

Resource

Frequently asked questions about Coronavirus (COVID-19)

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Am I at risk?

Are people with RA considered to be in the 'vulnerable' category referred to in the latest Government advice?

Yes. The British Society for Rheumatology (BSR) has issued a risk scoring guide chart, which you can view [here](#)

Are people on biologic/biosimilars/ advanced therapies at higher risk than those on conventional DMARDs?

(If you are not sure about the distinction between these types of medicines you can order, for free, our Medications in RA booklet or visit our [medication section](#).)

It really depends if you are on mono-therapy biologic therapy or on combination therapy. Mono-therapy would be a biologic e.g. adalimumab without also taking methotrexate whereas combination is with another medication e.g. methotrexate. If you are on monotherapy and have no other underlying conditions or on high dose steroids you will NOT be in the 'shielding' group. Please take a look at the scoring criteria in the chart above published by the British Society for Rheumatology which will give you an indication as where you are on the 'risk' levels. Your rheumatology departments will be contacting all those in the 'shielding' category. Please note the BSR has issued this guidance but it is not mandatory and it will be up to your treating physicians who know your circumstances best to make that final decision.

How many patients on immunosuppressants have had severe disease or died from coronavirus globally?

This level of data is not yet available however there is a Global Registry that has just launched and NRAS urges people with RA and JIA to participate. The Global #Rheumatology Alliance needs to understand how coronavirus affects rheumatic, autoimmune and autoinflammatory diseases in Europe. If you are an adult or child with RA or JIA please join the registry at www.jarproject.org/covid.

There is also lots of other COVID19 research and data gathering happening very rapidly to find out more read the latest COVID-19 updates and COVID-19 research opportunities.

Medication

Should I stop taking my RA medications?

It is vitally important to keep your RA as well controlled as possible. If you come off your medication(s) you have a very high likelihood of going into RA Flare. Due to the massive impact of this virus on the health service you would more than likely be unable to get to see your GP or rheumatology team for any sort of speedy intervention. You may be advised to pause your medications if you are showing symptoms of COVID-19 but you should seek proper medical advice from speaking to 111 and ideally your rheumatology team.

Is it the RA or the immune suppressing medications that heightens my risk?

This is a difficult question to answer because there is such a spectrum of expression of RA. But broadly speaking, RA does increase vulnerability and particularly if it is active. Again why it is so important to keep your RA as under control as possible by adhering to taking your medications AS prescribed. Most RA treatments are immunosuppressant, some more than others depending on dosage. The BSR scoring chart above should help clarify this and help you assess your level of risk.

There has been a lot of talk about anti-inflammatories online can you please clarify?

The European Medicine Agency (EMA) has shared this information on this. The EMA is aware of reports, especially on social media, which raise questions about whether non-steroidal anti-inflammatory medicines (NSAIDs) such as ibuprofen could worsen [coronavirus disease \(COVID-19\)](#).

There is currently no scientific evidence establishing a link between ibuprofen and worsening of COVID-19. EMA is monitoring the situation closely and will review any new information that becomes available on this issue in the context of the pandemic.

Read more: <https://www.ema.europa.eu/en/news/ema-gives-advice-use-non-steroidal-anti-inflammatories-covid-19>

Shielding and clinically extremely vulnerable

Am I clinically extremely vulnerable?

You will have received a letter, text or other communication from the government or your local NHS if you have been classified as 'clinically extremely vulnerable'. This list is added to on an ongoing basis, and if you are in doubt, you should ask your healthcare professional

I have been told I am clinically extremely vulnerable. Should I be shielding?

Advice on shielding differs across the UK— please see below for the latest guidance in your area in the England, Northern Ireland, Scotland or Wales sections below.

If I am self-isolating, should my family be doing so also?

Your immediate family/those you live with only really need to self-isolate if you have symptoms of COVID19. The NHS England website says:

'If you test positive, your self-isolation period includes the day your symptoms started (or the day you had the test, if you do not have symptoms) and the next 10 full days.

'Anyone you live with will also need to self-isolate at the same time.' This advice is the same in all four nations of the UK.

If you are self-isolating because you are in the high risk or very high-risk category then close family members should be taking extra precautions and practicing enhanced social distancing to keep you safe. If possible these include: sleeping in a separate room; using separate bathroom facilities (would be best, but not always possible, so following all the guidance for family as outlined in the government advice <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>).

