

Core COVID-19 Sectoral Information and Guidance for Homelessness Settings

Version 1.0

Publication date: 21 December 2020

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Version history

Version	Date	Summary of changes
V1.0	14 Dec 2020	New document

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1. Purpose

This guidance is to support those working in homelessness settings to give advice to their staff and users of their services about how they can prevent the spread of coronavirus (COVID-19). As the homelessness sector continues to respond and adjust in Scotland, it is important to have effective public health and infection, prevention and control measures in place to keep both staff and those experiencing homelessness safe. Physical distancing, hygiene and cleaning measures will all be important to have in place in accommodation settings for people who are experiencing homelessness. All measures should be taken to ensure that people relying on homelessness services offering shelter and food distribution are as safe as possible. There will be particular challenges in certain forms of homelessness accommodation where shared facilities are being used. In addition, people experiencing homelessness are at higher risk of serious illness if they are infected with COVID-19 due to increased risk of underlying health conditions. The following recommendations are for services working with individuals experiencing the following:

- rough sleeping and in hostel accommodation;
- homeless and accessing day care settings, shelters and rapid rehousing welcome centres;
- rough sleeping or involved in street based activities such as begging and receiving outreach support;
- homeless and living in supported accommodation;
- people receiving bespoke visiting support to help sustain temporary and permanent accommodation.
- people experiencing or at risk of homelessness, due to no recourse to public funds conditions, insecure immigration status, or a refusal of an asylum application and being at risk of eviction from asylum accommodation

For further information please refer to [Scottish Government Coronavirus \(COVID-19\): Information for Homelessness Services.](#)

This guidance is based on [Health Protection Scotland - Core COVID -19 Information and Guidance for General \(non healthcare\) Settings](#) and what is currently known about COVID-19. More information can also be found on the [Social, Community and Residential Care Guidance.](#)

This guidance is subject to change as per [Scottish Government Coronavirus \(COVID-19\) guidance.](#)

2. Introduction

The health profile of people within or at risk of homelessness, in the form of rough sleeping, using shelters and hostels as accommodation, is regarded as a critical risk. They may be more likely to have pre-existing health conditions making it difficult to identify symptoms of COVID-19, therefore extra vigilance is required for those who present with, fever, cough or a loss of or change in sense of smell or taste. As people experiencing homelessness often have underlying health conditions, and so are at higher risk of serious illness if they are infected with COVID-19, this will be along with poor mental health, exacerbated by their experience of public health measures and pandemic response. This will include those who are experiencing rough sleeping and who may be using shelters, rapid rehousing welcome centres and hostels as accommodation and those with insecure immigration status, including people who have been refused asylum, may also fear the possibility of removal from the UK. We know there may be lived experience of trauma and violence, poor mental health and poverty, which all present specific barriers to following general public health advice. This can mean services will need to have more focus, time and liaison through the third sector and local authority homelessness outreach teams who can provide trauma informed services (more information in Appendix 1).

Key measures noted on [NHS Inform](#) on physical distancing, stay at home advice, shielding, and infection prevention and control are all relevant to this setting as is supporting people to stay in self-contained accommodation. However, people experiencing homelessness are more likely to have difficulty accessing this information and following the advice it provides. The support of frontline staff will be vital to improving access to this information and to help those experiencing homelessness to use it.

There are specific challenges associated with physical distancing in buildings which are densely populated with significant numbers of people using shared facilities. There are also challenges of scale in providing effective cleaning and hygiene regimes with large populations and significant numbers of 'high touch' areas like handrails, door handles, lift panels and door entry systems.

For further information Scottish Government guidance for [university accommodation](#) which also has shared facilities can be referred to, along with [Scottish Government Tourism and Hospitality sector guidance](#), which refers to hotel accommodation. The Scottish Government has also produced [sector specific guidance](#) for other sectors (i.e. health and social care, housing and education).

