**Pandemic Staffing Policy**

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# Introduction

## Policy statement

Experience suggests that staff respond positively and responsibly during major incidents and the organisation is committed to building on this good will to ensure the provision of services to the public and our patients.

The motivation and performance of all employees is critical during a pandemic and every effort will be made to ensure ongoing and effective management of the workplace. It is essential that existing HR policies and procedures continue to be applied as far as reasonably practicable during a pandemic.

The organisation will follow guidance issued by the UK Government and the Department of Health guidance for the NHS.

The purpose of this policy is to set out how Sheerwater Health Centre will provide a planned and structured way of working in the event of a pandemic outbreak, including influenza or any other worldwide spread of a disease, for example,COVID-19 (Wuhan Coronavirus). It is not specific to any one particular pandemic virus and in this policy we refer mainly to an influenza pandemic.

This policy refers to employment and staffing procedures only and should be read in conjunction with the organisation’s [Pandemic Management Policy](https://practiceindex.co.uk/gp/forum/resources/pandemic-management-policy.1439/) which relates to our operations and delivery of our services.

Pandemics can spread globally in two and sometimes three waves over a period of months resulting in staff absenteeism which, in turn can see the disruption of services such as power, transportation and communications and school closures to prevent the spread of infection.

An influenza pandemic may affect the organisation’s staffing in several ways:

* staff may themselves become infected, which is likely to lead to an unprecedented level of sickness absence during a pandemic
* some staff may have fears of being infected whilst at work and, in particular, of passing on infection to their families and friends
* stress levels will be high because of pressures on staffing
* staff with caring responsibilities may be adversely affected by local measures, such as closure of schools. As a result, these staff may wish to stay at home to care for dependent children, and in other cases staff may be caring for partners or other dependents, such as older relatives
* staff may be unable to attend work owing to transport and logistical problems

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees, partners and directors of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are to use it.

## Why and how it applies to them

The policy is developed in the context of the duty to provide services to the population, whilst maintaining the health, safety and wellbeing of staff. The impact of a pandemic will be significant and consequently there will be a time when existing working arrangements will be insufficient and new arrangements will be introduced, at least on a temporary basis.

The Pandemic Staffing Policy and associated arrangements will only be implemented during an outbreak of pandemic flu (or other national emergency situation with a similar impact) and at that time will override existing policies.

The Senior Partner will decide at what stage of the pandemic this will happen, taking account of Department of Health advice and the organisation’s own position with regard to resources, planning and provision of services. The decision will be communicated to all employees and workers.

# Definition of terms

## Pandemic

A pandemic is the worldwide spread of a disease, including influenza. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world and, as such, most people do not have immunity.[[1]](#footnote-1)

## Influenza

Influenza is a highly contagious viral infection that affects the respiratory system.

* 1. **Coronavirus[[2]](#footnote-2)**

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as [Middle East Respiratory Syndrome (MERS-CoV)](https://www.who.int/emergencies/mers-cov/en/) and [Severe Acute Respiratory Syndrome (SARS-CoV)](https://www.who.int/csr/sars/en/).

[A novel coronavirus (nCoV)](https://www.who.int/emergencies/diseases/novel-coronavirus-2019) such as COVID-19 is a new strain that has not been previously identified in humans.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people.  Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans.

Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

## COVID-19 (Wuhan Coronavirus)

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

The most common symptoms of COVID-19 are fever, tiredness and a dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhoea and these symptoms are usually mild and begin gradually.

Some people become infected but do not develop any symptoms and do not feel unwell and approximately 80% recover from the disease without needing any special treatment.

Approximately 17%, or 1 in 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Elderly patients, or those with an underlying medical problem such as high blood pressure, heart problems or diabetes, are more likely to develop serious illness with a mortality rate of 1 in 50 people.

The WHO recommend that persons with a fever, cough and difficulty breathing should seek medical attention.

# Guidance

## Implications for HR processes

The effects of a pandemic may impact on the time and people available to comply rigidly with the existing staffing procedures. It may be necessary to suspend any HR work that is not required by law. Even this latter work may be suspended in the event of emergency legislation over-riding current Acts of Parliament.

## Service challenges

Front line staff will have to deal with concerns from patients who may be unable to access their usual services; additional support may also be required to assist those who are coping with bereavement.

