



# Care Home Staffing Employment Restrictions

**Title: Care Home Staffing Employment Restrictions as a result of Covid 19**

**Effective: April 16 2020**

**Revised: June 23 2021**

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## **1.0 PURPOSE**

- 1.1 To outline the restrictions in place for care home staff working at multiple healthcare sites and requirements for cross-site providers.
- 1.2 Due to the highly contagious nature of COVID-19, vulnerability of care home clients and risks posed in healthcare sites, staffing restrictions are required to protect clients and staff in care homes and at other healthcare sites.

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## **2.0 APPLICATION**

- 2.1 All staff employed by and working within a licensed residential care home or nursing home under the Residential Care Homes and Nursing Homes Act 1999.

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## **3.0 DEFINITIONS**

- 3.1. Staff - persons paid by the care home for services including but not limited to :
  - 3.1.1. Direct care providers (RNs, NAs, caregivers)
  - 3.1.2. Recreational Activity providers
  - 3.1.3. Medical Consultants
  - 3.1.4. Onsite management- Administrators, Deputy Administrators etc.
  - 3.1.5. Food service providers- cooks, kitchen porters etc.
  - 3.1.6. Facility cleaners
- 3.2. Providers- persons providing services to a resident (e.g health, recreation or social) but are not a staff member or contracted by the care home directly (e.g Resident GPs, Rehabilitation services).
- 3.3. Healthcare site include, but are not limited to:
  - 3.3.1. Residential care homes and nursing homes, as defined under the Residential Care Homes and Nursing Homes Act 1998
  - 3.3.2. Group homes
  - 3.3.3. Adult day service programs
  - 3.3.4. KEMH
  - 3.3.5. MWI
  - 3.3.6. Private home care provision
  - 3.3.7. Private healthcare services

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## **4.0 AUTHORIZATION**

- 4.1 Residential Care Homes and Nursing Homes Act 1999 and
- 4.2 The Residential Care Homes and Nursing Homes Regulations 2001, s.44A (2) and subsequent, Care Home Staffing Restriction Order (the Order), April 16 2020

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## **5.0 Policy**

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- 5.1 No staff at a care home is authorized to have employment at another healthcare site, unless authorized by the CMO in accordance with this policy.
- 5.2 **Direct care staff** (RNs, NAs, Caregivers) are authorized to work at **ONE** other healthcare site if they:
- 5.2.1 Are **immunized** against COVID-19 (2 doses plus 2 weeks) OR
  - 5.2.2 Receive a negative COVID-19 Saliva test **every 72hours**; AND
  - 5.2.3 The care home where the staff works must confirm the immunization/negative test status of the care staff prior to them starting work.
  - 5.2.4 The staff must ensure the care home is kept up to date of any potential or known exposures at the other healthcare site.
  - 5.2.5 Staff must have a copy of this policy and complete the WHO training: [Long-term care facilities in the context of COVID-19 | OpenWHO](#)
  - 5.2.6 The care home operator and staff must ensure compliance to the infection protection and control methods in the Care home COVID-19 Guidance including but not limited to:
    - a. PPE usage based on the type of activity and needs of the residents
    - b. Maintaining proper PPE usage when engaging with other staff members
    - c. Immunized staff follow the care home staff testing/screening schedule.
- 5.3 **Recreational Activity staff** are authorized to work across multiple care homes if:
- 5.3.1 Comply with 5.5; AND
  - 5.3.2 Prior to restarting work at a care home they receive a negative test within 72hours; and
  - 5.3.3 Once providing services, they participate in the routine care home staff COVID-19 screening.
- 5.4 Essential healthcare providers and care home medical consultants are authorized to provide services to more than one care home, in accordance with 5.5.
- 5.5 All cross site providers and staff must provide services in a manner to minimize risk in accordance with national, care home and resident specific COVID-19 levels. This includes but is not limited to:
- 5.5.1 Location of the service provision- e.g. virtual, outdoor, indoor in a designated space, bedside.
  - 5.5.2 Level of PPE worn- as required based on the residents vulnerability and length and type of activity engaged in with the resident.
  - 5.5.3 Maintenance of infection prevention and control precautions as outlined in the COVID 19 Guidance for Care Homes and best practices for their specific fields.
  - 5.5.4 Routine COVID-19 screening - to occur based on level of engagement with residents and care home staff routine screening requirements and vaccination status.
- 5.6 The care home(s) Administrator must ensure:
- 5.6.1 An up to date record of all staff that work at another healthcare site and the name of those sites.
  - 5.6.2 Records indicating assurance that any staff working cross site is upholding the requirements of these policies.
  - 5.6.3 Facilitation of COVID-19 screening every 72 hours of approved cross site staff.
  - 5.6.4 Appropriate actions by care home management if staff are found not in compliance with this policy.

- 5.7 Care home Administrators must apply for approval of **staff that are NOT direct care providers** to work at another healthcare site or **for any other cross site work not authorized** under this policy.
- 5.8 This policy will be reviewed in consideration of the national COVID-19 status. Due to, and inconsideration of, the vulnerable nature of care home residents and employment location risks, any lessening or removal of staffing restrictions will lag behind the re-opening phases for the island.
- 5.9 Exemptions may be authorized in consideration of the following criteria:
- 5.9.1 National COVID-19 prevalence and corresponding phase of restrictions
  - 5.9.2 Risk to COVID-19 exposure in the specific healthcare sites, based on:
    - a. Amount of direct contact with persons by staff in question
    - b. Ability to maintain physical distancing with other staff, residents, patients
    - c. PPE and IPC practices at each healthcare site
    - d. Travelling and exposure risks of persons in healthcare sites (staff and clients)
  - 5.9.3 Care home staffing shortages:
    - a. Critical role of identified staff for resident wellbeing and safety; AND
    - b. Limited availability of the required skilled staff (due to limited or delayed access on island, via immigration, or due to contract requirements).

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## 7.0 CONTACTS FOR MORE INFORMATION

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Whitney Matthew wmmatthew@gov.bm ; 441 278-6502

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## 8.0 SIGNATURE

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**Dr Ayo Oyinloye**  
**Chief Medical Officer**  
**Ministry of Health**

23<sup>rd</sup> June, 2021

Date