

NHS Wales

COVID – 19 (Coronavirus)

Frequently Asked Questions for NHS Managers and Employees

FAQs up to date as at 15.00, 26 November 2021

Background

The situation with the COVID – 19 (coronavirus) continues to be a fast moving and developing issue.

Welsh Government continue to review the position in Wales on a rolling three week basis and the advice and regulations can change very quickly.

There continues to be a delicate balance to strike in relation to ensuring that we maximise the availability of staff whilst at the same time supporting the control of the spread of this virus and safeguard the health and wellbeing of staff. There is an expectation that organisations take appropriate and proportionate action to support staff in their organisational responses and communications.

We are working with colleagues across Welsh Government and with trade union partners and UK colleagues to provide ongoing clarity in this area to ensure that our advice, guidance and support is joined up to ensure that there is ongoing consistent advice in relation to wider aspects on employment and management responses. Likewise, the ongoing development and review of plans and approaches at local level should be made in partnership, wherever possible.

[A joint statement](#) outlining how Welsh Government, employers and trade unions will seek to maintain partnership working at all levels has been developed.

The following FAQs are based on a few overarching principles which need to be borne in mind, as follows: -

- This continues to be an ongoing and developing situation where many decisions will have to be made in a short timeframe. Whilst this set of FAQs sets out some of the areas where we can provide guidance and advice, we will not be able to cover everything. The key message is that managers will be supported to manage during this period in the decisions which they make which should be in line with this guidance, but we would encourage managers to make proportionate judgements as the specific circumstances present themselves and in making these decisions to follow appropriate assessment of risk;
- The primary responsibility for the management of workforce related situations during the COVID-19 outbreak rests with individual managers. The rationale for this approach is that managers should “know their employees” and be familiar with the issues, individual circumstance and needs of their employees;

Managers in “knowing their employee”, have the discretion that when making decisions in relation to an individual’s needs and circumstances e.g. whether it is appropriate for them to work from home or be deployed to another area, they should consider the appropriateness of the decision for that particular individual against the demands of the service;

- Individuals with symptoms, or who have been advised to self-isolate will be expected to remain at home and away from the workplace;
- The health and wellbeing of individual staff and patients is of paramount importance.

As referenced in WHC/2020/019 dated 30 October 2020, organisations are expected to promote awareness of the FAQs amongst staff and managers and ensure the agreed approaches set out in these documents are applied consistently across organisations.

These FAQs have been developed in line with the NHS Wales response to the COVID-19 pandemic and will be added to, amended and refined during the course of the pandemic. The FAQs will remain in place until 25 March 2022 (in line with when provisions of the Coronavirus Act 2020 are due to end) at which time they will automatically be withdrawn.

FAQs

Infection Control

Q1a. What should we do where individuals have been advised to self-isolate to prevent onward transmission?

A1a. Given the significance of this as a control of infection issue, it has been agreed that any self-isolation absence in the interests of control of infection (household isolation) will be disregarded in respect of the cumulative absence and prompts which operate within the Managing Attendance at Work Policy. These absences will be treated as medical exclusion and will be paid at full pay. In these circumstances, the individual will not be required to provide a Fit Note as the absence will be authorised absence.

Any planned annual leave which coincides with this period of self-isolation will be reinstated.

Q1b. What happens if I go off sick with confirmed COVID-19?

*A1b. Sickness absence from work confirmed as a sickness due to the effects of a COVID-19 illness/infection will be paid at full pay from the first day of absence for a maximum of one year, calculated on the basis of what you would have received had you been at work, including any enhancements that you would have received. It will therefore include regularly paid supplements, including any recruitment and retention premia and payments for work outside of normal hours. **This will apply***

regardless of length of service or previous absences which may have affected occupational sick pay entitlements.

Enhancements are calculated based on the average of the enhancements received within the last 3 months before the commencement of sickness. Managers will not be required to report enhancements to payroll during the period of sickness absence.

Q1c. Is COVID-19 sickness absence different from the normal sickness absence arrangements?

A1c. No, it is not. From 1st December 2020, the normal sickness provisions e.g., those set out your terms and conditions of service will apply to all short term or continuous/long term COVID-19 related sickness absence but specific enhancements to the normal sickness absence payments have been made to support staff absent with a direct COVID-19 infection.

Q1d. What is the additional support which is being made available for: i) individuals continuously absent with a direct COVID-19 infection; ii) individuals who contracted COVID-19 and since returning to work have continued to feel unwell for period(s) and have had more than one related sickness absence; and iii) individuals remaining unwell and worried about going onto half pay?

*A1d. In addition to the support set out in answer 1b, employees who are absent following a COVID-19 infection will receive up to 12 months full pay*¹. This will apply to all individuals whose absence is related to a COVID-19 infection irrespective of their length of service.*

*To support an individual's ongoing rehabilitation and their return to work, managers have the discretion to extend the period of sick pay on full or half pay*².*

This may be helpful where individuals are recovering from a period of sickness absence following a COVID-19 infection and are ready to return to work on a phased basis or to support individuals where there may be a setback in their recovery, and they need to take a further period of work as part of their ongoing recovery.

**¹ Ordinarily an employee would move from full pay to half pay at a defined point but in this instance their half pay will be topped up to ensure full pay at the point at which full pay ordinarily reduced. This will apply to all individuals whose absence is related to a COVID-19 infection irrespective of their length of service or any previous non COVID-19 related sickness.*

^{*2} Section 14.13 of the Terms and Conditions of Service Handbook on Sickness Absence and paragraphs 225-244 of the Medical and Dental Terms and Conditions of Service (Wales).

Q1e. Will the Managing Attendance at Work Policy apply if I am absent with COVID-19?

A1e. *Given the importance of supporting the control of infection, the period of a COVID-19 sickness absence will be disregarded in respect of cumulative absence and prompts which operate within the Managing Attendance at Work Policy.*

Where an individual is absent due to a COVID-19 sickness absence and has not returned to the workplace within 6 weeks, employers will at this point support individuals through the application of the provisions set out in the Managing Attendance at Work Policy. In particular managers should use the “How to guides” contained within the policy to manage and support individuals on long term absence and facilitate individuals returning to work when appropriate, including any phased return (which managers may wish to consider extending beyond the 6-week period outlined in the Policy where required), temporary redeployment with reasonable/tailored adjustments that may be helpful in enabling a return to work. In addition, to assist staff with the return to the workplace following a lengthy period of COVID-19 related sickness absence, a programme of bespoke support will be put in place. This will be supported by the development of a framework which will build on the arrangements set out in the Managing Attendance at Work Policy. This extended period will be on full pay (what the individual normally receives when in work) and the individual will not be expected to use annual leave.

