteria must continue to be met. In addition, R would require to be consistently below 1 and there must be a further sustained decline in infectious cases.

Progressing from Phase 3 to Phase 4 (the final phase in our transition), the virus must effectively have ceased to be a significant issue in Scotland. That might be because, for example, an effective vaccine has been developed and used on sufficient scale in Scotland and/or we have an effective treatment available across Scotland that essentially removed the health risk from the virus and/or transmission is so low that we are confident that the virus can be controlled without the restrictions of Phase 3.

As noted, a resurgence of cases may mean that we have to tighten restrictions again, potentially reversing back through the phases and their associated packages of restrictions. We are not planning for this to happen but will respond if necessary.

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As part of our collective Four Nations approach, in time we may decide to make use of the assessments made by the Joint Biosecurity Centre that was recently announced by the UK Government to inform moving between phases. Scottish Ministers will retain decision-making over any formal movement between levels for Scotland and the associated package of responses required in moving to a new level.

Within Scotland, we are keeping an open mind on the potential for regional variation as we move through the phases of the route map, if that best meets the particular circumstances and needs of the geographies concerned. We would engage with the local communities concerned before taking any geographically differentiated approach to changing restrictions.

NHS capacity and monitoring

We have demonstrated during the Lockdown phase of the pandemic our ability to mobilise extra hospital and Intensive Care Unit (ICU) capacity across our country – precisely to stop the health system being overwhelmed. We will need to retain that ability, in the event of any second peak, and, crucially, ensure that our public health capacity – in particular, to Test and Protect – is mobilised and able to cope with the level of transmission in the forthcoming phases.

And at each one of these careful, gradual, and incremental phases we will monitor the impact of the transmission of the virus. As set out above, we monitor that on a daily basis on core national surveillance measures of cases, hospitalisations, ICU numbers and deaths. We will continue to monitor these core national measures. National surveillance will also continue to include our ongoing assessment of the reproduction rate of the virus – R – and, importantly, our estimates of the numbers of infectious people in the population and the daily number of new cases. Getting this latter measure as low as possible is important for maximising the effectiveness of our Test and Protect approach.

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The Five Phases

This section sets out what people can expect in the five phases as we transition out of lockdown towards exit from the crisis. We know that our understanding of the epidemic and our responses to it will develop over time as we progress along the ‘infection curve’, consequently we will need to continue to ensure that the packages of measures in each phase remain appropriate.

The following descriptions of the measures and changes in each of the phases is therefore valid only at the point at which this document was published. However, the route map is intended to be a dynamic, living document and so readers will need to check on-line for the latest version. And it is intended to be consultative, reflecting our ongoing conversation with the people of Scotland about our response to the crisis.

If people, organisations or businesses tell us that something in the route map, or the phasing, does not look right – and this is both complex and uncertain territory – then we will listen and consider whether any change to our plans is appropriate.

Lockdown

We begin in the Lockdown phase that is currently in place. We set out in the update to the *Framework to Decision-Making* the various rules and restrictions, some set in guidance and some in regulation, that are working effectively during this phase to reduce the virus.

Please note that in each of the following phases, the rules of the previous phase continue to apply unless stated otherwise.

The description of the phases is summary rather than comprehensive: it will not include every aspect of the restrictions that is of concern.

And the location of changes within the phases is liable to vary as the evidence develops, for example, about the progression of the epidemic – and therefore what is safe to introduce at a given point in time – and about the impact of the changes themselves.

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Phase 1

We are set to move to Phase 1 following the 28 May end-of-cycle review of the COVID-19 regulations, if the evidence supports that. In Phase 1, the virus would not be fully contained. There is a continued risk of overwhelming NHS capacity without significant restrictions remaining in place. To progress to Phase 1, R must have been below 1 for at least 2 weeks and the number of infectious cases starting to decline. However there would have been sustained reductions in new infections, hospital admissions, ICU admissions, deaths (WHO Criterion 1). Test and Protect capacity will be ramped up, with staff being recruited and digital systems being designed.