There will be a need to work differently and with different people. Some staff will be redeployed to support front line services.

Some staff within the organisation have second jobs elsewhere within the NHS and, in the event of a pandemic, may be under pressure to work additional hours in their other job. Managers should take this into consideration when managing these staff.

## Emergency contact details

All staff must ensure the organisation is provided with their up-to-date emergency contact details.

## Flexible working

It can reasonably be assumed that a pandemic will result in an increased workload coupled with a reduction in available staff. It will be essential therefore that we increase the capacity of our workforce by asking staff to work additional hours and/or to work differently. It should also be noted that many of the organisation’s workforce work part time and many have a dependent or someone that they provide care to (which includes children, elderly dependents and disabled dependents). It is therefore reasonable to assume that high numbers of staff would be affected by schools’ closures and/or reduced health/social care services.

## Re-deployment and/or work location changes

In line with local contingency and disaster recovery plans, individual roles and functions will be defined as essential or non-essential. In the event of a pandemic some functions may cease for a period of time. This will release staff who can then be redeployed to different critical roles; this will include for example administrative and managerial staff.

Staff will not be expected to undertake roles for which they are not competent but there is an expectation that staff will respond positively by learning new skills.

Managers must ensure staff are competent before any duties are delegated to them.

There may be circumstances where it is necessary for staff to temporarily change their work location during the pandemic. This could mean for example, that a staff member is required to work from home, or at another practice/office/healthcare setting. Reasons might include the need to reduce risk of virus spread, or because a practice/office has temporarily closed. In such cases, effort will be made to provide suitable work tasks and resources in the temporary location

In the event of a change in work location reasonable travelling costs will be reimbursed.

## Alterations to work patterns

Rostering more staff at specific times and/or in the out of hours period may be necessary in order to deal appropriately with changes in the volume of people accessing our services. Shift patterns and other working arrangements may need to be revised, although unsocial hours, provisions and payments will remain in force. Staff will be expected to comply with any temporary alterations to those stated in their contract of employment. There will be no permanent change to the contract of employment and normal working hours will be resumed once the pandemic is over.

Staff will still be able to request an alteration to their shift pattern or working hours where they have personal needs arising from, for example, family illness. All requests will be dealt with sympathetically on an individual basis, subject to the needs of the service.

## Working time regulations[[3]](#footnote-3)

The organisation is compliant with the Working Time Regulations which specify that staff should not work more than 48 hours per week over a 17-week reference period. Flexibility will be required with respect to the Working Time Regulations particularly in relation to night work limits, right to rest periods and breaks. Additionally, during a pandemic situation where staff absence will be significant it may be necessary to ask individual staff members to voluntarily waive their right not to work more than 48 hours per week to allow for increased flexibility.

This provision will only be used in exceptional circumstances and staff should not be subject to any detriment if they choose not to comply with this request. Where staff waive their rights in relation to the Working Time Regulations they should put this in writing. There will be a requirement for managers to monitor working hours in order to ensure safe practice.

Reference should be made to any additional guidance, or emergency legislation that may be issued.

## Overtime and unsocial hours

For staff working in excess of their normal contracted hours, rates for additional hours will be agreed in advance. Dependent on the capacity and availability of the payroll service, who will also be affected during the pandemic, it may be necessary to pay additional hours and enhancements based on what was paid in the previous month.

Managers and staff must keep copies of Time Sheets to ensure that any under/over payments can be rectified at a later date.

## Disruption to travel infrastructure

Staff may encounter difficulties in getting to work. In order to try and facilitate attendance where at all possible, the following measures will be put in place:

* Redeployment – to another site nearer home where applicable
* Flexibility – consideration should be given to staff who feel that they are able to attend work if some adjustment is made to their working hours during this period
* Homeworking
* Car Sharing
* Provision of transport for staff by the organisation may be considered

## Additional staffing provision

Additional staff may be required during a pandemic due to increased demand for services and increased absence levels. The organisation will, therefore, look to increase staff numbers, on a temporary basis, in the following ways.

* Leavers and retiring nursing and other staff may be asked if they will be available for bank/temporary work.
* Retired staff and leavers who return to the organisation’s employment will be required to attend a special induction which will be designed to meet the needs of the organisation that prevail at that time.