Q1f. Were the arrangements different earlier in the pandemic?

A1f. Yes.

We now understand of the effects of COVID-19 much better and have changed our approach accordingly. Since the 1st December 2020 normal sickness absence arrangements with enhanced provisions are in place. (see Q1c)

Before the 1st December 2020, Normal sickness provisions as detailed in the NHS terms and conditions of service handbook (section 14, Wales) and the Medical and Dental Terms and Conditions of Service (Wales) paragraphs 225-244, were paused for absences arising out of COVID-19 infection. This meant that affected staff were paid full pay (calculated on the basis of what the individual would have received had he/she been at work) without that absence having any impact on their sick pay entitlement.

Individuals who were absent following a COVID-19 infection prior to 1st December 2020, have also had their sickness absence re-set in line with Q 1c and 1d.

For example, if an individual commenced a long term period of COVID-19 sickness absence in July 2020, their sick pay entitlement will be re-set at the 1st December 2020. The individual in this example will then be entitled to receive full pay for up to

a further 12 months from 1st December 2020 as per the arrangements set out in Q 1c and 1d.

There are a number of individuals who remain absent from work with COVID-19 as their reason for absence and whose sickness absence commenced before 1st December 2020. There is concern that the arrangements would provide a “cliff edge”, if the full pay “top up” is removed. It is also recognised that individual bespoke support arrangements need to be put in place regarding each individual health situation, to work towards, so far as is possible, a return to work. Accordingly, the full pay “top up” will be extended by 4 months to the 31st March 2022. This will apply to all individuals whose full pay was extended to 30th November 2021 and for any individual with a 12 month full pay “top up” end date, between 1st December 2021 and 31st March 2022.

*Further consideration has also been given to the arrangements for sick pay which will need to be in place after 1st April 2022 and these are set out in a separate document **COVID-19 sickness absence - transition from enhanced provisions to application of regular sickness absence arrangements with effect from 1 April 2022** document. Link below:-*

<https://www.nhsconfed.org/publications/covid-sickness-absence-transition-enhanced-provisions-application-regular-sickness>

Where an individual exhausts their sick pay entitlement, employers have the discretion to extend the period of sick pay on full or half pay where there is the expectation of return to work in the short term and an extension would materially support a return and/or assist recovery (see Q1d).

Q1g. I contracted COVID-19 earlier during the pandemic and returned to work, how will the COVID-19 absence be treated in respect of any other sickness I may have?

A1g. Subsequent episodes of sickness absence, will be paid as per an individual’s normal contractual sickness entitlements. This may mean that individuals have exhausted their entitlement to full pay or half pay for any further sickness absence. In such situations, managers have the discretion to apply the provisions set out in Section 14.13 of the Terms and Conditions of Service Handbook section on Sickness Absence which allows for sick pay to be increased or extended. It is expected that managers will exercise this discretion. Such flexibility should also be considered for Medical and Dental staff.

Q2. What should individuals with symptoms be advised to do?

A2. Please refer to Public Health Wales advice <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

Individuals showing the following systems;

- *a high temperature: this means you feel hot to touch on your chest or back (you do not need to measure your temperature)*

- *a new, continuous cough: this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)*
- *a loss or change to your sense of smell or taste: this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal*

must not attend work and should self-isolate for 10 days. Symptomatic employees would be considered sick in line with the Managing Attendance at Work policy. Symptomatic individuals should not return to work until fully recovered.

After 10 days of self-isolation, people who feel better and no longer have a high temperature can return to their normal routine. If they have not had any signs of improvement after 10 days and have not already sought medical advice, they should use NHS111 online (people should only call NHS111 if they cannot get online) before they leave their home or let visitors in.

Coughs may persist for several weeks in some people, despite the coronavirus infection having cleared. A persistent cough alone does not mean someone must continue to stay at home for more than 10 days.

Q3. A member of my household is displaying symptoms, what should I do?

A3. Please refer to the Welsh Government advice, link below: -

<https://gov.wales/coronavirus>

Q4. What support is there for individuals who have to look after a child or dependant who has been advised to self-isolate because they are in an at risk category?

A4. Consideration will be given to individual caring responsibilities and the impact that any changes will have on the organisation's required capacity during the pandemic.

Your manager will be as supportive and as flexible as possible in these circumstances and will consider agreeing a temporary change to working arrangements, such as working a different combination of shifts which can be organised around childcare, change of hours etc. As an alternative to or in addition to the above, those individuals whose role is suitable for and can be undertaken remotely from home, will be permitted to work from home in these circumstances. If following the consideration of all options relating to flexible working, a suitable arrangement cannot be found to accommodate the individual's carer responsibilities, then a period of special leave may be granted in line with the All Wales special leave policy, i.e., up to 3 days (pro rata for part time staff) may be granted per episode which can be used flexibly and broken down into sessions/hours to meet an individual's needs. A combination of other leave may be taken to further extend the period of absence e.g., annual leave, time off in lieu (TOIL) or unpaid leave.

Also, the manager will have the discretion to extend the period of paid leave beyond the 3 days, where an individual does not have a spouse, partner or someone living

within their household to share the care arrangement with, following consideration of the individual's circumstances, but must be able to account for their decision.

Q5. What if an individual becomes unwell at work and develops the symptoms?

A5. Please refer to Public Health Wales advice <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

If someone becomes unwell, they should:

- *get at least 2 metres (7 feet) away from other people*
- *go to a room or area behind a closed door, such as a sick bay or staff office*
- *avoid touching anything*
- *cough or sneeze into a tissue and put it in a bin, or if they do not have tissues, cough and sneeze into the crook of their elbow*
- *use a separate bathroom from others, if possible*

The unwell person should be advised to go home and self-isolate.

Q6. Do I need to wear a face mask?

A6. *Three layer non-medical face coverings should be worn in public places, e.g., reception areas and waiting areas, and in other areas where social distancing cannot be achieved. Link below: -*

<https://gov.wales/face-coverings-frequently-asked-questions>

Face masks are only of any use if they have been properly fitted to the wearer and "fit-tested". Should you be required to care for patients with suspected or confirmed cases of COVID-19, you will be trained in appropriate infection prevention measures, including the correct use of PPE. Where individuals consider there is a risk to themselves or the individuals that they are caring for they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member for the episode of care or single session.

Please see advice

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/>

Q7. The advice from Welsh Government regarding people in the Clinically Extremely Vulnerable (shielding) category was revised with effect from 1 April 2021. How will this affect my working arrangements?