During Phase 1 a number of changes to the rules would be made – potentially over more than one review cycle (after 28 May, the next review cycle concludes on 18 June). Some of these changes would be to guidance and some to regulations. In addition, a number of public services that had either been paused or scaled back because of the crisis would now be resumed or expanded. **The rules set out in the previous (Lockdown) phase apply except as set out below.**

Seeing family and friends: we are planning in this phase to change regulations to permit people to use public outdoor spaces for recreational purposes, for example to sit in a public space. We are also planning for one household to meet up with another household outdoors, in small numbers, including in gardens, but with physical distancing required.

We expect no public gatherings except for meetings of two households and only outdoors and with physical distancing.

Getting around: Consistent with the reopening of workplaces set out in this phase, where home working is not possible, businesses and organisations are encouraged to manage travel demand through staggered start times and flexible working patterns.

You will also be permitted to travel short distances for outdoor leisure and exercise but advice to stay within a short distance of your local community and travel by walk, wheel and cycle where possible.

International border health measures are set to be introduced.

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Schools, childcare and other educational settings:

We are planning in this phase to change guidance so that staff can return to schools and for an increased number of children to access critical childcare provision including the re-opening of child minding services and fully outdoor nursery provision. We are planning to make support available to pupils at key transition points, e.g. those due to start P1 or S1 where possible.

Working or running a business: In this phase we are planning for remote working to remain the default position for those who can.

For those workplaces that are reopening, employers should encourage staggered start times and flexible working.

We are also planning for outdoor workplaces to resume with physical distancing measures in place once guidance is agreed.

We are also planning for the construction sector to implement the first two phases in its restart plan with a decision to move to 'phase 2' of the construction sector's plan only after consulting with government to ensure it is safe to do so in line with public health advice.

We are preparing for the safe reopening of the housing market.

Workplaces resuming in the following phases can undertake preparatory work on physical distancing and hygiene measures in this phase.

Shopping, eating and drinking out: In this phase we are planning the gradual opening of drive through food outlets as well as the re-opening of garden centres and plant nurseries with physical distancing. Associated cafes (e.g. in garden centres) should not reopen at this stage except for take away.

Sport, culture and leisure activities: In this phase we are planning to allow unrestricted outdoors exercise adhering to distancing measures and non-contact outdoor activities in the local area – such as golf, hiking, canoeing, outdoor swimming, angling – consistent with the wider rules and guidance applicable to any activity in this phase.

Community and public services: We are planning the gradual resumption of key support services in the community. We are expecting to restart face-to-face Children's Hearings and for there to be greater direct contact for social work and support services with at-risk groups and families, and for there to be access to respite/day care to support unpaid carers and for families with a disabled family member. All of these would involve appropriate physical distancing and hygiene measures.

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We are planning for the opening of Household Waste Recycling Centres.

Court and tribunal buildings open, with limited business and public access.

Gatherings and occasions: In this phase we are expecting no public gatherings except for meetings of two households and then only outdoors and with physical distancing.

Health and Social Care: In this phase we expect to begin the safe restart of NHS services, covering primary, and community services including mental health.

We are also planning on retaining COVID-free GP services and planning a further scale up of digital consultations.

We expect to roll out the NHS Pharmacy First Scotland service in community pharmacies and increased care offered at emergency dental hubs as practices prepare to open. We will also restart, where possible, urgent electives previously paused. And there will be a resumption of IVF treatment, as soon as it is safe to do so, and subject to the approval of Human Fertilisation and Embryology Authority.

There will be an increase provision of emergency eyecare in the community.

We will consider the introduction of designated visitors to care homes.

The Test and Protect system will be available across the country.

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Phase 2

To progress to Phase 2, the virus must now be controlled, R must be consistently below 1 and the six WHO criteria described above must now be in place. Any signs of resurgence will be closely monitored as part of enhanced community surveillance but the risk of spreading the virus remains.

During this phase, further changes are made to ease the restrictions in place and further resumptions or expansions of public services are made. **The rules set out in the previous phase apply except as set out below.**

Seeing family and friends: In Phase 2, you would be able to meet outside with larger groups including family and friends with physical distancing. You would also be able to meet people from another household indoors with physical distancing and hygiene measures.

Getting around: In Phase 2, consistent with the reopening of workplaces set out in this phase, it is our plan that the default position is for people to work from home where possible. Where that is not possible, businesses and organisations are encouraged to manage travel demand through staggered start times and flexible working patterns.