Vaccines and COVID-19 treatment

Watch our Facebook Live from 21 December on COVID-19 Vaccine and Rheumatoid Arthritis (RA) [here](#).



NRAS do our very best to bring you the most up to date and evidenced-based reliable information and guidance.

Here is what we know so far about COVID-19 vaccination for people with inflammatory arthritis.

There will be further updates over the coming weeks and months as new information becomes available and things are moving so rapidly in this space– please check back here frequently.

People with RA or JIA often have very different symptoms as well as different treatment pathways and potentially living with other conditions. It is therefore impossible for us to give any advice on a case-by-case basis, your own rheumatology team who know you and your full medical history should be consulted if the following frequently asked questions don't answer your query fully.

Should people with RA have the vaccine, even if they are on immunosuppressant medication?

All people with RA should be encouraged to receive one of the COVID-19 vaccines. This is regardless of their treatment regimen or underlying diagnosis. The benefits of the COVID-19 vaccination outweigh the risks and by having the vaccine, this will reduce the risk of developing severe complications due to COVID-19.

The guidance for those in doubt is to seek advice from the relevant health care practitioner.

When can I get the vaccine?

The government has announced that people will be offered the vaccine according to the following priority list:

- Residents in a care home for older adults and their carers.
- All those 80 years of age and over and frontline health and social care workers.
- All those 75 years of age and over.
- All those 70 years of age and over and 'clinically extremely vulnerable' individuals.
- All those 65 years of age and over.
- All those aged 16 to 64 years with health conditions putting them at higher risk of serious disease/mortality, including all those living with rheumatoid arthritis
- All those 60 years of age and over.
- All those 55 years of age and over.
- All those 50 years of age and over.

Currently, people in priority group 5 are being offered the vaccine. On Monday 22 February the Scottish government announced that people in priority group 6 are beginning to receive the vaccine in Scotland.

England

If you are registered with a GP surgery in England and one or more of the following applies to you, then you can choose whether to wait to hear from the NHS or you can log into the vaccination booking website yourself to book a slot:

- If you are aged 64 or over
- If you have been told you are 'clinically extremely vulnerable'
- If you are an eligible frontline health worker
- If you are an eligible frontline social care worker
- If you are eligible for Carer's Allowance

The booking website is here: <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/>.

If the above do not apply to you, the NHS will get in touch with you when it is your turn to have the vaccine.

Northern Ireland

If you are eligible for a vaccine, you can use the COVID-19 NI vaccine booking service here: <https://covid-19.hscni.net/get-vaccinated/>

Wales

In Wales, if you think you should have had your vaccination by now, please see the information here: <https://gov.wales/get-your-covid-19-vaccination-if-you-think-you-have-been-missed>

Scotland

In Scotland, if you think you should have had your vaccination by now, please see the information here: <https://nhs.uk/services/our-covid-19-response/covid-19-vaccination-helpline-and-booking-service/>

All people living with RA who have not already been offered the vaccine as part of an earlier priority group will be offered one in Priority Group 6.

You can see this in the NHS vaccine Green Book, which defines who is eligible for vaccination, on page 11, Table 3:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961287/G](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961287/Green-Book-Chapter-11-Table-3-Eligibility-for-vaccination-against-COVID-19.pdf)

Can I get information on vaccines in languages other than English?

NHS England has vaccine information in a number of different languages. You can access this information at <https://www.england.nhs.uk/london/our-work/covid-19-vaccine-communication-materials/?priority-taxon=774cee22-d896-44c1-a611-e3109c8e8eae>

Should I stop my medications?

Patients should not stop their immunosuppression. Frequently, the immune response of people on immunosuppressants to these vaccine antigens is not as good as that of people who are not. However, a reduced response is safer than no response. People on rituximab need to speak to their rheumatology team to discuss the timings of the vaccination and your infusion of rituximab.

Which vaccine is best for people with RA?

The Pfizer/BioNTech, Oxford/Astra Zeneca and Moderna vaccines are considered safe for immunocompromised persons, as they are not live vaccines.