## Sickness absence

In the event that staff have flu/virus like symptoms whilst at work, they must refrain from work/return home to minimise the spread of infections to service users or other staff. Normal sick pay will continue to apply throughout this period (or any amended sick pay provisions as advised by the Government or as a result of any temporary change in statutory sick pay provisions/legislation).

Staff will be expected to follow, as far as possible, normal sickness reporting procedures in order that reasons for absence and numbers of absent staff can be monitored on a real-time, day by day basis.

Any staff showing symptoms of flu should refrain from work/return home until they are no longer considered to be infectious (in accordance with any guidance from the Department of Health)[[4]](#footnote-4). In order to ensure that staff do not feel obliged to attend work whilst potentially infectious, the organisation will exclude these absences from any future absence management procedure where a sanction is under consideration.

If an employee refuses to go home, and the manager is concerned the employee may present a risk to themselves or to others, they may be suspended on health grounds. In these circumstances they will receive their usual pay or sick pay (if the health-related suspension is supported by occupational health advice.)

Due to the demands and pressures which will be faced by primary care services, the self-certification period may be extended from 7 to 21 calendar days. This decision will be made dependent on the prevailing situation.

Staff returning to work after illness, or who have returned from travelling to a pandemic/affected area, will be required to telephone their line manager prior to returning to work. A decision will be made on whether a telephone consultation with Occupational Health is needed before the individual can return to the workplace. Medical exclusion may apply; this would be subject to Department of Health guidelines.

## Self-isolation and quarantine

There is usually no statutory right or contractual right to pay if the employee is not sick but where a medical professional has advised them to self-isolate, or they have had to go into quarantine, or if they are in an affected area and are not allowed to travel back to the UK. However, under The Statutory Sick Pay (General) (Coronavirus Amendment) Regulations 2020, staff members who are absent from work because they have isolated themselves in line with NHS/Public Health Englandguidance to prevent Covid-19 infection/contamination are eligible to receive statutory sick pay subject to other usual qualifying conditions.

The organisation at its discretion will consider whether to pay the employee to work from home, or allow them to take the time as paid holiday in these circumstances.

In order to ensure that staff do not feel obliged to attend work whilst potentially infectious, the organisation will exclude these absences from any future absence management procedure where a sanction is under consideration

If a pregnant staff member is unable to work due to self-isolation or quarantine requirements under guidance from NHS/Public Health England and no suitable alternative working arrangements can be offered, they will be entitled to medical suspension on full pay under the Management of Health and Safety Regulations 1999.

The organisation will follow current advice issued by ACAS and/or the Government in relation to the prevailing circumstances.

## Annual leave

A pandemic may last for many weeks, possibly several months. Continuing to provide essential operational services may result in annual leave being cancelled. In these cases, wherever possible, notice will be given that is at least the same length of the period of annual leave being cancelled.

Any cancellation of leave or request for leave will be at the discretion of the Organisation Manager and will be in accordance with organisational requirements that prevail at the time. However, it is recognised that during a pandemic time away from work is essential for health and morale and to allow staff to recuperate from the intense pressure of the pandemic.

Where staff have already pre-booked holidays, they should be allowed to take them where possible. However, it is likely that international travel will be restricted, resulting in the cancellation of many pre-booked holidays.

In the event of annual leave being cancelled it is anticipated that there will be large numbers of staff requesting annual leave once the pandemic is over. Where staff are prevented from taking their annual leave in the current leave year they will not lose this entitlement. They will be able to carry forward leave in excess of the normal arrangements and encouraged to take the leave as soon as practically possible. In some circumstances payment in lieu of outstanding annual leave may be made at the discretion of the employer, but only after the minimum leave entitlement has been taken.[and/or annual leave may be bought back from individuals as long as the statutory minimum leave entitlement is taken.]

## Compassionate leave

The organisation already makes provision for compassionate leave for staff who are bereaved or who have a close relative or dependent who has a terminal illness.

In the case of severe staff shortages where many staff may be requesting time off work, approval must be sought from the Practice Manager in order that an overall picture of absences can be maintained. Staff will need to apply for compassionate leave in the normal way.

## Emergency leave

The provision for staff to take emergency leave remains unaffected during the pandemic, but in some circumstances, this will be used in conjunction with other leave policies. All requests will be dealt with individually and subject to the contingencies of the service. Staff are encouraged to plan ahead and consider alternative childcare arrangements for example in the event of school closures, as teachers may be ill or as part of infection control.