A7. *The Chief Medical Officer has reviewed the advice to people who are clinically extremely vulnerable and in light of the current context of significantly lower cases across Wales, has advised that shielding measures should be paused on 31 March. See link below:*

<https://gov.wales/guidance-on-shielding-and-protecting-people-defined-on-medical-grounds-as-extremely-vulnerable-from-coronavirus-covid-19-html>

Discussions must take place between line managers and Clinically Extremely Vulnerable employees to facilitate their return to the workplace, using the risk assessment tool. Link below: -

<https://gov.wales/covid-19-workforce-risk-assessment-tool>

The risk assessment tool has been updated in light of the revised advice. The tool is intended to start the conversation between the individual and line manager. The tool identifies known risk factors to help people working in the NHS and social care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus. It is a combination of these various risk factors coming together which contribute to the severity of infection.

Recognising the range and complexity of conditions on the 'shielded list' the pragmatic approach agreed by the Risk Assessment Subgroup is for these individuals to automatically be scored 7 on the COVID-19 Workforce Risk Assessment Tool and placed in the Very High Risk group.

However, the approach recognises that these individuals require a further discussion to consider their personal risk in returning to the workplace setting, and this may need to involve Occupational Health to determine if it safe to return to work. Where an individual has subsequently had a personal Occupational Health Risk Assessment, then that would apply to the individual, in essence that would satisfy part 2 of the risk assessment process following the self-assessment.

So subject to the above discussions with their line manager, from 1 April, staff that are Clinically Extremely Vulnerable may return to work, if they cannot work from home, as long as the workplace has been subject to a risk assessment and is Covid-secure (has taken reasonable measures to minimise risk to employees – please see guidance produced by the HSE <https://www.hse.gov.uk/coronavirus/working-safely/>).

All staff should continue to follow the official and clinical advice such as social distancing, hand hygiene and face masks even if they have been vaccinated. This is because, while a full course of the vaccine will reduce your chance of becoming seriously ill with Covid-19, we do not yet know whether it will stop you from catching

and passing on the virus'. As we proceed with the vaccination programme, we are learning more about how effective vaccines are. However, there is more we need to learn about the impact of vaccination and there is a risk from variants and mutations – both those we know about and those that could emerge. That is why it is so important that, even after vaccination, people continue to follow the rules to keep themselves safe.

Managers should also refer to the guidance developed previously to support the return of shielding employees. Link below: -

<https://www.nhsconfed.org/publications/guidance-supporting-shielding-employees-return-workplace-august-2020>

Q8. I have received a message from a contact tracer/NHS COVID-19 app in line with the Test Trace Protect Plan advising me that I have potentially been in contact with someone with COVID-19, what steps need to be taken?

A8. *If you do not work in a patient / service user facing role, you are exempt from the requirement to self-isolate provided that:*

- *You are asymptomatic*
- *You are fully vaccinated (received 2nd vaccination at least 14 days before exposure)*
- *You do not reside with a person who has tested positive for Covid-19 or has symptoms*
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- *If previously positive within 90 days you have met all conditions of return to work as set out by your organisation.*

If you have not been fully vaccinated, you must self-isolate for 10 days.

Any self-isolation absence in the interests of control of infection (asymptomatic) will be disregarded in respect of the cumulative absence and triggers which operate within the Managing Attendance at Work Policy. These absences will also be paid at full pay. In these circumstances, the individual will not be required to provide a Fit Note as the absence will be authorised absence.

More information is provided on the following link: -

<https://gov.wales/self-isolation>

Where individuals self-isolate for 10 days with symptoms this will be classed as normal sickness absence but will also be disregarded in respect of cumulative absence and triggers which operate within the Managing Attendance at Work Policy and the individual will receive full pay.

Any self-isolation absence in the interests of control of infection (asymptomatic) will be disregarded in respect of the cumulative absence and triggers which operate within the Managing Attendance at Work Policy. These absences will be treated as medical exclusion and will be paid at full pay. In these circumstances, the individual will not be required to provide a Fit Note as the absence will be authorised absence.

Q9. I work in a patient / service user facing role and have received a message from a contact tracer / the NHS COVID-19 app in line with the Test Trace Protect Plan advising that I have been in contact with someone who has tested positive for Covid-19 infection (non-household contact). What steps need to be taken?

A9. *If you work in close contact with patients/service users - where you provide care, support or treatment which means you are unable to maintain a social distance, (this may be the administration of medical treatment, provision of personal care, supporting the individual to promote their independence or other interventions bringing you into close contact with the patient/ service user), you are exempt from the requirement to self-isolate provided that:*

- *You are asymptomatic*
- *You are fully vaccinated (received 2nd vaccination at least 14 days before exposure)*
- *You do not reside with a person who has tested positive for COVID-19 or has symptoms.*
- *You agree to the scheme of testing outlined below (if you do not agree, you will either be redeployed to a non-patient/service user facing role or you will be required not to attend the workplace)*
- *You do not work in close contact with patients / service users who are immunosuppressed and /or clinically extremely vulnerable, for example patients in oncology or transplant services (see Q10 below)*
- *If you previously tested positive within the last 90 days you have met all the conditions of return to the workplace as set out by your organisation.*

The scheme of testing is as follows:

- *Provide evidence of vaccination status (vaccination card or NHS App)*
- *Take a PCR (Polymerase Chain Reaction) test, at a recognised test centre, on the first day you are identified as a contact or on the first day that someone in their household had COVID-19 symptoms (you must self-isolate until receipt of the result). If the test is positive you must continue to self-isolate for 10 days*
- *Following a negative PCR test result, you must take a LFD (Lateral Flow Device) test each day before work for 10 days and receive a negative result, and log the results on the portal and show the test to your manager prior to commencing work each day*
- *If your LFD test is positive, you must self-isolate and arrange a PCR test within 24 hours*
- *If you have received a positive COVID-19 PCR test result within the last 90 days, a risk assessment will be undertaken by your manager to assess whether you can continue to attend the workplace.*
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If you do reside with a person who has tested positive for COVID-19 or has symptoms then you must agree to the scheme of testing to continue to work with patients/service users. If you do not agree you should be redeployed or asked not to attend the workplace.

If you have not been fully vaccinated, you must self-isolate for 10 days.

Travel expenses can be claimed for attending a PCR test centre where an individual has been asked to take a PCR test to facilitate a return to the workplace following contact with someone who has tested positive for COVID-19.

Link to guidance below: -

<https://gov.wales/covid-19-contacts-guidance-health-and-social-care-staff-html>

Q10. I work in close contact with patients / service users who are **immunosuppressed and /or clinically extremely vulnerable** and have received a message from a contact tracer / the NHS COVID-19 app in line with the Test Trace Protect Plan advising that I have been in contact with someone who has tested positive for Covid infection. What steps need to be taken?