People will be able to drive locally for leisure and exercise purposes.

We are planning for public transport operating increased services but capacity would still be significantly limited to allow for physical distancing. Travel at peak times would remain discouraged as far as possible.

There may be geographical differences in approaches to transport depending on circumstances.

Schools, childcare and other educational settings:

In Phase 2 we are planning for on campus university lab research to restart subject to physical distancing.

Working or running a business: In Phase 2, remote working should remain the default position for those who can. **Indoor non-office-based** workplaces can resume, once relevant guidance has been agreed – including factories and warehouses, lab and research facilities – with physical distancing. We are planning for the construction industry to move to later phases of its sectoral restart plan.

We anticipate a relaxation of restrictions on housing moves.

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Shopping, eating out and drinking: We expect that previously closed small retail units will be allowed to re-open with physical distancing in place. We are also planning on opening outdoor markets with physical distancing, hygiene measures and controls on numbers of people.

Physical distancing: Pubs and restaurants can open outdoor spaces with physical distancing and increased hygiene routines.

Sport, culture and leisure activities: In Phase 2, we are planning a reopening of playgrounds and sports courts with physical distancing, and a resumption of professional sport in line with public health advice.

Community and public services: Scaling up of public services from Phase 1 where it is safe to do so.

Gatherings and occasions: In Phase 2, we plan for registration offices to open for high priority tasks. Places of worship would be able to open for private prayer with physical distancing and hygiene safeguards. We are also planning to allow marriages, civil partnerships and other types of ceremonies to take place with a limited number of attendees.

Health and Social Care: In Phase 2, remobilisation plans will be implemented by Health Boards and Integrated Joint Boards to increase the provision for the backlog of demand, urgent referrals and the triage of routine services.

This phase will see the reintroduction of some chronic disease management, which could include pain and diabetic services.

Prioritised referrals to secondary care will begin.

We expect to expand the range of GP services, optometry and ophthalmology services and see an increase in availability of dental services.

There will be an increased number of home visits to shielded patients.

We will continue to plan with COSLA and Scottish Care and other national and local partners to support and, where needed, review social care and care home services.

Phased resumption of visiting to care homes by family members in a managed way where it is clinically safe to do so.

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Phase 3

Phase 3 will begin to feel closer to normal. The virus will have been suppressed and Test and Protect working across Scotland means we will understand where any additional local measures might be required. Many workplaces will already have adapted, with physical distancing the norm. Communities will be fully engaged and participating in the transition back to a more open life and economy.

This phase has a significant number of changes which impact many people, and the planned changes may need to happen over more than one review cycle of the regulations.

Seeing family and friends: By this stage, you will be able to meet with people from more than one household indoors with physical distancing and hygiene measures.

Getting around: In this phase you can drive beyond your local area for leisure and exercise purposes. Public transport will be operating full services but capacity will still be significantly limited to allow for physical distancing. Travel at peak times will be discouraged as far as possible. There may be geographical differences in arrangements depending on local circumstances.

Schools and childcare settings: We are planning for children to return to school under a blended model of part-time in-school teaching and part-time in-home learning. Public health measures including physical distancing will be in place. Subject to the evidence and progress of the epidemic **we expect schools to open on August 11.**

We are planning for all childcare providers to reopen subject to public health measures, with available capacity prioritised to support key worker childcare, early learning and childcare (ELC) entitlement and children in need.

We are planning for a phased return for universities and colleges with a blended model of remote learning and limited on-campus learning where a priority. Public health measures including physical distancing will be in place.

Working or running a business: In Phase 3 remote working remains the default position for those who can. **Indoor office** workplaces including contact centres can reopen, once relevant guidance has been agreed and with physical distancing.

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Shopping, eating out and drinking: We are planning for larger retail to reopen with physical distancing.

Pubs and restaurants can open indoor spaces with physical distancing and increased hygiene routines. Personal retail services including hairdressers can open (with appropriate distancing and hygiene measures).

Sport, culture and leisure: Museums, galleries, cinemas, and libraries can open, subject to physical distancing and hygiene measures.

