Dear colleagues,

Re: Changes to the guidance on shielding in England

On 1st August, the Government in England paused the shielding advice for those identified as clinically extremely vulnerable (CEV) to COVID-19. This change in advice was because the rate of transmission of COVID-19 in the community had fallen significantly. If the rate of transmission starts to increase, the formal Government advice may change and shielding may be reintroduced.

Details of those on the shielding patient list will be maintained, by the NHS, over coming months, so that CEV individuals can be confident that they will be contacted if they need to be re-alerted. If the risk of exposure to the virus increases significantly in a local area, national Government may reintroduce shielding advice in that local area. In these circumstances, the Government will write to all CEV individuals affected, advising them to resume shielding and not to attend work while the shielding advice is in place. This will also apply to CEV individuals whose place of work is inside an area subject to shielding, even if they live outside of this area. Directors of Public Health (DsPH) may also suggest precautionary measures and advice for CEV individuals. If local shielding advice is put in place, further guidance will be published on the affected local authority’s website.

I know that many of you will be concerned about the implications for your workforce, and for your responsibilities as an employer, of changes to the advice on shielding. Employers have a responsibility to protect all workers from harm by carrying out workplace risk management. Employers and those who work in social care should continue to follow Government advice on safe working and to take the maximum steps to ensure the safety of everyone in the workplace. Key sources of advice include:

- PHE guidance on [COVID-19 infection prevention and control](https);
- BEIS guidance on [Working safely during coronavirus](https);
- HSE guidance on [carrying out a workplace COVID-19 risk assessment](https);
- DHSC guidance on [Shielding and protecting people who are extremely vulnerable from COVID-19](https); and
- [Specific advice on additional local restrictions](https)
Current guidance is that CEV employees can return to workplaces if those workplaces are COVID-secure, but should be supported, where possible, to work from home. As new evidence emerges, this guidance will be updated. Clearly, for most people who work in adult social care and, in particular, those providing personal care, working from home is not possible. In addition, the high level of close personal working means it is more challenging to decide whether an individual can return to work safely. I have set out, below, some guiding principles for employers and employees to consider when deciding whether it is safe for an employee to work. Where possible, we want to enable people to work. Ensuring safe working practices and carefully considering how individuals can carry out their responsibilities is crucial to this.

Discussions with employees about a safe return to work should consider workplace risk, the individual’s understanding of risk and the ability to take steps to mitigate risk. These conversations should be handled in a sensitive manner and should, where possible, involve occupational health advisers.

**Guiding principles:**

a) **Managing workplace risk**

Employers should undertake workplace risk management, of which risk assessment is a part, to protect the health, safety and welfare of all staff. Some aspects of social care provision may increase risk of disease transmission in the workplace, such as working with a high number of close contacts; or an inability to follow social distancing guidelines when providing close personal care. Employers should continue to take steps to mitigate these risks, as set out in previous guidance on infection prevention and control and working safely in social care. You should communicate, clearly, to all of your employees, the steps you have taken to manage these risks in the workplace, including ensuring the appropriate use of PPE.

b) **Managing individual risk**

Employers should have individual conversations about COVID-19, with all members of their workforce who are CEV or are otherwise identified as being at increased risk, before a return to work or a return to a previous role. These discussions should consider whether the setting or role has been assessed as high risk, whether sufficient mitigating actions have been taken, and any concerns held by the individual. A risk reduction framework for adult social care has been published as a guide for employers on how to sensitively assess, and support members of the workforce who may be at increased risk from coronavirus. Employers should consider the following actions in managing individual risk:
i. if the employee can continue to work from home in their current role, they should be supported to do so. However, we recognise that this is likely to be impracticable for the majority of the workforce, particularly those who provide direct personal care;

ii. where it is not possible to work from home, wherever possible, staff at increased risk from COVID-19 should be supported to work in roles or settings which have been assessed as lower risk, for example in office functions or by performing lower risk activities within their normal role; and

iii. employers should continue to assess risk and respond flexibly to factors which may increase risk in the workplace, such as an ongoing outbreak, or an increase in the community level of the virus.

In some cases, an employer may not be able to take sufficient steps to mitigate the risk to an individual or to provide an alternative role. When that is the case, the issue should be handled in the same way as any other scenario where a health condition is determined to be a barrier to work at that time. Employees who are already on the furlough scheme can continue to be furloughed until the scheme ends on 31st October. However, as of 1st August, employees will no longer be eligible for Statutory Sick Pay on the basis of being advised to shield by the Government.

I know that many of you have already taken steps to support the safety of those using your service and your workforce, particularly staff who are at an increased risk. Thank you again for all you have been doing.

Yours sincerely,

Stuart Miller
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Department of Health and Social Care