

Question Updated	Category	Question	Current Answer
1 <sup>st</sup> April 2020	Health and Wellbeing	<p>I have a high risk medical condition, what should I do?</p> <p><b>Classed as Severe Diseases</b></p>	<p><b>Highest Risk of Severe Disease</b></p> <p>There are some clinical conditions which put people at the highest risk of severe illness from COVID-19 compared other medical conditions. People in this highest risk group include:</p> <ul style="list-style-type: none"> <li>• solid organ transplant recipients</li> <li>• those with cancer who are undergoing active chemotherapy or radiotherapy for lung cancer</li> <li>• those with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment</li> <li>• those having immunotherapy or other continuing antibody treatments for cancer</li> <li>• those having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.</li> <li>• those who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.</li> <li>• those with severe respiratory conditions including all cystic fibrosis, severe asthma (requiring hospital admissions) and severe COPD (Severe asthma: Anyone receiving high dose long term steroid (see appendix 1), methotrexate, azathioprine, MMF, omalizumab, mepolizumab or benralizumab, or three times a week azithromycin; or has had 3 or more short courses of steroids for exacerbations in the past year).</li> <li>• those with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)</li> <li>• those on immunosuppressive therapies sufficient to significantly increase risk of infection</li> <li>• those who are pregnant with significant congenital or acquired heart disease</li> </ul> <p>If you have any of these conditions you should be following shielding measures for a minimum of 12 weeks. You should be transferred to duties that could be undertaken at home whilst shielding, or remain away from work until the shielding period has been formally withdrawn.</p> <p><b>*Level of Immunosuppression</b></p> <p>Assessing the degree of immunosuppression is difficult. The information below is for guidance only. The infectious Diseases Society of America have defined different levels of immunosuppression:</p>

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			<p><b>High level of immunosuppression is receiving:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy.</li> <li>• Daily corticosteroid (see below).</li> <li>• Biologics</li> <li>• Haematopoetic stem cell transplant.</li> </ul> <p><b>Low level of immunosuppression is receiving:</b></p> <ul style="list-style-type: none"> <li>• Low dose corticosteroid (see below).</li> <li>• Methotrexate &lt; 0.4mg/kg/week.</li> <li>• Azathioprine &lt; 3mg/kg/day.</li> <li>• 6-mercaptopurine &lt; 1.5mg/kg/day.</li> </ul> <p><b>Types of Immunosuppressant Drugs</b>  Different Immunosuppressant drugs target different parts of the immune response and hence their effects are variable and additionally are influenced by the underlying disease state.</p> <p><b>Prednisolone</b>  There is no consensus as to what constitutes a low dose of steroid, but in general:</p> <ul style="list-style-type: none"> <li>• Low dose steroid: <ul style="list-style-type: none"> <li>○ &lt;20mg prednisolone for &lt;14 days.</li> <li>○ Alternate day treatment with short-acting steroids.</li> <li>○ Topical//intraarticular/soft tissue injection of steroid.</li> <li>○ Replacement treatment at physiological doses.</li> <li>○ Long term low dose steroid, &lt;10mg/day prednisolone.</li> </ul> </li> <li>• High dose steroid: <ul style="list-style-type: none"> <li>○ A dose of 20mg of prednisolone daily for &gt; 14 days or 40mg daily for &gt; 1 week is considered to cause significant immunosuppression.</li> </ul> </li> </ul>

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1 <sup>st</sup> April 2020	Health and Wellbeing	<p><b>I have a high risk medical condition, what should I do?</b></p> <p><b>Classed as Raised Risk of Severe Disease</b></p>	<p>For those at <b>Raised Risk of Severe Illness</b>, staff can continue to work as long as they practice social distancing and strict hygiene measures. These members of staff should not be working face to face with confirmed or suspected cases of COVID-19.</p> <p>Managers should follow a risk assessment process for staff with these underlying health conditions: <a href="#">risk assessment</a>.</p> <p>If you have any of the following underlying conditions you <b>can</b> continue to work as long as you practice strict hygiene measures. In addition:</p> <ul style="list-style-type: none"> <li>You should not work face to face with confirmed or suspected cases of COVID-19, and will be relocated to areas where COVID-19 patients are not cared for or assessed and in which they can practice social distancing.</li> <li>If you work in a crowded environment, i.e. continual close working (within 1 m) of other staff members for prolonged periods of time (&gt; 1 hr) you will be relocated into less crowded environments, as much as possible*.</li> </ul> <p>* <i>There are exceptions where healthcare workers with underlying health conditions can work with patients with confirmed or suspected COVID-19 and these are detailed below:</i></p>
		<p><b>Underlying condition</b></p>	<p><b>Exceptions</b></p>
		<p>Chronic (long-term) respiratory diseases, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis.</p>	<p>Severe Asthma is defined as anyone receiving high dose long term steroid, methotrexate, azathioprine, MMF, omalizumab, mepolizumab or benralizumab, or three times a week azithromycin; or has had 3 or more short courses of steroids for exacerbations in the past year. If you are in this group, you should be asked to work from home if possible</p> <p>Those with stable asthma should continue to take their regular medication and do not require any additional precautions beyond maintaining strict hygiene measures.</p>
		<p>Chronic heart disease, such as heart failure.</p>	<p>No exceptions.</p>
		<p>Chronic kidney disease stages 4 and 5.</p>	<p>No exceptions.</p>

