



**HSE**

**Transmission Risk Mitigation Guidance**

**on Management of**

**Staff Allocation and Redeployment  
during COVID-19**

**for all Healthcare Settings**

**NATIONAL GUIDANCE DOCUMENT**

**21 April 2020**

A National Guidance Document – Transmission Risk Mitigation in Long Term Residential Care and Home Support Services was issued recently in response to specific NPHET recommended actions:

- 1. Minimise staff movement working across Long Term Residential Centres**
- 2. Agencies and LTRC/Home Support Service providers agree protocols and rostering to minimise staff movement across COVID-19 and non-COVID-19 LTRC settings/home support clients**

The aim of these Actions is to interrupt the transmission of COVID-19 and to prevent the onward spread of the disease in Long Term Residential Care settings and in the Community.

It is clear that the actions should apply to all sectors and settings to minimise the transmission of COVID-19.

Limiting the transmission of COVID-19 in the healthcare setting requires a range of infection prevention and control measures. Administrative controls include the design and use of appropriate processes, systems to help prevent the introduction of infection and to control and limit the transmission of infection in healthcare settings. Assigning a dedicated team of staff to care for patients in isolation, cohort rooms, is an additional control. The provision and use of personal protective equipment (PPE) will protect staff, patients and visitors.

As a general principle, healthcare staff who provide care in areas for suspected or confirmed cases of COVID-19 in patients should not care for other patients. However, this has to be a local decision based on clinical advice and guidance and local circumstances that prevail at the time.

In circumstances where staff are being requested to volunteer to work in areas that are not their normal place of work, control measures must be considered that will mitigate the risk of transmission both from their location to a receiving location and when the staff member returns to their original location. Every effort should be made to ensure that those who volunteer remain in the new location for the duration of the requirement for additional staff and that no movement between the new location and original location occurs or at the very least that such movement is minimised until the staff member returns to their substantive location.

The following is not intended to replace the national guidance but to supplement it and extend its application to all healthcare settings. In order to implement Transfer Risk Mitigation, the following needs to be actioned by all services:

1. Survey all staff and identify where individuals will be required to work in locations other than the location of their substantive post or agency placement.

2. Discuss the importance and requirements of the public health intention with the staff identified and support such staff to make choices and any alternative arrangements to minimise as far as possible the need for them to work across more than one location.
3. This may require changes to rostering over the coming period to minimise the requirement for staff to work in multiple locations. It may require a discussion with other employer(s), with agreement of the staff member, to ensure that alternative arrangements can be worked through for a short period of time to minimise impact across service providers.
4. It is recognised that the current working arrangements of staff may be across one or more public service and/or other service providers. Staff may also work across acute, residential and home support settings. Therefore, it will be important that there will be no unintended consequences of this action, which would have a negative or unplanned impact on services across the system.
5. It may be helpful for the service or organisation where the staff member works the majority of their hours to take the lead in maximising the staff member's work roster and link with other providers, to make the most pragmatic arrangements.
6. All of the above needs to be undertaken in agreement with the staff member. Contact with other organisations should only be made with the approval of the staff member involved.
7. There is a requirement on all healthcare settings to maintain records in relation to this public health requirement.
8. Such records should include the following:
  - a. number of staff who work across more than one service or organisation,
  - b. the type of services/organisations that they work across
  - c. number of staff for whom alternative arrangements were made during this period
  - d. type of alternative arrangements to be recorded and classified - increase in hours, where the person worked fewer hours for another provider or service and reduction in hours where the person was provided more hours by another service or provider
  - e. any changes made, e.g. personnel changes on rostering, numbers of hours that the centre/service will have to reduce from staff who provide significantly reduced hours etc.
  - f. number of staff who continue to work across more than one service/organisation

9. The following principles should apply to ensure that what is outlined above is underpinned by good practice:
  - a. All providers should respect the staff member's contractual arrangements and acknowledge that changes required are necessary in the interests of public health.
  - b. Organisations/services to establish if staff are working in multiple sites, either with a single agency or multiple agencies, through local direct discussion with staff and with the permission of staff if the discussion is required with other employers or organisations.
  - c. Organisations/services, cognisant of the information at a. above, should offer the maximum number of hours to staff in order to maintain the person's overall earnings while minimising the risks for staff and service users by ensuring that the staff member works in the one single setting.
  - d. All organisations/services must work collaboratively with each other, to maximise the effect of the public health requirement
  - e. Staff should be rostered over the longest possible period, to maintain the stability of the workforce in the work area and to minimise the need for staff to work in other settings, and to minimise the associated risks to service users and staff.
  
10. Organisations/Services must implement as far as practicable contracts for temporary/agency staff which will avoid the need for frequent changes in personnel. This will facilitate the assignment of temporary/agency employees to specific locations on a regular basis, rather than being assigned across a variety of settings over the course of a working week, thus ensuring that the risks to staff and service users are limited.
  
11. The most recent clinical and infection prevention and control guidance must be adhered to at all times, including those relating to uniform.
  
12. HSE HR to agree a process and structure for the deployment of agency staff and section 39 staff to local LTRCs.

The HSE acknowledges the extraordinary efforts of healthcare staff and the manner in which all stakeholders have risen to the challenge to improve capacity and sustain health services at this time to ensure that this disease will be eradicated and that lives will be saved.