Gyms can open subject to physical distancing and hygiene measures.

Relaxation of restrictions on accommodation providers (including hotels, B&Bs and holiday homes).

Live events permitted with restricted numbers and physical distancing restrictions

Community and public services: Outside of health and social care, the main changes to public services will be a further resumption of justice system processes and services.

Gatherings and occasions: People can meet in extended groups subject to physical distancing. Places of worship can open to extended groups subject to physical distancing and hygiene safeguards.

We will relax restrictions on funeral attendance, marriages, civil partnership and other services to beyond close family.

Health and Social Care: We will see an expansion of screening services and adult flu vaccinations in care homes and at home. All dental practices will begin to see registered patients.

All community optometry will reopen with social distancing safeguards.

Some communal living experience can be restarted when it is clinically safe to do so.

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Phase 4

In this, the final phase in our transition through the crisis, the virus remains suppressed to very low levels and is no longer considered a significant threat to public health, but society remains safety conscious. All WHO criteria continue to be met. A vaccine and/or effective treatment may have been developed. Test and Protect continues to be fully operational in all 14 Health Board areas. Scotland is open with precautions and the importance of hygiene and public health are emphasised. It could be many months, or longer, until we reach this phase.

Seeing family and friends: We will expect to see further relaxation on restrictions on gatherings and the continued importance of hygiene and public health will be emphasised.

Getting around: Public transport would be operating a full service and capacity. Physical distancing may remain in place, subject to scientific advice.

Schools and childcare settings: Schools and child care provision would be operating with any necessary precautions.

College and university campuses would be fully open – including key student services – with any necessary precautions

Working or running a business: Remote and flexible working remains encouraged. All types of workplaces would be open in line with public health advice.

Shopping, eating out and drinking: All types of outlets would be open in line with public health advice. Shop local could still be encouraged.

Sport, culture and leisure: There would be a further relaxation of restrictions on live events in line with public health advice.

Community and public services: Public services would be operating fully, in line with public health advice, with modifications and changes to service design, including increasing use of digital services where appropriate.

Gatherings and occasions: Mass gatherings could resume in line with public health advice.

All ceremonies could now take place with any necessary precautions.

Health and Social Care: The full range of health and social care services would be provided with greater use of technology to provide improved services to citizens.

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There is an understandable desire to see a plan that will provide some certainty as we move towards the future. However, the reality is that there is much that we do not yet know about the virus and the way in which the pandemic will develop. As mentioned above, not everything will happen in one phase or necessarily at the same time. It may be that we can do some of the things planned for one phase, but not others. Some things may happen more quickly, some will take longer. We will also need to monitor Test and Protect in each phase.

This is the first iteration of a consultative and dynamic document. We are listening to the views of key partners and stakeholders, to businesses, organisations and people across Scotland as we develop our plans, in particular in advance of the next end-of-cycle review date on 28 May.

The people of Scotland

We have initiated an open and transparent conversation with the people of Scotland. That conversation has been supported by the publication of the evidence we have relied upon to make important decisions about transitioning out of the current lockdown arrangements. Our online platform was open between 5 May and 11 May and in that time we received more than 4,000 ideas and almost 18,000 comments. We are publishing alongside this route map a summary of what we have heard.

These ideas and comments are being used to inform the decisions we will be taking on moving out of the current lockdown. At its heart, the summary shows that the people of Scotland are trying to balance the imperative of tackling this virus with the very human desire to see friends and family, to help our economy recover and to improve our quality of life. There's also a strong sense of people taking personal responsibility and expecting that of their fellow citizens, and of the balance between asking the government to ease the restrictions on their freedom and a commitment to take personal responsibility for their role in controlling the virus.

This is just the beginning of our discussions with the people of Scotland. The World Health Organization, in their strategy for transition, emphasize that “communities have a voice, are informed, engaged and participatory in the transition”. We are committed to that. We need to have an honest conversation about the difficult judgements we face, and their evidential basis, every step of the way. The digital platform is one step in a broader public engagement initiative that we are now developing and which will be set out in future weeks.