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			<p>Hypertension</p> <p>Those who have well controlled hypertension on one medication and no other chronic health conditions described in this list do not require any additional precautions beyond maintaining strict hygiene measures.</p>
			<p>Chronic liver disease requiring immunosuppressive medication or having progressed to severe fibrosis or cirrhosis.</p> <p>Those with viral hepatitis without severe fibrosis do not require any additional precautions beyond maintaining strict hygiene measures.</p>
			<p>Chronic neurological conditions requiring regular treatments, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy.</p> <p>Those with epilepsy need not be excluded from work.</p> <p>Those with learning disabilities, no other comorbidity that increases the risk and able to comply with strict hygiene measures.</p> <p>Those with dyslexia can work safely. Healthcare workers with cerebral palsy who have Gross Motor Function Classification System Grades 1 and 2 can work safely.</p>
			<p>Diabetes</p> <p>Diabetes has clearly been identified as a risk factor but potential variations between Type I and type II diabetes and age are not clear. Individual risk assessment for staff with diabetes is required.</p>
			<p>Splenic dysfunction</p> <p>Those with splenic dysfunction or asplenia do not require any additional precautions beyond maintaining strict hygiene measures.</p>
			<p>A weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or immunosuppressants.</p> <p>Those with HIV who have an undetectable viral load and CD4 &gt; 350 do not require any additional precautions beyond maintaining strict hygiene measures.</p> <p>Immunomodulatory drugs vary widely in the degree of immunosuppression produced. We have adapted advice on immunosuppression from the Infectious Disease Society of North America that was produced for guidance on administering live vaccines. Healthcare workers on drugs producing low level immunosuppression or low dose steroids as safe to work. See below.</p>

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			<p><b>Level of Immunosuppression</b>  Assessing the degree of immunosuppression is difficult. The information below is for guidance only. The infectious Diseases Society of America have defined different levels of immunosuppression:</p> <p><b>High level of immunosuppression is receiving:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy.</li> <li>• Daily corticosteroid (see below).</li> <li>• Biologics</li> <li>• Haematopoietic stem cell transplant.</li> </ul> <p><b>Low level of immunosuppression is receiving:</b></p> <ul style="list-style-type: none"> <li>• Low dose corticosteroid (see below).</li> <li>• Methotrexate &lt; 0.4mg/kg/week.</li> <li>• Azathioprine &lt; 3mg/kg/day.</li> <li>• 6-mercaptopurine &lt; 1.5mg/kg/day.</li> </ul> <p><b>Types of Immunosuppressant Drugs</b>  Different Immunosuppressant drugs target different parts of the immune response and hence their effects are variable and additionally are influenced by the underlying disease state.</p> <p><b>Prednisolone</b>  There is no consensus as to what constitutes a low dose of steroid, but in general:</p> <ul style="list-style-type: none"> <li>• Low dose steroid: <ul style="list-style-type: none"> <li>○ &lt;20mg prednisolone for &lt;14 days.</li> <li>○ Alternate day treatment with short-acting steroids.</li> <li>○ Topical//intraarticular/soft tissue injection of steroid.</li> <li>○ Replacement treatment at physiological doses.</li> <li>○ Long term low dose steroid, &lt;10mg/day prednisolone.</li> </ul> </li> <li>• High dose steroid:</li> </ul>