A10. *If you work with patients / service users who are immunosuppressed and/or clinically extremely vulnerable, for example patients in oncology or transplant services, you should **not** continue to work with these patients / service users.*

You are exempt from the requirement to self-isolate provided that:

- *You are asymptomatic*
- *You are fully vaccinated (received 2nd vaccination at least 14 days before exposure)*
- *You do not reside with the person who has tested positive for Covid-19 or has symptoms*
- *You agree to the scheme of testing (if you do not agree, you will either be redeployed to a non-patient/service user facing role you will be required not to attend the workplace)*

If you previously tested positive within the last 90 days you have met all the conditions of a return to the workplace as set out by your organisation.

However, you may be redeployed to work with patients / service users who are not immunosuppressed or will be required not to attend the workplace if this is not possible. If you do reside with a person who has tested positive for COVID-19 or has symptoms then you must agree to the specified testing process to continue to work with patients/service users. If you do not agree you should be redeployed or asked not to attend the workplace.

If you have not been fully vaccinated, you must self-isolate for 10 days.

Link to guidance below: -

<https://gov.wales/covid-19-contacts-guidance-health-and-social-care-staff-html>

Q11. What if an individual refuses to take a COVID-19 test having been advised to do so, either following exposure at work or following contact by a contact tracer; or an individual refuses to comply with the testing arrangements put in place to allow fully

vaccinated individuals to attend the workplace following contact with someone with COVID-19?

A11. It is anticipated that refusal to take a test or follow an organisation's scheme of testing to allow an individual to return to the workplace, will be very rare in light of the current situation. Line managers should encourage staff to take tests in order to comply with health and safety requirements and in support of the regulations of their professional body in the case of medical and clinical staff. From a control of infection perspective, the requirement for individuals to take tests if recommended, is similar in principle to ensuring that individuals are up to date with regard to immunisation, e.g., hepatitis B. Health and Safety legislation places a responsibility on individuals and organisations to protect patients so if an individual ultimately refuses to follow an organisation's scheme of testing, they would be sent home for a period of 10 days and this would be treated as unpaid leave.

Q12. Can the self-certification period be extended in the current circumstances?

A12. Given the demand on general practice and the advice not to attend surgeries, organisations may want to consider extending the self-certification period and only require a fit note after 21 days of absence. Self-isolation fit notes can also be obtained through the 111 service.

Q13. If an individual, or a member of an individual's household, is awaiting surgery or other treatment and has been advised by medical staff to self-isolate for 10 days beforehand, how should this be handled?

A13. Where the individual themselves is awaiting surgery or treatment they should be categorised as being "medically excluded" from work for infection precaution purposes. In these circumstances they should be encouraged to work from home if they are in a position to do so. If an individual's role prevents them from working from home, then the circumstances of medical exclusion are that it is authorised absence, they will be paid full pay and they would not be expected to work back any of the time off.

Where an individual has a member of their household who is awaiting surgery or other treatment, they should isolate themselves, accordingly, follow any advice given by the respective clinician(s), and take all precautions as if their household member was symptomatic, so as to allow them to continue to work.

Q14. How should the situation be handled if an individual needs to self-isolate (quarantine) for 10 days following a return from an overseas trip?

A14. The Welsh government advises against non-essential international travel including overseas holidays. If it essential for you to travel overseas, the UK wide system applies and can be found at the link below and you will need to follow the quarantine requirements:

<https://gov.wales/rules-foreign-travel-and-wales-coronavirus-covid-19>

The rules are for both residents and visitors.

Also, additional guidance has been developed for health and social care staff returning from overseas. Link below: -

<https://gov.wales/returning-travel-amber-list-countries-guidance-health-and-social-care-staff-html>

Organisations may feel it appropriate to put their own local arrangements in place depending on local circumstances.

Q15. What will the working position be of an individual quarantining in these circumstances for 10 days?

A15. Each individual instance will need to be considered on its own merits. If individuals are able to work from home, then they should be supported in doing so for the 10 day period.

Given that all non-essential international travel is advised against by the Welsh Government, if an individual returns from an overseas holiday from a country or territory that is on the red list at the time of their return (see Q14), and they are unable to work from home, whilst they are quarantining for the 10 days (either at home or at a UK Government approved hotel) then this period should be treated as a combination of annual leave, unpaid leave and time off in lieu.

There may be some cases where an individual needs to travel overseas for a family emergency or to attend a funeral or other long standing family matter. In these events, the individual may still need to quarantine on return for a period of 10 days, depending on the country or territory that they travelled to, and they will receive basic pay for this period.

In all cases individuals are required to have a conversation with their line manager before travel and plan how they will meet this guidance on their return.

Q16. I have downloaded the NHS COVID-19 app onto my phone. What should I do if I am working in a clinical setting?

A. 16. Staff members using the NHS COVID-19 app and working on hospital sites, should deactivate the app whilst in their workplace. Community-based staff should also deactivate the app in work scenarios which require the use of PPE.

The app should be paused when you:

- are working behind a fixed Perspex (or equivalent) screen and are fully protected from other people*
- store your phone in a locker or communal area, for example while working*
- are a worker in social care and are wearing medical grade PPE such as a surgical mask*
- are a healthcare worker working in a healthcare building such as a hospital or GP surgery*

Failing to deactivate the app in these situations could create a false alert.

Contact tracing can be paused within the app by moving the contact tracing toggle on the home screen. Do not forget to turn tracing back on when you finish your shift.

The app will enable you as a user to get updates about your risk level, check symptoms, order tests and receive results & advice, however it is very important that staff pause tracing within the app whilst working in a healthcare building.

*QR codes will be displayed in the communal restaurant/café areas of each of our sites **for members of the public to scan**. This means that if people visit the venue and later test positive for coronavirus, other app users who were there at the same time may be sent an alert.*

Please note that staff members will not be required to scan the QR codes at these locations.

Q17. What will happen once the vaccine(s) have been developed and the vaccination programme put in place?

A.17. NHS frontline staff have been identified as a priority to receive the vaccination and local arrangements will be put in place to ensure that individuals receive them in a timely manner. Although the vaccination cannot be made compulsory, it is hoped that individuals will agree to receive the vaccination for their own benefit, as well as from a control of infection perspective and to comply with the spirit of professional bodies' codes of conduct. Given that the vaccination programme will take some time to roll out and recognising that a minority of staff and patients may decide not to receive the vaccination, the use of PPE and the application of social distancing measures will need to continue for the foreseeable future.

Allaying Staff Fears

Q18. What arrangements will be put in place for the provision of Personal protective equipment (PPE) for staff?