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Key partners in Scotland

In order to address the COVID-19 crisis we have sought to be as inclusive as possible in our decision making and involve a wide range of experts to help us work through the many facets of our response. We recognise that local government and Police Scotland have vital roles in the operational oversight and management of physical distancing measures. We have engaged with local government and Police Scotland as we have developed the route map and the approach to the easing of the lockdown and will engage further – both in the run up to 28 May and as we progress through the phases.

In taking decisions about the recovery of education, we have worked closely with local government, teacher unions and the national parents' organisation. The COVID-19 Education Recovery Group, chaired by the Deputy First Minister, has led this work and has considered all practical options that will allow us to strike the right balance between safety, healthcare, wellbeing and learning as schools begin to reopen.

A Strategic Framework has been jointly agreed and is to be used at local level in conjunction with Local Phasing Delivery Plans for the reopening of schools and early learning and childcare provision in Scotland. It highlights that we are working to enable as many children and young people as

possible to return to education and care settings at the earliest date on which it is safe to do so. This can only be undertaken with careful planning and clear communication to pupils, parents, carers and staff to build confidence and assurance that the health and scientific advice justifies such a position.

We aim to restart school education for almost all children and young people in Scotland in August. Subject to public health guidance, teachers and other school staff should be returning to schools in June, to plan and prepare for the new model of learning that will be implemented in August. This new model, will include physical distancing and significantly reduced class sizes as well as enhanced hygiene regimes. As a result most pupils will spend around half their time in school and half learning at home. Health and safety guidance, including risk assessments, will be in place prior to staff returning to school in June.

Mindful of the impact of lockdown on many of our most vulnerable children, local authorities will work with partners to increase the numbers of children attending critical childcare provision including hubs. This will include both keyworker children and children whom teachers, ELC professionals and other partners, in consultation with the local authority, think would benefit most from early direct contact with education and

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care staff. There should be a particular focus on supporting children at key transition points (e.g. due to start P1 or S1) which may include some in-school experience in late June, where possible and safe to implement, so that they are supported to take the next steps in their education.

In taking and implementing decisions about how we restart our economy, we must work in close collaboration with employers, trade unions and workplace regulators, including the Health and Safety Executive and Local Authorities. We must restart the economy safely and this has to be built around three pillars:

- successful measures to suppress the virus, including the ability to test, trace and isolate further cases effectively;
- the right structure for workplace regulation; and
- guidance that promotes fair and safe workplaces and sectors.

Sector-specific guidance will work alongside UK Government guidance to give employers, workers and customers confidence that our workplaces are safe, when the time is right to restart. We will work collectively with regulators to ensure that the right advice, support and enforcement

measures are in place to help employers undertake risk assessments and put in place measures to keep workers safe. This will include taking steps to help people to continue to work from home and providing support where required for those with caring responsibilities or who are self-isolating or shielded, in line with our Fair Work principles agreed with the STUC.

We have also been engaging with a wide range of stakeholders, including third sector organisations, the Equality and Human Rights Commission (EHRC) and the SHRC (Scottish Human Rights Commission), the Children and Young People's Commissioner – Scotland, the Poverty and Inequality Commission and the Poverty Truth Commissions we support across Scotland, to understand the impact of the lockdown measures on human rights, including children's rights, and people at particular risk of negative impact from them (such as women, children, older people, disabled people and minority ethnic communities). Regular virtual roundtables have also been taking place with stakeholder groups to ensure we are hearing the latest intelligence on emerging impacts and the issues people are facing. This dialogue is feeding into our consideration of how to phase the easing of lockdown restrictions.

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Just as there has been a disproportionate impact of COVID-19 itself, some of the measures to release restrictions may also inadvertently exacerbate inequality which is why it is essential that we continue dialogue with the public and with a wide range of stakeholder groups to ensure everyone's voice is heard and we consider all the impacts of easing restrictions.

Four Nations Co-operation

The Scottish Government has been working with the UK and Welsh Governments and the Northern Ireland Executive in its response to the pandemic, exchanging information and ideas and taking action collectively on a “four nations” basis where it is appropriate to do so. The circumstances and progress of the epidemic vary across the four countries, so there is a shared recognition that the approach taken in each, including the pace at which lockdown measures are adjusted, may vary. We will take distinctive decisions for Scotland if the evidence and judgement tells us that is necessary.

