



GOVERNMENT OF BERMUDA

Care Home Secondary Employment Exemption Application

Please read the information below before completing this form.

As of June 24 2021 Administrators must submit an application for approval for Care home staff to work at another health care site.

Authorizations and restrictions for Care home staff and key care providers are found in the Care Home Staffing Restriction Policy. It is the responsibility of the care home to be aware of and monitor compliance with the criteria for cross site work by these staff in their care home.

Care homes may choose to have more restrictive criteria or standards for staff regarding working at other locations. Any additional restrictions imposed by homes are the decision of the home and need to take into account their employee contracts, organizational policies and compliance with all employment related legislation.

Care homes are to assess the risk of having staff working at more than one healthcare site based on the role of the staff member, the site and services provided.

Care homes should consider requesting the following information:

- Does the site have any current concerns of Covid positive clients or staff?
- Does PPE and IPC policies and practices of the site meet the COVID-19 guidance and policies?
- What are the total number of persons (clients and other staff) this person will be working with, and/or sharing space with?
- Does the care home participate in the required COVID-19 whole care home testing regime?

Care home staff can be authorised to work at one other health care site if they:

- Are Vaccinated and Boosted against COVID-19 **and**
- Are prepared to arrange for COVID-19 Antigen Test twice weekly, and share the results in a timely manner to their immediate supervisors at both sites.
- Complete the World Health Organization (WHO) training: [Long-term care facilities in the context of COVID-19 | OpenWHO](#)
AND
- The staff must confirm the immunization status and antigen test arrangements prior to them applying to work at another site.
- The staff must ensure the care homes are kept up to date of any potential or known exposures at the other health care site.
- Staff must have a copy of the **062421_Care Homes COVID Staffing Restrictions Policy-update**

The Administrator can decide not to hire, or not to submit an application, based on their assessment of risk and **the staff member's prior/current compliance with mandatory testing**. This assessment should occur through discussion with the other healthcare site and include the care home's nurse (*If the Administrator is not a Nurse*).

Key definitions:

- **Healthcare site** includes: a regulated care home, any BHB service (KEMH, MWI, group homes etc), home care services, healthcare offices/facilities.
- **Care Home staff:** any person providing services within the care home through casual, part time or fulltime staff including.
 - RNs, NAs, activity coordinators, allied health professionals etc.
 - Onsite management- Administrators, Deputy Administrators etc
 - Food service providers- cooks, kitchen porters etc
 - Facility cleaners

Approved Applications are to be submitted to Covid19LTCH@gov.bm



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1. Name of Care Home:

2. Type of exemption application – tick which one applies

- a. I want to hire a Care home staff at my care home who already works at another healthcare site.
- b. My current Care home staff member is seeking work at another healthcare site.

3. Staff name (person who the request is about):

4. Job title, role and responsibilities of staff member at the care home:

5. Name of other healthcare site: and indicate if they work at any other already approved sites.

6. Intended job title, role and responsibilities at the healthcare site:

7. Describe recruitment efforts made by the care home to meet Code of Practice for Long Term Care home staffing requirements.

8. Provide the reason as to why you need to employ this person who works at another healthcare site.

Agreed

Not agreed

Administrator's Signature: _____ **Administrators Signature**_____

Print Name:_____ **Print Name** _____

Date: _____

COVID-19 Care Home Team Representative : _____

Print Name: _____

Date: _____