A18. PPE is used to protect the user against health or safety risks at work. PPE is used as a last resort when there are risks that cannot be adequately controlled in other ways. Employers have duties concerning the provision and use of personal protective equipment (PPE) at work and must comply with the requirements of the relevant regulations. Individuals should liaise with your internal local lead for PPE regarding the regulations and local procedures and refer to the [guidance on infection prevention and control](#).

The regulations require that PPE is:

- properly assessed before use to make sure it is fit for purpose;*
- maintained and stored properly;*

- *provided with instructions on how to use it safely;*
- *used correctly by employees.*

Organisations should review PPE equipment to ensure adequate supplies are available, fit testing and training for use has been undertaken, and staff who are caring for patients are fully up to date with infection prevention measures, including the donning and doffing of PPE.

Organisations will have a clear process in place to enable staff to raise any concerns about PPE and staff should be encouraged to continue to use established incident reporting procedures alongside occupational exposures being reported to the HSE via RIDDOR to enable the required action to be taken to ensure the safety and wellbeing of the workforce and patients.

Q19. Can staff refuse to treat or transport patients that are suspected or known to have the coronavirus due to the fear of catching it or due to an underlying health condition?

A19. Managers will need to take a sensitive approach and discuss the issue with the individual. Managers should then use their discretion and make the appropriate decision. PPE will be provided where it is clinically required. Where individuals consider there is a risk to themselves or the individuals that they are caring for they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member for the episode of care or single session. The risk assessment should be carried out by the individual clinician/staff member and repeated, as necessary.

Q20. What if an individual does not want to go into work for fear of catching the virus?

A20. Some individuals might feel they do not want to go to work if they are afraid of catching coronavirus.

Employers should listen to any concerns staff may have.

If there are genuine concerns, employers must try to resolve them to protect the health and safety of their staff. For example, if possible, the employer could offer flexible working.

If an individual still does not want to go in, they may be able to arrange with their employer to take the time off as holiday or unpaid leave. The employer will be expected to take all reasonable concerns into consideration.

If an individual refuses to attend work, a proportionate and reasonable response will be required taking into account all the circumstances.

Q21. Are there any special steps we need to take in respect of at risk workers?

A21. An All Wales COVID-19 Workforce Risk Assessment Tool has been developed in collaboration with clinicians, equality practitioners, community groups and workforce colleagues to protect health and social care staff from harm in the workplace setting. The approach of the All Wales COVID-19 Workforce Risk Assessment Tool is a self-assessment in the first instance. This supports and empowers the workforce to consider their own health and wellbeing status and the resultant score gives an indication of their likely level of risk and the safeguards they should expect in their workplace setting. Link below:

<https://gov.wales/covid-19-workforce-risk-assessment-tool>

Pregnant women may be particularly vulnerable, and employers have additional responsibilities to protect them. As the situation progresses, employers should regularly risk assess and should discuss with pregnant employees whether it is appropriate to move them to a different location, arrange for them to work from home or even to temporarily remove them from the workplace. In which case this will count as medical exclusion and they will receive full pay. It is imperative that any action is done with their consent and preferably with support from Occupational Health. Further advice is available from the Royal Colleges, link below:

<https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/>

Similar action should be taken for other vulnerable individuals, particularly those who are immuno-suppressed or have long term conditions. Public Health Wales advice should be followed in these circumstances. Please refer to Public Health Wales advice <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

Q22. What should organisations consider putting in place from a facilities perspective to support healthcare workers and other individuals during this challenging time?

A22. It is important for employers to ensure employees have access to basic wellbeing provisions to enable staff to maintain their own wellbeing. Individuals should be able to:

- Access rest facilities/accommodation that is cleaned regularly;
- Frequently access hand washing facilities and have adequate supplies of hand sanitisers and hand cream (to prevent dermatitis);
- Feel assured that there are arrangements in place to ensure staff get home safely where they do not feel safe to drive e.g., transport provided;
- Keep hydrated, this is especially important for staff wearing PPE for long periods of time;
- Have 24 hour access to hot food;

- *Have regular breaks to reduce the onset of fatigue and associated risks - additional arrangements may need to be considered where staff are working longer shifts and/or additional hours. This could involve the repurposing of offices into rest spaces where employees can work from home. Please refer to the health, safety and wellbeing partnership group's (HSWPG) [guidance on safe shift working](#) for further information including information on provisions of 'power naps' and the safety of staff driving home after long shifts;*
- *Consider the provision of accommodation free of charge for those staff working with symptomatic patients who may not want to return home to their families for a period of time;*
- *Access support [for mental health and wellbeing](#).*

Q23. Will individuals be entitled to death in service benefits?

A23. *The Welsh Government has announced a new Coronavirus Life Assurance Scheme to provide benefits for eligible NHS and social care staff who perform vital frontline work during the pandemic. Link below:*

<https://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/covid19/life-assurance-scheme-wales-2020>

In the event of a staff member dying in the course of COVID-19 related work, the Welsh Government has confirmed that a lump sum payment of £60,000 will be made to their estate. This payment will be made whether or not an individual has in place their own life insurance or is a member of the NHS Pension Scheme (or of course is one of the 10 per cent of the NHS workforce who are not members of the scheme).

It should also be remembered that individuals that are actively contributing to the NHS Pension Scheme are entitled to death in membership benefits, including life assurance and family benefits. The scheme provides a lump sum and pension benefits to eligible dependants.

Supporting Business Continuity

Q24. Will formal processes and timescales in workforce policies and procedures be suspended during the crisis?

A24. *There is no single position on this, and all organisations are looking at the circumstances and context of individual matters. The overriding message is that the matter should be resolved/concluded in a speedy and pragmatic way or "parked", in both instances with the consent of all the parties. Matters may be progressed through the use of a virtual hearing and in these circumstances, the impact on the individual will need to be given due consideration, e.g., practicalities of adjourning and discussing matters with their representative, support available. In instances, where there is a potential for the outcome to be dismissal, the arrangements should be discussed in advance and where possible, and with the agreement of all parties, a face to face hearing held with social distancing measures put in place. In respect*

of disciplinary matters there are further considerations which need to be considered where individuals are suspended or have their clinical practice restricted and these will be looked at on a case by case basis. Further guidance on the holding of grievance and disciplinary hearing has been developed in partnership. Link below: -

<https://www.nhsconfed.org/-/media/Confederation/Files/Wales-Confed/Wales-Employers/Additional-guidance-Discp--Grievance-Hearings-V4.pdf?la=en&hash=182968E6AEDB66394D84BE7D695FA8E37FF48178>

Q25. Will certain staff groups be facilitated to work in other NHS Wales organisations, if practical?