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			<ul style="list-style-type: none"> <li>○ A dose of 20mg of prednisolone daily for &gt; 14 days or 40mg daily for &gt; 1 week is considered to cause significant immunosuppression.</li> </ul>
			<p>Being seriously overweight (a BMI of 40 or above).</p> <p>Those with a BMI &gt; 40 but no other chronic health conditions described above do not require any additional precautions beyond maintaining strict hygiene measures.</p>
1 <sup>st</sup> April 2020	<b>Medical and Dental</b>	<b>Am I still required to complete my appraisal?</b>	No, in line with Scottish Government advice, all scheduled appraisals must be postponed until further notice. No further appraisals should be scheduled unless there are exceptional circumstances agreed locally. The postponement of appraisals will increase workforce capacity by allowing appraisers and appraisees time to focus on clinical practice.
1 <sup>st</sup> April 2020	<b>Medical and Dental</b>	<b>What does this mean for revalidation recommendations?</b>	<p>The GMC have deferred the revalidation submission dates of doctors who are due to revalidate before the end of September 20, for a period of 1 year, and are contacting the affected doctors to advise of this. This decision has been taken to relieve the pressure on doctors, Responsible Officers and governance teams during the pandemic, and the period of deferral will allow doctors time to complete the requisite number of appraisals, and will avoid RO's having to make revalidation decisions during this time of crisis. NHSGGC would like to reassure any doctor affected by this that there will be no negative implication of the deferral to them personally or to their licence to practise.</p> <p>Further advice is awaited regarding those doctors who have revalidation submission dates falling from 1<sup>st</sup> October 20 onwards</p>
31 <sup>st</sup> March 2020	<b>Support and Guidance</b>	<b>Support and guidance for NHS Scotland Staff and Managers</b>	<p>The Scottish Government has introduced a single national guidance document on coronavirus that directs staff to verified sources of advice. This will inform a standard approach to occupational health, for application across NHS Scotland. You can see this here: <a href="https://www.staffgovernance.scot.nhs.uk/coronavirus-covid-19/guidance/">https://www.staffgovernance.scot.nhs.uk/coronavirus-covid-19/guidance/</a></p>
31 <sup>st</sup> March 2020	<b>Health and Wellbeing</b>	<b>I am pregnant. What should I do?</b>	<p>The Royal College of Obstetrics and Gynaecology provides guidance on what health care workers should do if they are pregnant. Existing legislation protecting pregnant must be followed. In addition, the following recommendations have been offered:</p> <p><i>Protection of all pregnant healthcare worker:</i> In light of limited evidence, all pregnant workers should be offered the choice of whether to work in direct patient-facing roles.</p> <p><i>Choices for pregnant healthcare workers prior to 28 weeks' gestation:</i> Risk assessments should be carried out, and if a pregnant worker chooses to work in patient facing roles, they should be supported to do so by minimising risk of transmission through established methods. As for all healthcare workers, use of personal protective equipment (PPE) and risk assessments according to current guidance will provide pregnant workers with protection from infection.</p>

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			<p><i>Healthcare workers after 28 weeks' gestation or with underlying health conditions</i> For pregnant women from 28 weeks' gestation, or with underlying health conditions such as heart or lung disease at any gestation, a more precautionary approach is advised. Women in this category should be recommended to stay at home.</p> <p><i>New mothers wanting to return to the workforce</i> Any mother thinking of returning early from maternity leave should be allowed provided she is fit and healthy to work, subject to any employment law restrictions,</p>
31 <sup>st</sup> March 2020	<b>Support and Guidance</b>	<b>Should I come to work if one of my household members is in the high-risk or shielding category?</b>	<p>Extract from Scottish Government Guidance – updated 30<sup>th</sup> March 2020.</p> <p>Yes, you should continue to come to work if you are able to do so. The measures above to protect you and prevent transmission will also protect them.</p>
31 <sup>st</sup> March 2020	<b>Health and Wellbeing</b>	<b>What should I do if I have a person with a high-risk medical condition in my household?</b>	<p>Extract from Scottish Government Guidance – updated 30<sup>th</sup> March 2020.</p> <p>Household members are at no greater risk of getting COVID-19 if staff members follow effective infection control and strict hygiene measures. If you live with a person with a high-risk medical condition, it is particularly important to protect them from transmission of COVID-19. They should already be following the Government's advice on shielding. Strict adherence to the measures included in the guidance should be followed for protection. In addition, don't forget about good hygiene of your personal objects and clothing that may have been in contact with the virus (e.g. phones/shoes etc).</p> <p>Uniforms should be transported home in a disposable plastic bag, which should be disposed of into the household waste stream. Uniforms should be laundered:</p> <ul style="list-style-type: none"> <li>- separately from other household linen</li> <li>- in a load not more than half the machine capacity</li> <li>- at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried</li> </ul> <p>Minimise the time other family members spend in shared spaces (such as kitchens, bathrooms and sitting areas) as much as possible and keep shared spaces well ventilated. You should:</p> <ul style="list-style-type: none"> <li>• aim to keep 2 metres (3 steps) away from people you live with and encourage them to sleep in a different bed where possible</li> <li>• use a separate bathroom from the rest of the household, if you can - if you do share a toilet and bathroom with others, it's important that they are cleaned after use every time (for example, wiping surfaces you have come into contact with)</li> <li>• consider drawing up a rota for bathing, with you using the facilities first</li> <li>• make sure you use separate towels from the other people in your house, both for drying yourself after</li> </ul>