Key public health measures are included in this guidance, however all organisations and individuals must ensure that they read this in alongside and adhere to up to date guidance from [Scottish Government](#). This includes physical distancing guidance and standard health and safety requirements. Consider which groups of people (e.g. staff, contractors, volunteers, service users and visitors) need to be included in applying the guidance to your setting.

3. What are the typical signs and symptoms of COVID-19?

People with the following symptoms are advised to self-isolate for 10 days from the first day of symptoms and seek COVID-19 testing.

The signs to look out for are the recent onset of:

- New continuous cough

OR

- Fever

OR

- Loss of/change in sense of smell or taste.

For most people the symptoms of COVID-19 will be mild. COVID-19 is more likely to cause severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease. In addition, COVID-19 symptoms maybe masked in people who are experiencing homelessness, due to pre-existing long term medical conditions and for those who are using drugs and alcohol where symptoms can be hard to identify.

People who are unwell and worried about COVID-19 should be asked, or supported to consult [NHS Inform](#) and phone NHS 24 (call 111).

A risk assessment should be undertaken for any admissions to residential facilities to determine whether any self-isolation or testing should take place. This can be discussed with the local health protection team. Further information on screening for symptoms is set out on page 9 and can also be found [in Social, Community and Residential Care Guidance](#).

People who want more general information on COVID-19 but do not have symptoms can also phone the free helpline on 0800 028 2816 (NHS 24). The helpline is open from 8.00am to 10.00pm each day.

Calls to NHS 24 are free from phone boxes, or in an emergency dial 999.

As part of the 'Test and Protect' approach, everyone with Covid-19 symptoms should get tested. You can book a test through [NHS Inform](#).

3.1 How is COVID-19 spread?

COVID-19 is spread through respiratory droplets produced when an infected person coughs or sneezes. The evidence to date continues to point towards transmission mainly occurring via contact from symptomatic cases. This can occur through respiratory droplets, by direct contact with infected persons, or by indirect contact via contaminated objects and surfaces. However,

there is also some evidence that transmission to others may be possible 1-3 days prior to symptom onset (pre-symptomatic phase) or in individuals that develop infection but don't develop symptoms (asymptomatic phase). However, the evidence for this is still emerging and is very limited. The risk of transmission is highest when there is close contact with an infected person who is symptomatic and this risk increases the longer the contact lasts.

There are two routes by which COVID-19 can be spread:

- Directly: from close contact with an infected person (within 2 metres) where respiratory secretions can enter the eyes, mouth, nose or airways. This risk increases the longer someone has close contact with an infected person.
- Indirectly: by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching own mouth, nose or eyes.

3.2 Measures to reduce transmission

The following measures are recommended to help reduce the spread of COVID-19 and to protect people at increased risk of severe illness.

Individuals should:

- Follow the Scottish Government physical distancing and staying safe advice. For up to date information see the [Scottish Government](#) website. The aim of physical distancing measures is to slow the transmission of COVID-19 by minimising close contact with others.
- People who were previously advised to shield are now able to follow general guidelines. These can be accessed via COVID-19: General advice on [NHS Inform](#).
- Follow the guidance to self-isolate if you or a household member has symptoms of COVID-19 or have a COVID-19 diagnosis (whether you/ they have symptoms or not). Details are available on [NHS Inform](#).
- Follow Test and Protect advice (Section 3.4).
- Follow hand hygiene and respiratory hygiene advice (Section 3.3).
- Follow Scottish Government [face coverings advice](#).

At the organisational level, services should consider how best the infection control advice can be implemented for their settings. For example, staff training, risk assessments.

3.3 Good hygiene

Good hygiene practices help prevent the spread of COVID-19.