Where staff are unable to work in their normal place of work for their normal hours because of caring responsibilities they should discuss flexible working arrangements with their manager.

In cases where schools are closed and health and social care services are reduced and flexible working is not possible, a combination of annual leave and unpaid leave may be considered. This should be approved by the Practice Manager.

## Study leave

Study leave and training will normally be postponed until the pandemic is over and normal working has resumed. However, each request will be considered on an individual basis.

## Support for staff

Staff will continue to have access to Occupational Health and the Employee Assistance Programme, 24-hour counselling service, during the pandemic period. In order to meet the potential demand, consideration will be given to buying in additional resource to support staff.

Staff will be supported in as many ways as possible in order to allow them to attend work. Staff will also be allowed to contact home during work time in order for them to be reassured about family/friends they may be concerned about.

## Staff who refuse to work

Where staff are nervous about attending work, every attempt will be made to try and encourage them to attend by giving them all available information about pandemic flu (or other current outbreak/virus) and the risk to infection. Managers will discuss the concerns with the individual and try and resolve them. With the expected high levels of sickness absence during a pandemic, it is essential that all staff who are fit and well are encouraged to attend for work as normal.

Where staff have a genuine fear of catching the virus by coming to work, for example where they work in an enclosed space or where they have to commute on a packed tube or train, then the organisation will be sympathetic and discuss possible ways for the individual to overcome any concerns by agreeing practical solutions. However, where staff refuse to come into work with no reasonable grounds, this will be treated as unpaid unauthorised absence.

Further action, which may include an investigation under the [Disciplinary Policy](https://practiceindex.co.uk/gp/forum/resources/disciplinary-policy-and-procedure.746/), will be undertaken at the discretion of the manager and may be delayed until the pandemic is over.

Staff who refuse to undertake their normal duties may be in breach of their contract. It is also the case that professional codes that apply to many staff make clear that staff have an obligation to provide care to those in need.

## Pay arrangements

Normal payroll processes and procedures will continue using existing forms of reporting.

During the period of a pandemic flu outbreak the only guaranteed payment will be basic salary. However, we will ensure that our payroll providers have local contingency plans to ensure that staff are paid as accurately as possible. This may include the payment of average enhancements, or based on previous months, for the duration of the pandemic.

## Appraisal, supervision and 1:1’s

Appraisals that fall due during a pandemic may be delayed until after the pandemic is over.

Supervision and 1:1’s will not generally take place except where staff and their managers agree it is necessary, particularly where performance concerns need to be discussed.

## Discipline and grievance

Every effort will be made to resolve disciplinary and grievance issues informally and efficiently. Investigations and hearings may be suspended until after the end of the recovery period of the pandemic. However, the powers of suspension will be retained in the event of issues of Gross Misconduct and where there is a need to protect patients and staff.

Decisions to vary and/or extend the timescales, frequency of review meetings, involvement of managers and other employees will be made dependent on the circumstances of each case. Some cases may be postponed and heard when the pandemic has ended.

Managers will take into account the following when making such decisions:

* The allegation/circumstances of the case
* The perceived/potential seriousness of the situation
* The implications for patients, other colleagues, the public or the organisation’s reputation
* The practicability of undertaking an investigation (availability, time, etc.)
* Impact on the service and individual
* The view of the individual (e.g. in relation to a grievance)

Changes in the application of a policy or procedure will normally be made in consultation with the employee.

# Summary

Any pandemic outbreak is a realistic threat to general practice and is likely to have a significant impact on staff.

It is essential that all staff are aware of their individual responsibilities and the information contained within this policy and related policies and operational guidance to ensure that Sheerwater Health Centre effectively supports the wider NHS and delivers safe and effective care.

As an employer we have a general duty to protect the health and safety of our staff and, therefore, we will keep everyone updated as to what we are doing to reduce the risk of exposure at work.

1. [WHO – What is a pandemic?](https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/) [↑](#footnote-ref-1)
2. <https://www.who.int/health-topics/coronavirus> [↑](#footnote-ref-2)
3. https://www.hse.gov.uk/contact/faqs/workingtimedirective.htm [↑](#footnote-ref-3)
4. https://www.gov.uk/guidance/pandemic-flu [↑](#footnote-ref-4)