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			<p>bathing and for hand hygiene purposes</p> <ul style="list-style-type: none"> <li>• avoid using the kitchen while they are present</li> <li>• take your meals back to your room to eat, if you can</li> <li>• use a dishwasher (if you have one) to clean and dry the family's used crockery and cutlery – if you don't have a dishwasher, wash them using your usual washing up liquid and warm water</li> <li>• use a separate tea towel for drying crockery and cutlery</li> </ul> <p>It will be difficult for some people to separate themselves from others at home. You should do your best to follow this guidance and everyone in your household should:</p> <ul style="list-style-type: none"> <li>• regularly wash their hands</li> <li>• avoid touching their face</li> <li>• clean frequently touched surfaces</li> </ul>
31 <sup>st</sup> March 2020	<b>Support and Guidance</b>	<b>What childcare provisions are in place?</b>	<p>Extract from Scottish Government Guidance – updated 30<sup>th</sup> March 2020.</p> <p>All NHS staff are considered in the key worker categories as per the guidance issued by Scottish Government on school closures. If you are struggling with childcare provisions, there is a dedicated team within Scottish Government to help (keyworkers@gov.scot)</p>
30 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>I am being asked to move to another area, what advice is there?</b>	<p>During these unprecedented times, we are asking all staff to support colleagues across NHSGGC and whilst you may be delivering services at home just now, arrangements may need to change as demands increase. We would urge all staff to assist where possible and this will be greatly appreciated. In order to support staff and managers we have created a Reassignment Guide which you can find <a href="#">here</a>.</p>
30 <sup>th</sup> March 2020	<b>Symptoms</b>	<b>Testing of household contacts to support return to work</b>	<p>Work is underway to establish testing of household contacts of priority staff groups. This will involve testing of household contacts of some asymptomatic staff who are in self-isolation because a family member is symptomatic to enable the staff member to return to work. The arrangements for testing this group are being finalised and we will share more details of this in the coming days. In the meantime, can colleagues ensure that your details, including mobile phone numbers, are up to date on eESS <a href="https://www.eess.nhs.scot/ess/">https://www.eess.nhs.scot/ess/</a></p>
30 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>Immigration Provisions</b>	<p>UK Visas and Immigration (UKVI) published guidance on GOV.UK on immigration provisions for individuals affected by travel restrictions associated with coronavirus (COVID-19). These changes are now in effect and full details are available at <a href="https://www.gov.uk/guidance/coronavirus-covid-19-advice-for-uk-visa-applicants-and-temporary-uk-residents">gov.uk/guidance/coronavirus-covid-19-advice-for-uk-visa-applicants-and-temporary-uk-residents</a></p> <p>It includes details of visa extensions, switching to long term UK visa, sponsor enquiries and general advice. Some key advice:</p> <ul style="list-style-type: none"> <li>• No individual who is in the UK legally, but whose visa is due to, or has already expired, and who cannot</li> </ul>

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			<p>leave because of travel restrictions related to COVID-19, will be regarded as an overstayer, or suffer any detriment in the future.</p> <ul style="list-style-type: none"> <li>• A visa will be extended to 31 May 2020 if an individual cannot leave the UK because of travel restrictions or self-isolation related to coronavirus (COVID-19). <a href="#">Individuals must contact the Coronavirus Immigration Team email</a> to advise of their situation.</li> <li>• The Coronavirus Immigration Team will update relevant details on UKVI databases. Individuals will be advised that UKVI have noted their details; they will not be subject to enforcement action; and this period will not be held against them in future applications.</li> <li>• This requirement to contact Coronavirus Immigration Team applies to individuals of any nationality whose leave expires between 24 January 2020 and 30 May 2020.</li> </ul> <p><b>UKVI has set up a dedicated email account for customers with immigration queries related to coronavirus, including questions about urgent, compelling, compassionate cases. Customers can contact: <a href="mailto:CIH@homeoffice.gov.uk">CIH@homeoffice.gov.uk</a></b></p>
27 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>Do I need to submit an isolation note?</b>	There is no need to submit isolation notes.
27 <sup>th</sup> March 2020	<b>Health and Hygiene</b>	<b>Should we do anything different with uniforms?</b>	<p>Current NHSGGC guidance is that staff should not travel to work in their uniforms. You should arrange to change when you arrive.</p> <p>Uniforms should be transported home in a disposable plastic bag, which should be disposed of into the household waste stream. Uniforms should be laundered:</p> <ul style="list-style-type: none"> <li>– separately from other household linen</li> <li>– in a load not more than half the machine capacity</li> <li>– at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried</li> </ul> <p>We are aware that if you are a community worker this is not feasible, but you should ensure that you follow strict hygiene control and washing instructions.</p>
26 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>I cannot access childcare and have no-one to look after my children.</b>	<p>It is important to note that NHS staff are 'key workers' and should make arrangements to access local school and nursery provision. You should contact your local authority websites for details.</p> <p>Where it is not possible for a member of staff to access the childcare provided for key workers and there are no other childcare options available, then special leave is available for staff. Your Manager will discuss individual circumstances and where possible, make arrangements to work from home.</p> <p>However, if you choose not to access available childcare then you should discuss this with your manager. You will be required to apply for parental or consider other arrangements, such as flexible working etc.</p>