Vaccine name	Live or not live (MHRA classification?)	Date approved by MHRA	Approved for	Dose administration
Pfizer/BioNTech COVID-19 mRNA Vaccine BNT162b2	Not live	03/12/2020	16 years and older	2 doses up to 12 weeks apart

Oxford/Astra Zeneca (ChAdOx1 nCoV-2019) vaccine	Not live*	30/12/2020	18 years and older	2 doses up to 12 weeks apart
Moderna	Not live	08/01/2021	18 years and older	2 doses

*This vaccine contains a live adenovirus vector but it is non-replicating so cannot cause infection and is therefore safe for people who are immunosuppressed.

This information is taken from the Arthritis and Musculoskeletal Alliance (ARMA) website. You can read more here: <http://arma.uk.net/covid-19-vaccination-and-msk/>

What are the special considerations for my medications?

Steroids: It is safe to have the COVID-19 vaccine alongside steroid exposure, but the patient may not mount as good an immune response. Do not delay vaccination for someone who is taking, has received or is soon to receive steroids in any form. If additional steroids are required to control inflammatory disease, that may take priority, as a flare can also worsen the risk from COVID-19.

DMARS: These include but are not limited to, Methotrexate, Hydroxychloroquine, and Sulfasalazine. They are considered safe to continue when having the vaccine.

Biologics and biosimilars: These include but not limited to, infliximab, adalimumab, etanercept, abatacept, tocilizumab, tofacitinib are considered safe to continue when having vaccine. This is either on their own or in combination with another DMARD. People on rituximab need to speak to their rheumatology team to discuss the timings of the vaccination and your infusion of rituximab.

JAK inhibitors: Baricitinib (Olumiant), tofacitinib (Xeljanz), and upadacitinib (Rinvoq) are considered safe to continue when having vaccine. This is either on their own or in combination with another DMARD.

Some rheumatologists suggest it is wise to avoid having the vaccine on the same day as your medication, but still consider it best to have the vaccine when offered to you.

If I have had COVID-19 already, do I still need to have the vaccine?

Yes – as to date we don't know yet how long immunity will last after contracting coronavirus.

I am about to have my flu jab will this be a problem if I'm offered the COVID19 vaccine?

There should be at least 14 days between having the flu jab and getting the COVID vaccine. It is still really important to get your flu jab so if you are being offered the flu vaccine now then we would strongly recommend you attend for vaccination as it may be sometime (weeks or months) before

you're invited to get the COVID19 vaccine.

Why should I have the vaccination?

The COVID-19 vaccination will reduce the chance of you getting severe COVID-19 disease and therefore it is generally recommended that people with inflammatory arthritis should have the vaccine. It may take a week or two after the second dose for your body to build up protection. No vaccine is 100% effective – some people may still get COVID-19 after having a vaccination, but this should be less severe.

The NHS will offer a COVID-19 vaccination to all people who are in the 'clinically extremely vulnerable' group and those with underlying health conditions putting them at higher risk of serious disease and mortality. Whether you are offered the vaccine may depend on the severity of your condition.

Should I stop taking my medications before, or after, having the vaccine?

Advice may vary on a case-by-case basis to maximise the chance of effect from the vaccine whilst managing your disease activity. It is important to discuss the timing of your vaccine with your consultant if you are due to have an infusion of rituximab.

The latest guidance for clinicians from the British Society for Rheumatology on this topic can be found here: <https://www.rheumatology.org.uk/News-Policy/Details/New-guidance-COVID-19-vaccinations>

Be aware that there may be a sub-optimal response to COVID-19 vaccines, especially for people within six months of the last dose of rituximab, or those who must have maintenance treatment due to their underlying clinical condition.

How long should the gap between the first and second vaccine jab be?

Most people should get their second dose 11 to 12 weeks after their first dose.

If you are going to receive your vaccine prior to receiving planned immunosuppressive therapy, where possible, it would also be preferable for the 2-dose schedule to be completed prior to commencing immunosuppression. This is to enable the vaccine to be as effective as possible

In this case, you should be offered the second dose of the vaccine at the recommended minimum for that vaccine (three or four weeks from the first dose) to provide maximum benefit that may not be received if the second dose was given during the period of immunosuppression.

I have had an anaphylactic reaction in the past, what should I do?

Following close surveillance of the initial roll-out, the Medicines and Healthcare products Regulatory Agency (MHRA) has advised that individuals with a history of anaphylaxis to food, an identified drug or vaccine, or an insect sting CAN receive any COVID-19 vaccine, as long as they are not known to be allergic to any component (excipient) of the vaccine.

