**WEST LOTHIAN COUNCIL**

**CRITICAL WORKERS EXEMPTION - INTERNAL EXEMPTION APPROVAL PROCESS**

**OVERVIEW**

* Provided all other options have been exhausted, Service Managers can apply for critical workers exemption by completing the Internal Exemption Approval Form (Appendix 1)
* Head of Service reviews completed form and notifies Service Manager of final decision including length of time exemption will be in place
* If approval is declined, Head of Service will discuss rationale with Service Manager and look at alternative options
* If approval granted, Service Manager or other Nominated Officer will contact staff member to discuss to the potential for the staff member to voluntarily end self-isolation early and return to work
* Where a staff member confirms they will voluntarily end isolation early, the Line Manager and employee will complete a personal risk assessment and checklist of eligibility
* If the staff member is unable to comply with all of the requirements of the checklist, or following an individual risk assessment declines to end isolation early, then normal protocols for COVID-19 related absences would continue until they are able to return to work

**CHECKLIST OF ELIGIBILITY**

**Before eligibility is confirmed, agreement to end self-isolation can only take place after having undertaken a risk assessment of the staff members personal circumstances. Risk assessments to be completed by the Line Manager and staff member.**

| Criteria | Status | |
| --- | --- | --- |
| 1. Staff member has been advised that ending self-isolation is voluntary and not mandatory. | YES | NO |
| 1. Staff member has had second COVID19 vaccination more than 14 days ago? | YES | NO |
| 1. Staff member has valid vaccination record? (can be downloaded [NHS Scotland COVID Status App](https://www.nhsinform.scot/covid-status) or [get paper record of vaccine status from NHS Inform](https://www.nhsinform.scot/covid-19-vaccine/after-your-vaccine/get-a-record-of-your-coronavirus-covid-19-vaccination-status) | YES | NO |
| 1. Staff member does not have any symptoms of COVID-19? | YES | NO |
| 1. Staff member is aware of the symptoms of COVID-19 and understands the need to self-isolate immediately if they experience symptoms? | YES | NO |
| 1. Staff member has evidence of a negative PCR test? | YES | NO |
| 1. Staff member is willing to take daily lateral flow tests for up to 10 days after being exposed to the virus? | YES | NO |
| 1. Does staff member have easy access to lateral flow tests? | YES | NO |
| 1. Is the staff member willing to share the results of daily lateral flow tests with their line manager? | YES | NO |
| 1. Staff member can reasonably isolate from on-going exposure to a COVID-19 positive household member? | YES | NO |
| 1. Staff member aware that if household circumstances change during exemption period that will affect their ability to remain at work this will be reported to line manager? | YES | NO |

Staff are only eligible if they answer yes to all questions and the personal risk assessment is completed.

If a staff member produces a positive lateral flow test, develops symptoms or is identified as a close contact again during the exemption period, they will be required to self-isolate and undertake a PCR test. If the PCR test is negative then the member of staff can return to work under the exemption arrangements. However, if PCR test is positive, then the staff member will be required to self-isolate in line with NHS inform and Scottish Government guidelines.

Eligibility criteria of the vaccination booster is only relevant for staff employed in Health and Social Care.

**Risk Assessment**

**Staff details:**

|  |  |
| --- | --- |
| Name: |  |
| Post: |  |

**Period exemption from isolation requested:**

|  |  |
| --- | --- |
| Start date: (DD/MM/YYYY) |  |
| End date: (DD/MM/YYYY) |  |

|  |  |  |
| --- | --- | --- |
| Does the employee have a medical condition that has required previously completion of an underlying health condition risk assessment? | YES | NO |
| If yes, the employee’s suitability to return to work should be discussed with Line Manager | | |

**Workplace:**

|  |  |  |
| --- | --- | --- |
| Please detail any further control measures and issues discussed with employee in relation to their role and the proposed exemption return to work: | | |
| Is there an up to date risk assessment for premises? | YES | NO |
| Is the employee aware of the control measures and preventative actions detailed in the premises risk assessment? | YES | NO |
| Staff member is aware of the following control measures specifically for: | | |
| * Personal Protective Equipment (PPE) | YES | NO |
| * Hand Hygiene | YES | NO |
| * Social Distancing | YES | NO |
| * Cleaning | YES | NO |
| * Face covering requirements in the workplace | YES | NO |
| * Personal Protective Equipment (PPE) | YES | NO |
| Are there any job tasks that will require the employee to have close contact with other employees/ customers / clients? e.g. people handling | YES | NO |
| If yes, then detail additional control measures to be implemented to reduce contact during exemption period: | | |
| Does the employee have a requirement to work with customers who may be immunosuppressed? | YES | NO |
| If yes, then detail additional control measures to be implemented to reduce contact during exemption period: | | |
| Does the employee require to be involved in service provision that requires close contact? | YES | NO |
| If yes, then detail additional control measures to be implemented to reduce contact during exemption period: | | |

|  |
| --- |
| Please detail any further control measures and issues discussed with employee in relation to their role and the proposed exemption return to work: |
|  |

**Form completed by:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Job title:** | **Date:** |
|  |  |  |

**HR Services**

**22 December 2021**

Appendix 1

**INTERNAL EXEMPTION APPROVAL FORM**

**Please complete all sections and return by email to your Head of Service for approval. Until approval is granted, no action should be taken to approach staff to end self-isolation early.**

|  |  |
| --- | --- |
| **Question** | **Response** |
| Service Function: |  |
| Service Manager: |  |
| Contact telephone: |  |
| Contact email: |  |
| Impact on service delivery as result of staff isolations? |  |
| What essential functions/services are at risk due to staff isolating? |  |
| What options have been utilised to address operational pressures? |  |
| What has been the impact of those options? |  |
| What is the impact if no action is taken? |  |
| Are you currently engaging with local incident management team regarding outbreak management? If so provided details. |  |
| Number of staff currently isolating? |  |
| Number of staff being requested to leave isolation early? |  |
| How long is exemption required? |  |

|  |  |  |
| --- | --- | --- |
| **To be completed by Head of Service Only** | | |
| Head of Service Name: |  | |
| Approval granted? | YES | NO |
| Decision notified to: |  | |
| Date approval granted: |  | |