- Perform hand hygiene regularly using soap and water or alcohol based hand rub particularly before and after eating.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Avoid direct contact with people that have a respiratory illness wherever possible.
- Avoid using personal items (e.g. mobile phone) of people that have a respiratory illness wherever possible.
- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose. Dispose of all used tissues promptly into a waste bin. If you don't have any tissues available, cough and sneeze into the crook of the elbow. Wash hands at the first opportunity.
- Ensure use of appropriate PPE. For further information please refer to: [Advice for social care personal assistants on how to access and use PPE.](#)

3.4 Test and Protect

Test and protect is a public health measure designed to break chains of transmission of COVID-19 in the community. This approach operates by identifying cases of COVID-19, tracing the people who may have become infected by spending time in close contact with them, and then supporting those close contacts to self-isolate, so that if they develop the disease (with or without symptoms) they are less likely transmit it to others. Further details can be found on the [Scottish Government](#) website and [NHS Inform](#).

It is advised that all staff and users of services sign up for the [NHS Scotland Protect Scotland](#) app to help us protect each other, reduce the spread of coronavirus and avoid further lockdowns. By using the app and following current public health measures we can all stay safe when we meet up, socialise, work or travel.

3.5 Suspected Outbreak of COVID-19 in a homelessness setting

Please contact your local NHS Board Health Protection Team (HPT) (appendix 2), if there are:

- Two or more test confirmed cases of COVID-19 in the setting within 14 days

OR

- Increase in rate of staff absence due to suspected or confirmed cases of COVID-19.

The local HPT ([appendix 2](#)) will then undertake a public health risk assessment to determine whether there is a suspected outbreak. Note that settings with increased rates of respiratory illness should also be alert to the possibility that this could be due to COVID-19 and contact their local HPT for further advice.

When someone has completed 10 days self-isolation from when the symptoms started by following [Stay at Home Guidance for households with possible coronavirus-covid-19](#) and has attended [testing](#), transition to other accommodation or services will need to be managed sensitively, refer to appendix 1. If there are no symptoms present but they have tested positive for COVID-19, self-isolate for at least 10 days, starting from the day the test was taken. If the individual develops symptoms during this isolation period, they should restart the 10-day isolation from the day they developed symptoms.

For environmental decontamination advice after a possible case has left a homelessness setting - Cleaning and Disinfection, please refer to Section 2.6 [Core COVID-19 Information and Guidance for General \(Non-Healthcare\) Settings](#).

4. Actions for supporting people in homelessness settings

4.1 The role of staff

- The aim is to keep everyone safe, including staff and volunteer teams and to ensure everyone is aware of COVID-19 guidance outlined in section 3.
- Staff have control over their own physical distancing, cleaning of surfaces, communication to residents, and arrangement of furniture.
- Staff can't control other people's movements and decision making.
- Some people will be unable to or choose not to follow the guidance. This may change over time and it is the role of staff teams to support people to understand and adhere to the guidance as much as possible.

4.2 What if people don't follow Scottish Government guidance?

- Take a trauma informed approach (Appendix 1).
- People who are using homelessness services are under the same Scottish Government guidance as the general public and should not be placed under any restriction of movement that does not apply nationally.
- Remind people of new police powers (as detailed in Appendix 1), however always try to find a non-enforcement way of working.

4.3 How to encourage people to avoid COVID-19

- Explain why a change of behaviour is needed, with emphasis on their own health and wellbeing
- Choose appropriate language - “to keep you safe” vs “follow the rules”. Further information can be found on the Scientific Pandemic Influenza Group on Behaviours [SPI-B Positive strategies for sustaining adherence to infection control behaviours](#)
- Have hand sanitiser available at entry points
- Use visual floor markings and posters
- Increase access to handwashing facilities including at buildings providing services, provide alternatives to handwashing where not possible, e.g. hand gel where available including for frontline outreach services.
- Provide essentials for general and respiratory hygiene, such as tissues.
- Raise awareness of actions to take if unwell (in line with guidance in section 3.5).

4.4 Providing information on COVID -19

- Provide paper based public health information on the signs and symptoms of COVID-19 ([as on NHS Inform](#)). An interpreter should be used if needed. This could also be shared via text, WhatsApp, animations, leaflets and having conversations.