If you have a known anaphylactic (severe allergic i.e. if you regularly carry an epipen) reaction to any of the components of the vaccine, please discuss this with you GP and notify the centre where you receive the vaccine. Generally, you should not be given the vaccine if you have had a previous systemic allergic reaction (including immediate-onset anaphylaxis) to:

- a previous dose of the same COVID-19 vaccine
- any component (excipient) of the COVID-19 vaccine

You can find further information on the ARMA website here: <http://arma.uk.net/covid-19-vaccination-and-msk/>

Does the vaccine contain animal products?

The PETA UK website says, 'The vaccines made by Pfizer/BioNTech, Oxford/AstraZeneca and Moderna that were recently approved for use in the UK do not contain any animal-derived ingredients.'

Where can I get more information?

There is more information about vaccination on the NHS website here: <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/>

The Arthritis and Musculoskeletal Alliance (ARMA) website gives further detail on some of the information above and you can read this here: <http://arma.uk.net/covid-19-vaccination-and-msk/>

The latest guidance for clinicians from the British Society for Rheumatology on this topic can be found here: <https://www.rheumatology.org.uk/News-Policy/Details/New-guidance-COVID-19-vaccinations>

Would long term immunity and ability to form anti bodies improve as a result of stopping RA medication ahead of getting the COVID vaccine? Also after the vaccine would any antibodies we have acquired then be destroyed by our RA medications?

At the present time, there is no definitive answer, however being on any medications which dampen down the immune system, will not change the safety of the vaccine as they have been shown to be safe. It may alter how well the vaccine works but the response rate is still well above what you need to be protected. What we do know is that the COVID-19 vaccines are low risk and being vaccinated is the best way to protect yourself and others against coronavirus. If you are taking medication such as

methotrexate, or biologic drugs (which include biosimilars), your immune system is still able to fight off infections, just not quite as well as other people and so your risk of complications from coronavirus itself could be increased. It is therefore likely that you will be on the priority list for any COVID-19 vaccine. But because your immune system is able to respond to infections, you are still able to have vaccines that are 'live' vaccines, no matter what medicine you take for your rheumatoid arthritis. There is data available from studies of vaccination for other indications in people living with rheumatoid arthritis who take biologics and concomitant methotrexate which show that such individuals can still make a good immune response to the administered vaccine. However, methotrexate may reduce the response. In the case of vaccination for seasonal influenza, it has been shown that temporary discontinuation of methotrexate for 2 weeks after vaccination improves the protective response to seasonal influenza vaccination without increasing rheumatoid arthritis disease activity. Therefore, your rheumatology team may suggest that you miss one or two doses of methotrexate around the time of your COVID-19 vaccination. The dosage of methotrexate also varies considerably from person to person so we cannot give a blanket response and it is always best to speak with your own rheumatology nurse or consultant who knows your specific treatment regime.

General Information about the COVID19 vaccine

How is the COVID-19 vaccine given?

The COVID-19 Pfizer/BionTech and Oxford/AstraZeneca vaccines are given as an injection into your upper arm. It is given as two separate doses, at least 21 days apart. However, currently doses are being given around 12 weeks apart.

After you have had the first dose you need to plan to attend your second appointment. You will be given a record card with your next appointment written on it.

It is important to have both doses of the vaccine to give you the best protection.

Keep your record card safe and make sure you keep your next appointment to get your second dose.

Additional COVID-19 vaccines are being trialled and their method of administration may vary. We will update this information and guidance as new vaccines are approved for use by the NHS.

How can I be sure that COVID vaccines are safe?

At present, there are two vaccines approved for use in the UK the Pfizer/BioNTech one and the Oxford/Astra Zeneca vaccine. Both have met strict standards of safety, quality and effectiveness set out by the independent Medicines and Healthcare products Regulatory Agency (MHRA).

Another COVID-19 vaccine has been Moderna has been approved by the EMA (European Medicine Agency) for us in Europe.