[England](#), [Wales](#) and [Northern Ireland](#) have all published their own plans for how to lift the lockdown in their respective nations.

It is important to note that as the rate of infection may be different in different parts of the UK, our route map should be considered alongside local public health and safety requirements for England, Wales and Northern Ireland. If people in the future are travelling to other parts of the UK then they should follow the relevant guidance in place.

The Scottish Parliament

Democratic scrutiny of the response of the government and the public sector to the COVID-19 crisis is crucial. The legislation putting in place lockdown restrictions was approved by the Scottish Parliament and its approval will also be needed for most substantive changes.

The Parliament has also considered two major bills brought forward by the Scottish Government to support individuals, such as tenants of rented housing, and organisations to cope with the consequences of the epidemic and to allow public services and legal proceedings to continue in the current circumstances. We will continue to keep the Scottish Parliament informed both of the progress of the epidemic and our decisions as we progress through the pandemic.

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The Scottish Government is also committed to undertaking a Fairer Scotland Duty assessment of both [Coronavirus \(Scotland\) Acts 2020](#) at the end of their initial period (30 September 2020). This will review the measures against evidence on the impacts on socio-economically disadvantaged groups and identify further opportunities to reduce or mitigate any inequalities arising.

We welcome the creation of the new COVID-19 Committee and the scrutiny that it and other parliamentary committees bring to our decision making.

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The aim of this document is to provide a sense of direction as we learn to live with, and hopefully eradicate, this virus. In some ways it shows us what our collective hard work and fortitude will get us.

To be clear, in every phase that hard work will include:

- regular hand washing;
- appropriate cough and sneeze etiquette;
- being acutely aware of the symptoms of the virus;
- engaging with the Test and Protect system; and
- isolating if you have the virus or someone you have been in contact with has had it.

There will be times, like now, where progress feels slow. Sometimes that will be outwith our control, for example if we learn new things about the virus. Sometimes that will require us to double down on our compliance with the rules in place at that time. We also cannot rule out having to take a step backwards if the virus is starting to spread more rapidly again.

We will also need to keep each of the phases constantly under review as we learn to live with the virus and see the impact the suggested changes make. So we will need to be nimble and be able to change our approach as we progress. We will update this route map as we do so.

Ultimately, however, we will start to return to normal. We will spend time with our family and friends without using a screen, visit our favourite cafés, pubs and restaurants and see our businesses grow and innovate.

We have seen how this virus has impacted most on our poorest communities – bringing into sharp focus how inequality impacts on every aspect of an individual's life. Local public services, charities and communities have found new and remarkable ways of supporting individuals – from simply keeping in touch to providing specialist support in creative ways to some of our people most in need. These individual actions often make the biggest difference.

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The crisis has also put at risk many industries and jobs and we will have to work to support businesses to innovate to recover and then return to growth and give our people the skills to adjust to the changes that lie ahead. That will require the support of our fantastic universities and colleges. We have made big changes already to cope with the virus: some of those we may want to keep, others we will need to learn from.

In the short term we will need to do more locally – support local businesses, build local supply chains, use local skills and build local demand. This will give us a strong platform to turn ourselves back toward the rest of the world.

And we will also look forward to welcoming the world back to Scotland, to our incredible landscapes, town and cities and to our festivals and culture.

To a Scotland which is greener, fairer and more prosperous.

This document sets out how we move carefully and safely towards that future and we hope that it helps every one of us think about our own part in that.

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

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



Protections advised in each phase

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

Scottish Government COVID-19 Routemap

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

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

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

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

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

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

	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:
 Health and social care continued		Resumption of IVF treatment, as soon as it is safe to do so, and subject to the approval of HFEA. Increase provision of emergency eyecare in the community. We will consider the introduction of designated visitors to care homes.	Increase number of home visits to shielded patients. Continue to plan with COSLA and Scottish Care to support and, where needed, review of social care and care home services. Phased resumption of some screening services. Expand range of GP services. Phased safe resumption of essential optometry/ ophthalmology services. Phased resumption of visiting to care homes by family members in a managed way where it is clinically safe to do so	Some communal living experience can be-restarted when it is clinically safe to do so.	

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

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



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