Translated information should be provided if a person’s first language is not English (available on [NHS Inform](#)).

4.5 Communal Homelessness settings – Hostels, Day Centres, Shelters, Rapid Rehousing Welcome Centres, Bed and Breakfasts and Supported Accommodation

Note: Rapid Rehousing Welcome Centres (RRWC) - Night shelters across Scotland will be replaced with rapid rehousing welcome centres for people who would otherwise be sleeping rough this winter, in the [Scottish Government’s](#) updated plans for tackling homelessness.

- If anyone shows any symptoms of Covid-19 on being housed in hostels or shared/rapid rehousing then appropriate accommodation should be arranged where the individual can self-isolate.
- If individuals living in communal settings (e.g. with shared bathroom or kitchen facilities) develop symptoms, ‘[household isolation](#)’ may need to be applied to others in the setting. The local Health Protection Team (appendix 2) should be contacted to risk

assess the situation and provide advice. While communal sleeping areas will be rare, if they do exist they should be arranged 2 metres apart in a well-ventilated room.

- If someone becomes unwell in a day centre, and they do not have a home or room in which to self-isolate, they should be isolated temporarily in an area of the day centre. You should plan for this by identifying a room where individuals can be safely isolated. Review and risk assess their health and welfare requirements.
- Rapidly isolate suspected and confirmed cases.
- Consider how best to adapt physical distancing to the needs of the individual. Please follow Public Health Scotland advice on Trauma Informed Practice (appendix 1).
- HPS guidance on [Social, Community and Residential Care settings](#) may be relevant for some homelessness services.
- Work closely with local authority, public health, housing and social care teams to identify appropriate local accommodation solutions for people that allow for self-isolation and shielding, including practical support such as delivery of essential items such as food and prescriptions. Wherever possible, identifying appropriate accommodation should be done in line with local rapid rehousing transition plans, with a focus on providing settled accommodation with the support required.
- Provide access to mobile phones/tablets and Wi-Fi services to facilitate ongoing contact to services and families. Ensure confidentiality and safety for the individual person.
- Where accommodation solutions are identified within flats or other settings with communal areas/corridors/pathways, support should be given to ensure people are aware that self-isolation and physical distancing movement within these areas applies. Consideration should be given to how this is communicated to individuals. If further information is needed for physical distancing and hygiene please refer to [advice and information for social landlords managing multi-storey and high-density flats during the COVID-19 health crisis](#).
- Those living in non communal, mainstream temporary accommodation, should be encouraged to self-isolate there if possible.

5. Frontline outreach and visiting tenancy support services

Outreach and visiting support workers should follow public health measures in the work place such as physical distancing, hand hygiene, and if symptomatic, stay at home (household isolation) and arrange a test, in line with advice from [Scottish Government](#). Existing arrangements for safe working should be reviewed. Advice on hand and respiratory hygiene should be strictly followed during and after any visits (see section 3.3).

It is important that all homelessness settings adhere to current [Scottish Government](#) guidelines regarding visitation rules in local areas and access the [Strategic Framework](#) to ascertain what level of restrictions are in place. Consider how you can support service users where face to face contact is to be avoided, e.g. regular telephone contact and delivery of supplies. Prior to a home visit for those receiving tenancy support in temporary or permanent accommodation, staff should, if possible, ascertain if a user of the service, or member of the household is following household isolation (stay at home) or shielding advice via telephone, text or e-mail. If they are following this advice and a visit is deemed essential, then a full risk assessment should be undertaken with managers to decide the best course of action. If during telephone communication to assess their suitability for a home visit, they report symptoms of COVID-19, then a face-to-face assessment should be avoided. In deciding on the safest and most appropriate approach to take, consideration should be given to how best to deliver tenancy support for those requiring more intensive support, such as that provided through the Housing First model. This should also include consideration for the preferences of the tenant.