Any coronavirus vaccine that is approved must go through all the clinical trials and safety checks all other licensed medicines go through. The UK has some of the highest safety standards in the world. The development of the vaccines has been an unprecedented achievement but always at the 'speed of science' not compromising safety in any way. Take a look at the National Institute of Health Research animation that explains a bit more about how the vaccines were developed at such speed: <https://www.youtube.com/watch?v=VplsvlWJ5u4>

Who should not have the vaccine?

Women who are pregnant or breastfeeding

The vaccines are not currently recommended during pregnancy. If you are pregnant or breastfeeding, you should not have the COVID-19 vaccine. If you think you may be pregnant or are planning a pregnancy within three months of the first dose you should wait until your pregnancy is completed before you are vaccinated. You should have the vaccine as soon as possible afterwards if eligible. You should avoid becoming pregnant until at least two months after the second dose of the vaccine.

At present there is no evidence suggesting that the COVID-19 vaccine is unsafe if you are pregnant or breastfeeding. This is cautionary advice until more evidence is available confirming you can be offered the vaccine.

A person with a confirmed anaphylactic reaction to any components of the vaccine

If you have a known anaphylactic (severe allergic i.e. if you regularly carry an epipen) reaction to any of the components of the vaccine, you will be advised not to have the vaccination. The PETA UK website says, 'The vaccines made by Pfizer/BioNTech, Oxford/AstraZeneca and Moderna that were recently approved for use in the UK do not contain any animal-derived ingredients.'

Will the vaccine stop someone from spreading the virus?

We do not yet know whether the COVID-19 vaccine will stop you passing on the virus. So, it is important to follow the guidance in your local area to protect those around you.

Does the COVID-19 vaccine have side-effects?

Like all medicines, vaccines can cause side-effects. Most of these are mild and short-term, and not everyone gets them.

Very common side-effects include:

- having a painful, heavy feeling and tenderness in the arm where you had your injection. This

- tends to be worst around 1-2 days after the vaccine.
- feeling tired.
- headache.
- general aches, or mild flu-like symptoms.

It is not possible to contract COVID-19 infection from having the vaccination.

Although feeling feverish is not uncommon for 2 to 3 days, a high temperature is unusual and may indicate you have COVID-19 or another infection. You can rest and if you would normally be able to safely take painkillers, such as a normal dose of paracetamol (follow the advice in the packaging), then you can do so to help you feel better.

Symptoms following vaccination normally last less than a week. If your symptoms seem to get worse or if you are concerned, call NHS 111. Even if you do have symptoms after the first dose, you will most likely be recommended to have the second dose. Although you may get some protection from the first dose, having the second dose will give you the best protection against the virus. However, this advice may depend on the severity of your side-effects and you should discuss this with your consultant if unsure.

If you do seek advice from a doctor or nurse, make sure you tell them about your vaccination (show them the vaccination card if possible) so that they can assess you properly.

If I think I've had side effects or a reaction to the vaccination what should I do?

You can report suspected side effects to vaccines and medicines online through the [Yellow Card scheme](#). For more information on the scheme you can read our article at www.nras.org.uk/give-side-effects-the-yellow-card

It is very rare for anyone to have a serious reaction to the vaccine (anaphylaxis). If this does happen, it usually happens within minutes. Staff giving the vaccine are trained to deal with allergic reactions and treat them immediately.

How can these vaccines have been discovered and approved so quickly when it usually takes years?

NIHR has produced a great short video to answer just that question <https://www.youtube.com/watch?v=VplsvlWJ5u4>

In short, there are some key reasons

- Existing expertise and knowledge as well as an unprecedented collaboration
- Time, resource, funds made readily available
- Ease of recruiting volunteers to participate in trials
- Sharing of ongoing data reports with MHRA (regulatory and approval body)

Further information on vaccines

44,000 people from 6 countries participated in the Pfizer/BioNTech clinical trials across 150 trial sites. Half of those people will have been given the vaccine and half a placebo and their progress will be followed up for 2 years. Ongoing monitoring is vital and will be conducted to gather Real World Evidence.

The Oxford & Astra Zeneca vaccine trial results have been published in The Lancet. Over 20,000 people have taken part in four clinical trials in the UK, Brazil and South Africa. Moderna's vaccine Phase 3 study has enrolled over 30,000 participants in the US and results from this trial have been published in The New England Journal of Medicine.