A25. Yes, there is the potential for this to be needed and [mutual aid guidance](#) and [redeployment key principles](#) have been agreed in partnership and issued for use as required. There is also the potential to second staff as appropriate and required subject to their agreement.

Q26a. If I am deployed to another area or organisation to support the COVID-19 response or I voluntarily apply to support the vaccination programme will I continue to be paid on my current Agenda for Change Pay Band and incremental point, during the period of redeployment?

A26a. In line with [mutual aid guidance](#) published in April 2020, pay (including any enhanced elements of pay) in all instances will be protected for up to 12 months for the period of re-deployment, even where individuals are undertaking a role in a lower banded post. This will apply equally to all staff irrespective of length of service. Where an individual undertakes a role at a higher band the higher banded salary will apply.

Q26b. If I am redeployed or I voluntarily apply to support the vaccination programme will I be able to return to my current role at the end of the re-deployment?

A26b. At the end of the redeployment, in all circumstances, individuals will be guaranteed a return to their substantive job with their employing Health Board or Trust. Any necessary support will be provided to ensure a smooth return to their substantive role.

Q26c. If I am a part time member of staff and I work in the vaccination programme, will I retain my current banding if the roles are at a lower banding?

A26c. Yes, we are encouraging part time staff to increase their hours in order that they can be available to support the vaccination programme, this will enable part time staff to be re-deployed from their current department for the additional hours they are able to work.

Q26d. If I am part time will I be paid overtime for any hours I work to support the vaccination programme?

A26d. Normal payment practice will apply for part time staff working additional hours with plain time plus applicable unsocial hours enhancements being paid up to 37.5 hours per week. Any hours worked in excess of 37.5 will be paid as overtime.

Q27. Will staff be supported to work from home?

A27. *Where staff can work from home and it is appropriate to do so this should be encouraged.*

Q28. What support is there for individuals who have to look after a child or dependant who has been advised to self-isolate because they are in a school grouping which has been advised to self-isolate or an at risk category?

A28. *Your manager will be as supportive and as flexible as possible in these circumstances and will consider agreeing a temporary change to working arrangements, such as working a different combination of shifts which can be organised around childcare, change of hours etc. As an alternative to or in addition to the above, those individuals whose role is suitable for and can be undertaken remotely from home, will be permitted to work from home in these circumstances. If following the consideration of all options relating to flexible working, a suitable arrangement cannot be found to accommodate the individual's carer responsibilities, then a period of special leave may be granted in line with the All Wales special leave policy, i.e., up to 3 days (pro rata for part time staff) may be granted per episode which can be used flexibly and broken down into sessions/hours to meet an individual's needs. A combination of other leave may be taken to further extend the period of absence e.g., annual leave, time off in lieu (TOIL) or unpaid leave.*

Also, the manager will have the discretion to extend the period of paid leave beyond the 3 days, where an individual does not have a spouse, partner or someone living within their household to share the care arrangement with, following consideration of the individual's circumstances, but must be able to account for their decision.

Q29. Can we contact recently retired staff and other leavers with a view to asking them to return on a short term basis?

A29. *Yes, Organisations can contact recently retired staff and other leavers with a view to asking them if they are available and able to return on a short term basis to support the NHS in the current COVID-19 crisis. The only exception would be if the leaver has previously specifically requested that any personal data is erased. It is believed that organisations would be able to justify accessing contact information and making contact with former employees in the current "crisis" for the stated purposes. The regulators are arranging to re-register staff who have left the register in the last 3 years and the 3 year timescale may be a useful guide when considering the employment of other individuals who have retired.*

Any leaver will require new pre- employment checks (PECs) on returning.

Local Health Board Workforce and OD departments currently process retire and return applications and it is anticipated these arrangements will continue to be managed locally. As COVID-19 is a significant organisational risk, it will be for organisations carry out local risk assessments to decide if they are happy to accept the PECs held on the file for the leaver/retiree concerned. Where there are no PECs

held on file it will be for organisations carry out a local risk assessment to decide if the individuals can commence employment prior to the individuals PECS being fully completed. Every effort will be made to fast track PECs.

If staff have already taken their pension, the Government is removing any restrictions on the amount of work they can do without losing any part of their pension during the emergency.

Please see Welsh Government advice for healthcare professionals returning to the NHS to support the Service during the COVID-19 outbreak.

<https://gov.wales/health-professionals-coronavirus>

The mobilisation effort means that staff will be working in a range of settings, not necessarily returning to their old employer. However, most may be returning to the pay band before they retired. The intention is to ensure that in these exceptional circumstances, employers can quickly deploy staff and that staff have clarity on the pay they can expect to receive when they return to work in the NHS.

Roles should be based on nationally agreed contracts and terms and conditions of service.

Agenda for Change Staff - during the emergency period, if staff return to work in roles covered by Agenda for Change terms and conditions for substantive staff, they should be paid at the top of the appropriate pay band for the role they are fulfilling, providing they previously worked in that pay band or higher.

Medical Staff – if they retired from a medical role, they should be paid on the appropriate contract for the role they are fulfilling, providing they return to the same level of responsibility.

All staff that return to work in the NHS after retirement will be paid the substantive rate for their role. The pay point should not be lower than the pay point before they retired unless the staff member wishes to work in a more junior role (see below).

The actual amount and the frequency should be confirmed by the employer.

Staff that want to return to a more junior role

If staff want to return to a more junior role than the role they retired from, they should be paid the top of the pay band in the more junior role.

Staff that have not retired, but just left the NHS

If staff have not retired, but left NHS employment, if they return to work in roles covered by NHS national terms and conditions of service, they should be paid at the top of the appropriate pay band for the role they are filling, providing they are returning to the same level of responsibility.

They will be paid the substantive rate for the role. The actual amount and the frequency should be confirmed by their employer.

Q30. How should apprentices be used to support the response?

A30. At this unprecedented time, it is vital that we maximise the number of staff available to help fight the virus. To support the mobilisation of staff who can assist in the pandemic, the 20% requirement for 'off the job' training for NHS staff on apprenticeships will be temporarily suspended.

Staff can be deployed for this time by their NHS employer. Health Boards and Trusts will ensure that apprentices will not be disadvantaged in doing so in relation to their qualifications.

In the majority of cases pay will not change as the work the apprentice would be undertaking is of the same level. Where work is of a different level, then the appropriate rate for the job should be paid.

Q31. Will there be a change to my current working arrangements such as study leave and Supporting Professional Activities?