You should consider how to implement [physical distancing advice](#) and ensure that you are aware whether the user of the service belongs to a risk group as outlined in the [physical distancing guidance](#)

All services should consider contingency plans for:

- Reduced access to or interrupted supply of medicines;
- Reduced access to or interrupted supply of drugs or alcohol;
- Greater vulnerability to infection, for example because of poor health and/or drug and alcohol use
- Risk of exacerbation of breathing impairment from COVID-19 due to simultaneous substance use, e.g. opioids;
- Withdrawal support or substitute prescribing as an alternative to using illicit drugs, e.g. opioid substitution therapy;
- Impact of isolation on mental health; and non-adherence to physical distancing or household isolation advice.

6. Guidance for individuals who sell or exchange sex

People who sell or exchange sex should be advised that COVID-19 can be spread by close contact, including kissing. Close and direct contact should be avoided with anyone with symptoms consistent with COVID-19. [Click Scotland](#) provides a confidential service to support the safety and wellbeing of women who sell or exchange sex or images in Scotland. [Umbrella Lane](#) also provide services to support people who sell or exchange sex. Further sexual health information around COVID-19 and those who sell or exchange sex is available [here](#).

7. Further support

Further support on drug and alcohol issues should be sought from relevant local services. The [Scottish Drug Forum](#) has guidance available for organisations working with people with drug problems as well as information for people who inject drugs. Scottish Health Action on Alcohol Problems has recommendations for alcohol services which can be found on [Alcohol Policy UK](#) and [advice for heavy drinkers](#) who are thinking about cutting back or stopping drinking during the pandemic. Information on sharing injecting equipment and other paraphernalia used to take drugs during COVID-19 is available from the [Scottish Drugs Forum](#).

The Lord Advocate has issued a [statement](#) enabling non drug treatment services who are registered with Scottish Government, to supply naloxone for the duration of the COVID-19 pandemic, including services for people who are experiencing homelessness.

7.1 Scottish Refugee Council

[Scottish Refugee Council](#) can assist in enquiries relating to asylum seekers and refugees. Further support for local authorities and statutory services in relation to asylum seekers and refugees can be sought from [COSLA](#) who can provide advice and guidance. For migrants subject to No Recourse to Public Funds, please consult [COSLA's Covid-19 guidance](#).

Local authorities and other relevant groups should work closely together with local frontline partners to regularly update their resilience plans in line with new advice and information as this is subject to frequent change.

Appendix 1

Public Health Scotland – COVID 19 - Guiding Principles for Trauma Informed Practice - Homelessness

Trauma is a contributory factor to our thinking, feelings and the way we act. There is a growing evidence base¹ that people who are at risk of becoming homeless or are currently experiencing homelessness have previously or still are, experiencing complex trauma in their lives. This can include adverse childhood experiences (ACEs) such as sexual, physical, emotional abuse or neglect, and a dysfunctional family background.² There is also the trauma impact of losing a home and trauma for individuals who have had to flee from their home countries and arrive in the UK. The effect of trauma can be presented in different ways depending on the person and sometimes the correlation to the trauma and current expression is not apparent to either the person involved or practitioners. Trauma often occurs during homelessness, this could be due to experiencing violence, sexual assaults or witnessing traumatic events, this can lead to re-traumatisation.³

Homelessness is a public health issue⁴ and a trauma-informed approach needs to be adopted as best practice for meeting the needs of trauma survivors across all public services.⁵ However services are often limited in their response due to the systems and processes that are in place, making it difficult to deliver person centred care. For individuals who have experience of complex trauma, this can impact on the effectiveness of care and support provided.

This guidance provides recommendations on how local authorities and providers of supported and temporary accommodation and hostels can support people through trauma informed practice who are unwilling or unable to self-isolate or adhere to coronavirus lockdown restrictions. All statutory services have a key role to play in supporting and prioritising human welfare and maintaining human dignity.