Further Reading

- [NHS – Coronavirus \(COVID-19\) vaccine](#)
- [UK Government – COVID-19 vaccination: Guide for older adults](#)
- [Public Health England – COVID-19 Vaccination Programme – Information for Healthcare Practitioners](#)
- [British Society for Rheumatology – COVID-19 Guidance](#)
- [The Green Book – COVID-19 Chapter](#)

When I get a second vaccine dose, should it be from the same manufacturer as the first?

As of 13 January, Public Health England (PHE) advice is that it is preferable to get both doses of the same vaccine. Dr Mary Ramsay, PHE's head of immunisations, said: "We do not recommend mixing the Covid-19 vaccines – if your first dose is the Pfizer vaccine you should not be given the AstraZeneca vaccine for your second dose and vice versa."

Dr Ramsay says, 'Every effort should be made to give [people] the same vaccine, but where this is not possible it is better to give a second dose of another vaccine than not at all.' There will only be 'extremely rare occasions' in which this situation may arise.

More data may become available on this as the vaccine is rolled out. There is currently no suggestion that there is any risk from receiving different vaccines for your first and second doses. There is also not currently data to show whether this may have a negative or even a positive impact on the effectiveness of the vaccine.

The UK government's policy is to prioritise giving first doses to more people, and therefore many will not get second doses until all priority groups have received a first dose.

Guidelines – England, Scotland, Northern Ireland and Wales

England

Where can I access up-to-date information on COVID-19 for England?

The Government website has the latest updates here: <https://www.gov.uk/coronavirus>.

What are the restrictions in my area?

In England, COVID-19 restrictions depend on what Tier your area is in. You can find this out using the postcode checker here: <https://www.gov.uk/find-coronavirus-local-restrictions>

The restrictions for each Tier are available to read here: <https://www.gov.uk/guidance/local-restriction-tiers-what-you-need-to-know>

I have been told I am clinically extremely vulnerable. Should I be shielding?

From 2nd December there is new guidance for people who are 'clinically extremely vulnerable', which you can read here: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Scotland

Where can I access up-to-date information on COVID-19 for Scotland?

The Scottish Government website has the latest updates here: <https://www.gov.scot/coronavirus-covid-19/>.

What are the restrictions in my area?

In Scotland, COVID-19 restrictions depend on the local protection level in your area. You can find this out using the postcode checker here: <https://www.gov.scot/check-local-covid-level/>

You can find out about the current restrictions in your area here: <https://www.gov.scot/publications/coronavirus-covid-19-protection-levels/>

I have been told I am clinically extremely vulnerable. Should I be shielding?

You should follow the advice for your area's protection level. You can check the latest guidance and access more information here: <https://www.gov.scot/publications/covid-shielding/>

Wales

Where can I access up-to-date information on COVID-19 for Wales?

The Welsh Government website has the latest updates here: <https://gov.wales/coronavirus>.

I have been told I am clinically extremely vulnerable. Should I be shielding?

You can check the latest guidance and access more information here: <https://gov.wales/protect-yourself-others-coronavirus>

Northern Ireland

Where can I access up-to-date information on COVID-19 for Northern Ireland?

The Department of Health website has the latest updates here: <https://www.health-ni.gov.uk/coronavirus>.

What are the current restrictions?

You can see the latest restrictions in Northern Ireland here: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-regulations-guidance-what-restrictions-mean-you>.

I have been told I am clinically extremely vulnerable. Should I be shielding?

There is new guidance for people who are 'clinically extremely vulnerable', including Christmas guidance, which you can read here: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-guidance-clinically-extremely-vulnerable-and-vulnerable-people>

Brexit

Will there be any disruptions to supplies of medicines?

There currently are no problems with supply chain as far as we know but we are in communication

with the National Clinical Homecare Association and all pharmaceutical companies who will keep us updated if there any issues in the future. Below is a link for information on how home care services may be impacted.

<https://www.clinicalhomecare.org>

Employment & benefits

Where do I stand with my employer if I am designated as being in the shielding group of people?

Currently, everyone should work from home if possible across all four nations of the UK.

However, if your job role is not one that can be done working from home or you are a Key Worker then your employer may consider you for Furlough Leave (see information on the Government Job Retention Scheme). This scheme has been extended by the Chancellor until 30th April 2021.

If I am not in the 'shielding' group but it is recommended that I self-isolate due to being in 'at risk' group but I cannot exercise enhanced social distancing at my place of employment e.g. care worker, bus driver, etc. can I be furloughed by my employer?