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27 <sup>th</sup> March 2020	Terms and Conditions	<b>I think I could work from home but don't have equipment.</b>	In the first instance you should discuss with your Line Manager. Where possible, arrangements have been put in place to allow staff work from home. However, this is not always feasible and you will be required to continue to attend work. If this is the case then social distancing measures will be put in place.
27 <sup>th</sup> March 2020	Terms and Conditions	<b>I am a carer, what should I do?</b>	It is important to note that NHS staff are 'key workers' and should make alternative arrangements for caring responsibilities, where possible.  Special and/or Carer Leave may also be required in the context of COVID-19 to deal with urgent and unforeseen care needs. These provisions allow a carer to meet their responsibilities for a relative, partner or dependant. They also allow for time off in the case of serious illness or death of a close relative or dependant.
27 <sup>th</sup> March 2020	Terms and Conditions	<b>I am worried and just don't want to come to work.</b>	We totally understand that you may have anxieties and fears during the pandemic. Please speak to your manager to discuss. In addition we are looking at other ways we can provide some support and healthy initiatives during this time and will provide updates here. There are details below of current resources.  Every single member of staff is vital to NHSGGC just now and is therefore crucial that where staff are fit and able to attend work that they are supported to do so.
27 <sup>th</sup> March 2020	Health and Wellbeing	<b>Is there any further support and guidance?</b>	There are a range of materials available to support you online - NHS Education for Scotland (NES) have developed a range of educational and induction resources, including wellbeing sections.  <a href="https://www.nhsggc.org.uk/working-with-us/hr-connect/learning-education-and-training/online-learning/nes-modules-turas-learn/">https://www.nhsggc.org.uk/working-with-us/hr-connect/learning-education-and-training/online-learning/nes-modules-turas-learn/</a>  Mental Health and Wellbeing – resources available through staffnet from the Mental Health and Wellbeing Group - <a href="https://www.nhsggc.org.uk/working-with-us/staff-health/">https://www.nhsggc.org.uk/working-with-us/staff-health/</a> .
27 <sup>th</sup> March 2020	Symptoms and Self Isolating	<b>How should absences be recorded on SSTS?</b>	There are now <b>5</b> codes for SSTS. These are:  SP – Coronavirus – to be used for parental/carers leave. SP – Covid-19 Positive – where an employee has tested positive for the virus. SP - Coronavirus – Household Related – Self Isolating – when someone in the household of the staff member is displaying symptoms SP - Coronavirus – Self displaying symptoms – Self Isolating - this will record a staff member who is displaying symptoms and allow testing of key workers to be targeted (original self-isolating reason). SP - Coronavirus – Underlying Health Condition - staff member has Underlying Health Condition putting