When seeking accommodation the outreach service and local authority should conduct a risk assessment to identify what type of accommodation would be suitable for the person. This should include;

- If an individual is unable or unwilling to self-isolate, in the first instance the support worker/housing worker/ accommodation provider should take a trauma informed approach and consider whether they can address any of the reasons why people may not be able or willing to comply
- Unwillingness or inability to comply could be due to a person's experience of trauma, mental health problems and/or substance use problems
- Consider whether the individual has any mental health needs that need to be assessed (e.g. risk of suicide or self-harm)? And if so, how they can continue to access psychological or psychiatric support, does the person have access to digital communication?

- Whether the individual has any substance use problems, and if so, how these can be met during self-isolation. This may include consideration of prescribing options of ORT and other required medication or harm reduction approaches such as sharps disposal boxes.

Then the following staff reflections on practice may be useful to consider:

- Have you provided assurance that they can still get their prescriptions?
- Have the reasons for self-isolation been communicated effectively? Could you communicate this in a different format or through peer support?
- Is there a reason connected to their experience of trauma that makes them reluctant or worried about self-isolation?
- Have you given them assurance that their basic needs will be met? i.e., providing a kettle and a microwave for them to be able to make their own food/drinks, giving them assurances that someone will pick up food and supplies on their behalf.
- Have you provided them with assurances that their support will continue while they're in self-isolation? Have you provided them with the technology and funds to enable phone or video support?
- Will they have the ability to communicate with their friends and family during self-isolation? Can you provide free internet access or a funded smart phone?
- Are they worried they don't have anything to do? Are you able to encourage socially distanced exercise or are you able to provide or seek donations of a TV or a games console?
- If the individual does not to adhere to physical distancing rules as set out by the Scottish Government the support worker should contact police to negotiate with the individual. Police Scotland will fully support the health service and the powers noted below will only be used as a last resort and only where people are defying very clear and sensible advice, which is designed to protect them from harm. Any intervention will be dealt with in a fair, reasonable and proportionate manner.

Engage: ask whether an individual is aware of the government request; establish individual circumstances and how quickly someone can comply

Explain: the risks to public health and to the NHS in line with government guidance

Encourage: voluntary compliance

Enforce: if faced with non-compliance and **only as a last resort** a fixed penalty can be presented under The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 Section 7 & 8.

References

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<https://www.gov.scot/publications/adverse-childhood-experiences/>
- 3 Feantsa (2017) Recognising the link between trauma and homelessness
https://www.feantsa.org/download/feantsa_traumaandhomelessness03073471219052946810738.pdf
- 4 Waugh et al (2018) Health and Homelessness in Scotland
<https://www.gov.scot/publications/health-homelessness-scotland/>
- 5 Guarino K.M. (2014) Trauma-Informed Care for Families Experiencing Homelessness. In: Haskett M., Perlman S., Cowan B. (eds) Supporting Families Experiencing Homelessness. Springer, New York, NY
<https://psycnet.apa.org/record/2013-41295-007>

Appendix 2: Contact details for local Health Protection Teams

Organisation	Office Hours Telephone Number	Out of Hours Telephone Number Ask for Public Health On Call
Ayrshire and Arran	01292 885 858	01563 521 133
Borders	01896 825 560	01896 826 000
Dumfries and Galloway	01387 272 724	01387 246 246
Fife	01592 226 435/798	01383 623 623
Forth Valley	01786 457 283	01324 566 000
Grampian	01224 558 520	0345 456 6000
Greater Glasgow & Clyde	0141 201 4917	0141 211 3600
Highland	01463 704 886	01463 704 000
Lanarkshire	01698 858 232/228	01236 748 748
Lothian	0131 465 5420/5422	0131 242 1000
Orkney	01856 888 034	01856 888 000
Shetland	01595 743 340	01595 743 000
Tayside	01382 596 976/987	01382 660111
Western Isles	01851 708 033	01851 704 704