Yes – if you are unable to do your job from home and otherwise would be made redundant your employer should consider utilising the Government Job Retention Scheme)

My employer is insisting I come into work (in a supermarket) unless I am in the 'shielding' category and can provide a letter but I am in the high risk group and should be self-isolating what are my rights?

If your employer is not wanting to put you on furlough leave but you stay away from work due to government guidance on self isolating for your own and your families protection you can be paid Statutory Sick Pay and you DO NOT need to provide a GPs fit for work note for your employer to claim SSP.

Up to date advice is available for Employees at <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-guidance-for-employees>

Up to date advice for employers and businesses available at <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19>

Information available for self-employed people is available at <https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-youre-self-employed-and-getting-less-work-or-no-work>

What is the Government Coronavirus Job Retention Scheme? (furlough)

This is the government's key scheme to support employees who cannot work through Coronavirus pandemic. The Chancellor has extended the scheme until 30th April 2021.

'If you and your employer both agree, your employer might be able to keep you on the payroll if they're unable to operate or have no work for you to do because of coronavirus (COVID-19). This is known as being 'on furlough'.' – gov.uk

An employee on furlough leave is paid 80% of their usual wages, up to a monthly cap of £2,500. The Employer can if they are able and choose to do so, pay the 20% to bring pay up to the full 100%. For some lower-paid employees, if the remaining 20% is not covered by the employer, they may also be eligible for Universal Credit.

If you're furloughed, you are allowed NOT allowed to work for your employer who is claiming this funding however you are allowed to work for and be paid by another company. You are also allowed to volunteer to support local help hubs etc.

The minimum time you can be on furlough leave is three weeks.

Employers can read more about furlough here: <https://www.gov.uk/guidance/claim-for-wages-through-the-coronavirus-job-retention-scheme>

What if I am off sick due to COVID-19 at the time when my employer put other staff on furlough leave?

Statutory Sick Pay SSP can be paid for up to two weeks. From the third week, employees can if necessary be placed on furlough.

A GP note is not required: 'If the absence is related to COVID-19 and the employee has followed government guidance to self-isolate, there will be entitlement to SSP from Day 1 although the employee must still have been absent for a minimum of 4 days.'

The changes can apply retrospectively from 13 March 2020.

Employers cannot claim for the Coronavirus Job Retention Scheme payments and SSP payments for the same employee.

What if my employer is insisting on some written evidence that I need to self-isolate?

People who need to stay home because of coronavirus can now get an online “isolation” note.

The notes mean people can provide evidence to their boss that they've been advised to self-isolate due to the virus and can't work.

In an effort to reduce pressure on GP surgeries, the notes can be obtained without contacting a doctor or even leaving the house.

Anyone who claims Universal Credit or Employment and Support Allowance because of coronavirus will not be required to provide a fit note or isolation note.

The new isolation notes can be accessed through the [NHS 111 online](https://111.nhs.uk) website. You can go straight to the isolation note page here: <https://111.nhs.uk/isolation-note>.

Can my employer sack me if I don't work despite offering proof that I am following Government guidelines i.e have an isolation note or shielding letter?

If your employer dismisses you as a result of you being unable to work due to you being the shielding group or high risk group with an isolation note, then you may have a claim for automatic unfair dismissal.

Discrimination and unfair treatment

If an employee is still being asked to go out to work and they believe they're at risk because they're in one of the vulnerable groups, it's important they talk to their employer.

If they cannot follow guidance on social distancing at work or during travel to work, they should tell their employer they need to follow government advice and stay at home.

It could be unlawful discrimination on the grounds of pregnancy, disability or age if an employer either:

- unreasonably tries to pressure someone to go to work
- unreasonably disciplines someone for not going to work

This is changing all the time so it is best to get the most up to date information on the gov.uk website. However, as per Government directives issued Monday 25th March 2020 – ALL workers should be, where possible, working from home or if the business is a non-essential and employees can't work from home because of the nature of the business then on furlough leave.

Key workers should be speaking with their line managers if they are concerned that continuing to work would put them or their colleagues or those people they are interacting within danger of contracting COVID19.

The government has produced guidance to help ensure workplaces are as safe as possible:
<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

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