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26 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>Will there be arrangements made for staff, who normally travel on public transport, but wish to drive, to park without a permit in our car parks?</b>	<p>them in the at risk category.</p> <p>We have made it easier to park at work by temporarily relaxing parking restrictions on sites with managed car parking services. Staff can now use any available space that was previously designated for individual, visitor or shared car use. Disabled access and emergency spaces will remain restricted.</p> <p>We've also been notified that the Ogilvie Group on Hardgate Road near the Queen Elizabeth University Hospital has opened up its parking for free for NHS staff.</p> <p>Parking charges at the Glasgow Royal Infirmary will also be waived from 30<sup>th</sup> March 2020 for 3 months.</p> <p>Glasgow City Council has also confirmed that parking charges in the vicinity of The Royal Infirmary have ceased as a part of short term measures in the current challenging circumstances.</p> <p>Please note enforcement will still take place for yellow line, obstructive or dangerous parking practices. Enforceable disabled bays will also continue to be enforced.</p>
23 <sup>rd</sup> March 2020	<b>Health and Wellbeing</b>	<b>I am 70 years or over, what should I do?</b>	<p>We are advising those who are aged 70 or older, regardless of medical conditions to strictly following social distancing measures.</p> <p>If you fall into this category you should speak to your Line Manager. They will arrange for you to work from home if possible, transferred to duties that could be undertaken at home, or asked to remain away from work (practising social distancing and/or self-isolation) until the outbreak has abated.</p>
22 <sup>nd</sup> March 2020	<b>Symptoms and Self Isolating</b>	<b>I live with someone who has underlying health condition and/or are vulnerable. What should I do?</b>	<p>Government advice is that you follow the social distancing measures as much as you can and to significantly limit your face-to-face interaction with friends and family if possible.</p> <p>If you can, move any vulnerable individuals (such as the elderly and those with underlying health conditions) out of your home, to stay with friends or family for the duration of the home isolation period.</p> <p>If you cannot move vulnerable people out of your home, stay away from them as much as possible.</p> <p>If you are caring for someone who is vulnerable, there are some simple steps that you can take to protect them and to reduce their risk at the current time.</p> <p>Ensure you follow advice on good hygiene such as:</p> <ul style="list-style-type: none"> <li>• wash your hands on arrival and often, using soap and water for at least 20 seconds or use hand sanitiser.</li> <li>• cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze.</li> </ul>

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22 <sup>nd</sup> March 2020	<b>Health and Wellbeing</b>	<b>What is social distancing?</b>	<p>Social distancing measures are steps you can take to reduce the social interaction between people. They are:</p> <ol style="list-style-type: none"> <li>1. Avoid contact with someone who is displaying symptoms of coronavirus (COVID-19).</li> <li>2. Avoid non-essential use of public transport, varying your travel times to avoid rush hour, when possible.</li> <li>3. Work from home, where possible.</li> <li>4. Avoid large gatherings, and gatherings in smaller public spaces such as pubs, cinemas, restaurants, theatres, bars, clubs</li> <li>5. Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media</li> <li>6. Use telephone or online services to contact your GP or other essential services.</li> </ol>
22 <sup>nd</sup> March 2020	<b>Terms and Conditions</b>	<b>What guidance on payment of additional hours under AfC is available?</b>	<p>Overtime will be payable to all staff up to Band 9 at time plus a half (or double time on a public holiday). Part-time staff working additional hours will be paid at their normal rate until they reach 37.5 hours in one week. Any hours worked over 37.5 in one week will be paid at overtime rates.</p>
22 <sup>nd</sup> March 2020	<b>Terms and Conditions</b>	<b>If staff have carer responsibilities for children and this is shared with another individual who works within or outwith the NHS, but in an essential service, what will happen with issues with childcare, such as a nursery or</b>	<p>Individual staff who are in this position will have to discuss the matter with their line manager to confirm who is regarded as the 'priority worker' and what practical steps can be taken in relation to managing their childcare arrangements.</p> <p>Schools and nurseries have also made provisions for NHS Workers and you should engage with them directly to make arrangements.</p>