A31. We expect that the impact of COVID-19 on services will become more intense and we will therefore be looking for increased flexibility in the way people work and in particular to changing fixed commitments such as study leave and SPA activity. There will be circumstances where requests will be made to suspend SPA sessions so as to provide additional Direct Clinical Care sessions. Whilst SPA activity is a contractual provision, we expect that given the requirements of managing the Covid-19 outbreak that any such requests will be fully supported by clinicians working across NHS Wales, although it is recognised that there will be an ongoing need for some training and SPA activity to continue.

Such arrangements should continue for no longer than is necessary to respond to the extraordinary clinical demands posed by the current crisis. There should be a clear understanding and agreement regarding the extent of any flexibility and the anticipated length of the change including a fixed end point at which the arrangements will be reviewed. The review will determine whether the arrangements need to be extended, modified or ended. In all circumstances, at the end of the response to the crisis, individuals will return to their previously agreed job plan/working pattern.

Q32. What will happen to pay progression arrangements and statutory and mandatory training requirements?

A.32. For individuals on Agenda for Change terms and conditions, due a Pay Step (increment) before 30 September 2022 they will progress automatically. However, arrangements are being put in place within organisations to relaunch the new pay progression policy from 1 October 2021 to allow for a full year for the policy to operate before the pay steps need to be proactively opened by managers following a satisfactory performance assessment. The situation remains unchanged for individuals on medical and dental terms and conditions of service. All staff are still required to complete statutory and mandatory training as set out by their organisation, however we note that arrangements in relation to how that training is completed may be different. Colleagues are asked to contact their local Learning and Development team for further advice.

Q33. Some individuals in roles that normally attract Unsocial Hours enhancements may be redeployed or undertake a role during the vaccination programme that does not attract these enhancements. Will these individuals continue to receive their enhancements?

A33. *Yes, they will.*

Q.34. Who is responsible for the indemnity of NHS staff working in a different NHS organisation during the COVID-19 outbreak?

A.34. *The 'loaning' of NHS staff from one legal entity to another is common and will be required on a much larger scale during the COVID-19 outbreak. NHS Indemnity is applied by all NHS Wales Health Bodies to their core activities. Regardless of who pays the staff, the indemnity lies with the body who is in 'command and control'.*

Q35. Will NHS indemnity cover "paid volunteers" from other organisations outside of the NHS?

A35. *If a volunteer, regardless of how they are funded, is accepted by a NHS organisation as competent and 'working' for them, then NHS Indemnity will apply. The NHS organisation should take responsibility for planning, training and supervising the work of any 'paid volunteers'. If the NHS organisation accepts an individual to support its services in a locum/ temporary/ loaned / volunteer capacity, then NHS indemnity can be applied by the NHS organisation.*

Terms and Conditions

Q36. What happens if a bank staff member cancels a shift due to the need to self-isolate?

A36. *They will be paid for the booked shifts. However, this is for the purpose of control of infection only and in these circumstances, all bank workers should recognise the reasoning and intent behind this provision and not book multiple shifts knowing that they may need to self-isolate.*

Q37. Will I receive full pay if self-isolating??

A37. *Yes, individuals will receive full pay if required to self-isolate. This is to support control of infection and to slow the spread of COVID-19 as we are requiring them not to attend work.*

Q38. Some individuals, currently on sickness absence, may have had an operation cancelled which would have supported a return to work. Such individuals, as a result of the cancellation may move into half pay or no pay as a direct result of the COVID-19 pandemic. Is there any flexibility in the operation of the sick pay arrangements?

A38. The existing provisions set out in Section 14.13 of the Terms and Conditions of Service Handbook: Sickness Absence and paragraphs 225-244 of the Medical and Dental Terms and Conditions of Service (Wales), will apply and organisations should consider individual's circumstances on a case by case basis.

Q39. How will bank holidays be treated in terms of payment and time off in lieu?

A39. Bank holidays will be treated as normal in line with the provisions outlined in the NHS Terms and Conditions of Service Handbook, Sections 2 and 13.4, and the Medical and Dental Terms and Conditions of Service (Wales), Paragraph 214.

Q40. Will annual leave be cancelled/not granted during the peak period?

A40. Managers need to use their discretion and respond to issues in their own areas of work and discuss with the individual concerned. Colleagues are not currently expected to postpone or cancel approved annual leave. However, in the case of medical and dental staff, whose leave year does not run from 1 April to 31 March, if they have annual leave scheduled but are willing to postpone to help support the response at the request of the organisation, then any untaken annual leave/TOIL can be carried forward into the next leave year.

However, consideration needs to be given to an individual's health and wellbeing and the role that annual leave has in supporting this. A build up of annual leave over an extended period may also have an impact on service delivery in future. In addition, individuals should be encouraged and supported in continuing to take leave at regular intervals through the leave year. The taking of leave should continue, even if travel and normal holiday arrangements continue to be disrupted, to ensure individuals have a meaningful break from the work environment.

A joint statement on the importance of booking and taking of annual leave during the Coronavirus (Covid-19) pandemic has been developed. Link below:

<https://www.nhsconfed.org/-/media/Confederation/Files/Wales-Confed/Wales-Employers/NHS-Wales-Welsh-Partnership-Forum-Statement-on-Annual-Leave.pdf?la=en&hash=AB8529405E2F35E37C4E716B457BC49A62302FA5>

Q41. Will individuals be allowed to carry over annual leave to the next leave year?

A41. Yes, individuals will be able to carry forward any and all unused annual leave from the 2019/20 leave year above the 20 days (statutory requirement). For the 2020/21 leave year, individuals are encouraged to book and take annual leave at regular intervals throughout the year as they would under normal circumstances. Taking annual leave is an important contributor to an individual's physical and mental

health and their ability to undertake their duties in a safe and effective manner. Local organisational policies apply with regard to carry forward of leave from the 2020/21 leave year.

For medical and dental staff whose leave year does not run from 1 April to 31 March, then the dates of their leave year apply.

A [joint statement outlining the principles](#) in relation to the application of annual leave, study leave and public holiday arrangements for doctors and dentists in training during the Covid-19 pandemic has been agreed.

Q42. Can overtime be paid to Band 8As and above?

A42. Yes, organisations have discretion to pay overtime at time and a half to these bands where the additional activity relates specifically to the management of COVID-19.

Also, a temporary [joint position](#) for the payment of amended hours for consultants, specialty doctors and associated specialists has been established.

Q43. What are the reporting reasons for COVID-19 or self-isolating on ESR?

A43. The reporting reasons for COVID-19 are included [here](#).

Periods of absence will also be recorded on the Return to Work Form.