Question Updated	Category	Question	Current Answer
		<b>school closure?</b>	
18 <sup>th</sup> March 2020	<b>Symptoms and Self Isolating</b>	<b>Should I self isolate?</b>	<p><b>If you live alone and have symptoms</b> If you live alone you should stay at home for 7 days from the day your symptoms started. You can use the online guide at NHS Inform to get more details on symptoms and advice on what it means to stay at home - <a href="#">NHS Inform</a>.</p> <p><b>If you live with others</b> If you live with others, the person who has symptoms should stay at home for 7 days from the day their symptoms started. All other household members should stay at home for 14 days even if they don't have symptoms themselves. The 14-day period starts from the first day the person had symptoms. Those with mild symptoms do not need to call their GP or NHS24 (111) If you are concerned about more serious symptoms or if your symptoms worsen, you should contact your GP in hours, or out of hours NHS24 on 111.</p> <p>All leave in this category will be recorded as special leave.</p>
18 <sup>th</sup> March 2020	<b>General</b>	<b>I have a number of meetings – should these go ahead?</b>	Non-urgent business such as meetings, conferences and developmental training should be postponed.
18 <sup>th</sup> March 2020	<b>General</b>	<b>What arrangements are being made to ensure continuity of medicines supply to NHSGGC Hospitals during the current COVID-19 outbreak?</b>	<p>Medicines contingency planning is being co-ordinated at UK level. A supply response group has been established by the Department of Health and Social Care (DHSC) and includes representation from Scottish Government. The DHSC is working with pharmaceutical companies to mitigate the potential impact on global supply chain. The majority have advised that they already have plans in place.</p> <p>Clinical experts across the UK have been approached to identify a list of supportive medicines that may be required by patients who are hospitalised for treatment e.g. analgesics, antibiotics, sedatives, cardiovascular medicines, respiratory medicines, steroids, vasopressors/inotropes, neuromuscular blocking agents and electrolytes. There is expected to be increased demand for these medicines. NHS Scotland National Procurement and the other home country procurement agencies, co-ordinated by DH, are liaising with suppliers to seek to secure additional stock to meet an increase in demand.</p> <p>NHSGGC Pharmacy Services have significant experience of dealing with supply problems and have established processes in place. In addition, we continue to work closely with National Procurement to communicate any issues and have also developed an in-house 'watch list' to ensure that there is particular focus on stock levels of critical medicines where use is most likely to increase.</p>
18 <sup>th</sup> March 2020	<b>General</b>	<b>Should we be restricting access to visitors?</b>	There are currently visitor restrictions in place - see latest Core Briefs for details.

Question Updated	Category	Question	Current Answer
18 <sup>th</sup> March 2020	Health and Wellbeing	I have concerns about my finances.	If you are worried about how COVID-19 might affect you financially, then the Money Advice Service website can help. You'll find information about Coronavirus and your finances, your rights to sick pay, and changes to claiming your benefits. Visit: <a href="http://www.moneyadviceservice.org.uk/en/articles/coronavirus-what-it-means-for-you">www.moneyadviceservice.org.uk/en/articles/coronavirus-what-it-means-for-you</a>
18 <sup>th</sup> March 2020	Health and Wellbeing	I am anxious about COVID-19 – what support is available?	We understand this news will cause concern and anxiety among our staff.  If you are concerned as a result of COVID-19, you can speak to your Line Manager or contact us by emailing <a href="mailto:staff.covid19@ggc.scot.nhs.uk">staff.covid19@ggc.scot.nhs.uk</a> .  We will answer general enquiries through our FAQs.
18 <sup>th</sup> March 2020	Health and Wellbeing	I am worried about information circulating on social media, what should I do?	You should only refer to the latest guidance from the <a href="#">NHS Inform</a> , <a href="#">Foreign and Commonwealth Office</a> and other official authorities. The accuracy of information circulating on social media cannot be verified and we ask all staff members to remain calm and follow the official advice only.  Please do not contribute to the circulation or sharing of rumour on social media as this is unhelpful and causes unnecessary anxiety.
18 <sup>th</sup> March 2020	Symptoms and Self Isolating	I have been told not to touch paperwork handed over from patients, what should I do?	You should continue to carry out your duties as normal. However, in line with other guidance you should arrange to wash your hands frequently with soap and water or alcohol based hand sanitizer.
18 <sup>th</sup> March 2020	Symptoms and Self Isolating	Where can I access health advice in relation to COVID-19?	Please follow advice published on <a href="#">NHS Inform</a> .
18 <sup>th</sup> March 2020	Symptoms and Self Isolating	What precautions should I be taking?	We are keen to ensure that all employees maintain high levels of hygiene to keep the chance of contamination to an absolute minimum. Please ensure that: <ul style="list-style-type: none"> <li>You wash your hands frequently with soap and water or alcohol based hand sanitizer</li> <li>Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze and throw the</li> </ul>

Question Updated	Category	Question	Current Answer
			<p>tissue away immediately</p> <ul style="list-style-type: none"> <li>• Avoid touching your eye, nose and mouth</li> <li>• Keep at least 2 metres away from anyone coughing and sneezing.</li> </ul>
18 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>If I am unable to take annual leave before 31 March 2020 will I be able to carry this all over?</b>	Yes, the 5-day carry over rule will be waived and any untaken leave will be carried over to the next financial year
18 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>Will I be asked to cancel my annual leave?</b>	We will, wherever possible, honour annual leave that has already been booked. This may be subject to change and will be prioritised in line with the needs of maintaining essential services.
18 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>What about study leave and training?</b>	<p>All study leave, conferences and developmental training will be cancelled and no new requests will be considered until further notice.</p> <p>Staff should ensure that they continue to keep their Statutory and Mandatory training up to date as a minimum.</p>
18 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>Can I opt out of the Working Time Directive?</b>	We will try and make efforts to comply with the Working Time Directive and any opt-outs that are agreed as a response to COVID-19 will be rescinded, once the outbreak is over.
18 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>Personal Protective Equipment (PPE)</b>	Health Protection Scotland's National Infection Prevention and Control Manual (NIPCM) is mandatory throughout NHS Scotland, with guidance on the use of Personal Protective Equipment: <a href="http://www.nipcm.hps.scot.nhs.uk/">http://www.nipcm.hps.scot.nhs.uk/</a>
18 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>I have an upcoming holiday already booked. This is not yet being cancelled by the tour or airline company</b>	Not at this time. If you are going to a country which is not a Risk Area then you should continue to monitor this and make a personal decision on this. At this time your Line Manager will be considering leave across the team and ensuring appropriate cover.