If Managers have queries entering data into ESR, please contact the ESR Support Hub via email esrhub.wales@wales.nhs.uk or live chat <http://www.nwssp.wales.nhs.uk/esr-community-hub>.

For additional guidance see [Recording and Reporting Absence related to Coronavirus \(COVID-19\)](#)

Q44. Should I record Absence related COVID-19 in ESR, in addition to the e-Roster?

A44. No, e-Roster Managers should enter Sickness and other Absence data directly into the e-Roster system following the guidance. **Do not** record additional data in ESR, as this may cause significant payroll failures.

Q45. What will the approach be to facilities time?

A45. At organisational level, employers will ensure that so far as is possible facilities time for union representatives including health and safety representatives is safeguarded, and extended through agreement where necessary, for example to allow involvement in new emergency structures. It is recognised that there may be

times where the needs of the service mean that facilities time cannot be safeguarded as representatives may be required to support frontline services. In such circumstances, organisations will work with TU partners to ensure that a workable minimum is maintained. Trade union representatives for their part will recognise and respond to the context in which they are working with even greater sensitivity with the care of patients during this time a clear and shared priority.

[A joint statement](#) outlining how Welsh Government, employers and trade unions will seek to maintain partnership working at all levels has been developed.

Q46. What are the implications for staff in the NHS Pension Scheme?

A46. It is important to note that all pension and re-employment income is subject to income tax, changes in pensionable pay may affect the level of Pension Scheme contributions employees pay. Link [here](#).

The COVID-19 Act provides powers to suspend the 16-hour rule which currently prevents staff who return to work after retirement from the 1995 NHS Pension Scheme from working more than 16 hours per week in the first four weeks after retirement. The Act also provides powers to suspend abatement for special class status holders in the 1995 Scheme. It also suspends the requirement for staff in the 2008 Section and 2015 NHS Pension Scheme to reduce their pensionable pay by 10% if they elect to 'draw down' a portion of their benefits and continue working.

These measures will allow skilled and experienced staff who have recently retired from the NHS to return to work, and they will also allow retired staff who have already returned to work to increase their commitments if required, without having their pension benefits suspended.

Staff who have retired from the 1995 Section and return to work are unable to re-join the NHS Pension Scheme. Health Boards and Trusts will provide an alternative pension arrangement in line with auto-enrolment legislation. Staff in the 2008 Section or 2015 NHS Pension Scheme can re-join the scheme whilst in receipt of their benefits and build further pension. Such eligible staff will be auto-enrolled into the NHS Pension Scheme on their return to work but can opt-out should they wish.

Impact of pension tax on staff increasing their hours and performing additional sessions

The UK Government recognised that the tapered annual allowance has caused many doctors to turn down extra shifts for fear of high tax bills.

From 6 April 2020 the annual allowance taper threshold increased by £90,000, removing anyone with income below £200,000. This tax measure applies to everyone, including senior managers and clinicians within the NHS. More information - <https://www.gov.uk/government/publications/budget-2020-documents>.

Access to the NHS Pension Scheme for temporary staff

If staff hold a contract of employment with an NHS employer and are on payroll, they will be auto-enrolled into the NHSPS unless they choose to opt out.

ADDENDUM – PREVIOUSLY AND CURRENTLY SUSPENDED FAQs

Q. A member of my household has received a letter from the Welsh Government advising them that they need to be “shielded”. What should I do with regard to attending work?

A. The NHS, and subsequently the general public, is extremely reliant on its front line workforce and support staff at this time. Individuals in these circumstances should explore other ways in which they can ensure that the vulnerable individual within their household is appropriately shielded during this time, e.g., by moving out into other accommodation which the Health Board/Trust can help arrange (and will meet the costs), making arrangements within the household to ensure that the individual is shielded e.g., living on different floors or in specific rooms. It is important that individuals explore options and be inventive and consider reasonable ways to use their living space. If the options explored are not viable, then managers need to discuss the issue with the individual and understand the specific circumstances on a case by case basis and consider any broader caring responsibilities which may, as a result of the “shielding” requirements, require individuals to be in attendance in a carer capacity. If all options are exhausted and it is apparent that there is no practical solution to allow the individual to remain in work and “shield” the member of the household, then the individual will be asked to take 8 days annual leave per 12 week period and will receive basic pay for the remainder of the period. The rationale for the requirement to take 8 days annual leave is based on taking approximately a quarter of the annual leave entitlement equating to the period of shielding (the 12 weeks being approximately a quarter of the leave year). This requirement will be pro rata for part time staff and reduced proportionately should the period required to “shield” be reduced allowing the individual to return to work. These arrangements are subject to regular review. Further discussions are ongoing in partnership in relation to the requirement to take 8 days annual leave and a further update will be provided as these FAQs are developed and updated.

INTRODUCED IN VERSION 4.0 (28 MAY 2020), SUSPENDED FROM VERSION 7.0 (1 OCTOBER 2020), AMENDED AND REINSTATED FROM VERSION 8.0 (JANUARY 2021) SUSPENDED AGAIN FROM VERSION 9.0 (JULY 2021)

Q. Under normal circumstances, individuals who retire need to wait for a period of 14 days before they can return to work. Can organisations be flexible with this timeframe?

A. Given the need to recruit additional staff as quickly as possible, this can be reduced to the legal minimum of 24 hours for the time being.

INTRODUCED IN VERSION 2.0 (3 APRIL 2020), SUSPENDED FROM VERSION 7.0 (1 OCTOBER 2020)

Q. Will individuals be paid if they are “shielding” because they have been identified by Welsh Government as being vulnerable or whilst self-isolating whether symptomatic or not?

A. Yes, they will continue to receive full pay.

INTRODUCED IN VERSION 3.0 (24 APRIL 2020), SUSPENDED FROM VERSION 7.0 (1 OCTOBER 2020), REINSTATED FROM VERSION 8.0 (JANUARY 2021) SUSPENDED AGAIN FROM VERSION 9.0 (JULY 2021)

Q. Can overtime be paid to Band 8As and above?

A. Yes, organisations have discretion to pay overtime at time and a half to these bands where the additional activity relates specifically to the management of COVID-19.

INTRODUCED IN VERSION 1.0 (19 MARCH 2020), SUSPENDED FROM VERSION 7.0 (1 OCTOBER 2020), REINSTATED FROM VERSION 8.0 (JANUARY 2021)

Q. Will healthcare workers be considered as a priority for testing for COVID-19?

A. The approach to testing can be found at the following link <https://gov.wales/key-critical-workers-testing-policy-coronavirus-covid-19>

INTRODUCED IN VERSION 1.0 (19 MARCH 2020), SUSPENDED FROM VERSION 11.0 (29 SEPTEMBER 2021)