Question Updated	Category	Question	Current Answer
		and therefore if I cancel I would lose my payment. Am I expected to cancel my leave and will NHSGCC reimburse me?	
18 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>If I am expected to work outwith my normal duties and/or areas, is this consistent with my contract of employment?</b>	<p>The contract of employment states that you may be required to move to another department on a temporary basis at short notice to cover for staff shortages or other unforeseen circumstances. Should this require additional travelling time such time will be incorporated within your normal working hours without detriment to your pay.</p> <p>You may be required to work in any department/site within NHS Greater Glasgow and Clyde appropriate to your grade, job description and with due regard to your skill and competence. Where there is a change of base as a result of organisational change, reimbursement for 'excess travel' expenses will be in accordance with Terms and Conditions of employment.</p>
18 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>Where staff have children and there are two carers, will health and social care staff be declared as essential and there will be an assumption that the other carer will undertake care in the event of issues with childcare?</b>	Yes
18 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>What guidance is available for payment under AfC for hours worked in evenings, nights and weekends?</b>	Where staff are required to work to cover services in the evening, at night or over weekends they will receive unsocial hour's payments as outlined in the table below:

Question Updated	Category	Question	Current Answer																					
			<table border="1"> <thead> <tr> <th colspan="3" data-bbox="813 172 1346 196">Unsocial Hours Payments</th> </tr> <tr> <th data-bbox="813 196 954 220">Column 1</th> <th data-bbox="954 196 1153 220">Column 2</th> <th data-bbox="1153 196 1346 220">Column 3</th> </tr> </thead> <tbody> <tr> <td data-bbox="813 220 954 320">Pay band</td> <td data-bbox="954 220 1153 320">All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am</td> <td data-bbox="1153 220 1346 320">All time on Sundays and Public Holidays (midnight to midnight)</td> </tr> <tr> <td data-bbox="813 320 954 344">1</td> <td data-bbox="954 320 1153 344">Time plus 50%</td> <td data-bbox="1153 320 1346 344">Double Time</td> </tr> <tr> <td data-bbox="813 344 954 368">2</td> <td data-bbox="954 344 1153 368">Time plus 44%</td> <td data-bbox="1153 344 1346 368">Time plus 88%</td> </tr> <tr> <td data-bbox="813 368 954 392">3</td> <td data-bbox="954 368 1153 392">Time plus 37%</td> <td data-bbox="1153 368 1346 392">Time plus 74%</td> </tr> <tr> <td data-bbox="813 392 954 400">4 – 9</td> <td data-bbox="954 392 1153 400">Time plus 30%</td> <td data-bbox="1153 392 1346 400">Time plus 60%</td> </tr> </tbody> </table>	Unsocial Hours Payments			Column 1	Column 2	Column 3	Pay band	All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am	All time on Sundays and Public Holidays (midnight to midnight)	1	Time plus 50%	Double Time	2	Time plus 44%	Time plus 88%	3	Time plus 37%	Time plus 74%	4 – 9	Time plus 30%	Time plus 60%
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18 <sup>th</sup> March 2020	<b>Terms and Conditions</b>	<b>Will on-call be a feature of these working arrangements?</b>	It may be necessary to introduce On Call arrangements in advance of moving to the formation of a rota, for work outwith usual duties or in addition to a rota to facilitate “fall out” or back up to the rota once operational. In such circumstances staff will be paid on-call allowances as defined within the Agenda for Change Handbook.																					
18 <sup>th</sup> March 2020	<b>Travel</b>	<b>I have travelled from Category 2 risk area and do not have any symptoms, can I come to work?</b>	Yes.																					
18 <sup>th</sup> March 2020	<b>Travel</b>	<b>Should I travel abroad?</b>	Staff should be advised to follow travel advice as published by the <a href="#">Foreign and Commonwealth Office</a> .																					