



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## **POLICY AND PROCEDURE**

### **REDEPLOYMENT OF STAFF DURING COVID-19 INFECTION**

#### **INTRODUCTION.**

**REDEPLOYMENT IS A LAST RESORT, ALL BARRIERS TO  
RECRUITMENT HAVE BEING LIFTED, DELEGATION HAS  
BEEN GRANTED TO DONs/DOMs TO IMMEDIATELY  
APPOINT FROM PANELS WHERE THEY EXIST AND FILL ALL  
FUNDED VACANCIES**

**6 MARCH 2020**

## **1. Scope**

- 1.1 This Policy applies to all HSE employees and to all grades of staff. It has immediate effect and replaces all previous instructions in operation in the HSE.

## **2. Purpose of this Document**

- 2.1 Reorganisation of the health service and effective redeployment of health service employees is one of the core elements of the HSE's response to COVID-19 infection. As COVID-19 progresses all health services will come under particular strain. As the demand for health services increases, the number of HSE employees available to provide services may decrease due to absenteeism.
- 2.2 During COVID-19 infection any industrial action, either official or unofficial, will be suspended and all employees will work under the direction of their line manager.
- 2.3 Throughout COVID-19 infection employees will be treated in a manner consistent with established human resource principles and collective agreements with respect of the core values of the health service. Nevertheless, particular co-operation from all employees will be required during this outbreak. In such circumstances the following framework in respect of identified redeployment needs will apply.

## **3. Redeployment of Staff**

- 3.1 When forward planning for COVID-19 infection, each Hospital Group (HG), Community Healthcare Organisation (CHO) and National Directors of corporate divisions should identify and document all essential national, regional and local level activities that need to continue during the infection in line with local continuity business plans. The identification of nonessential services should also be documented and all resources available for redeployment identified. This should be done as part of best practice emergency planning and reviewed if and when a national public health emergency is declared. Business continuity plans for each unit should be made available to the HG Chief Executive Officer (HG-CEO), the CHO Chief Officer (CHO-CO) and relevant National Director of corporate divisions in advance of any emergency.
- 3.2 When considering the redeployment of employees, local business continuity plans should direct the HG-CEO, the CHO-CO and National Directors and their local crisis management teams in deciding on the redeployment of staff resources.
- 3.3 In order to deal with the effects of COVID-19 infection there may be a requirement for some, or all identified non-essential services to be cancelled or postponed. Employees in positions that are curtailed or temporarily suspended (non-essential services) will be deemed available to be redeployed to assist in other essential service areas that are experiencing staffing shortages.

3.4 Employees most at risk of contracting COVID-19 in the workplace (e.g. age 60 years or over, have a long-term medical condition, pregnant) will be assigned to non-direct contact areas. **In addition, employees who have received treatment for cancer and are otherwise immune compromised must advise line managers/HR who will ensure confidentiality and make necessary arrangements**

#### **4. How redeployment will be managed**

4.1 In line with local business continuity plans, and in conjunction with service managers, local crisis management teams will lead the management and redeployment of employees. This will include consideration of appropriate skill sets and geographical redeployment limits.

4.2 If deemed necessary, decisions may be made to engage the services of members of staff retired during the past two years. **Those staff should be paid at the increment point that applied prior to retirement.** HR Departments should be consulted in these circumstances.

4.3 Employees with nursing, [medical](#), [HSCP](#) or other [health](#) skills required during COVID-19 infection, who are employed by the HSE but no longer engaged in [frontline health nursing](#) duties, should be identified, up-skilled as appropriate and redeployed to assist where their skills are most required, **having followed the statutory registration bodies guidelines.**

4.4 **Registered professionals involved in redeployment are regulated and their range of permitted practice is governed by a scope of practice framework. Scope of practice issues must be addressed in any decision to redeploy. In addition, there must be adequate organisational and direct supervisory support to assist redeployed employees. If after support and upskilling a registered professional determines that they are not competent in a proposed sphere of activity, as they are a legally regulated professional this decision must be respected.**

4.5 Arrangements may be made to outsource some work or engage the services of agency staff where it is not feasible to redeploy HSE employees. [This will only apply to the period of the nationally declared emergency and then immediately revert to normal provision.](#)

#### **5. Payroll**

5.1 During COVID-19 infection redeployed employees will continue to be paid by their existing payroll department.

5.2 All employees will continue to be coded on their usual department timesheets regardless of where they are working or what they are doing.

5.3 Appropriate line manager approval must be given on all overtime requests based on priority of need.

- 5.4 Any staff requested to work additional hours; we be paid in line with the national overtime agreement.
- 5.5 Staff who are required to self-isolate will receive full pay inclusive of allowances and premiums as per existing Health schemes. Please see attached Blood Borne circular.

**6. Alterations to work location / grade**

- 6.1 Notice requirements normally associated with alterations to the usual practice of scheduling shift changes, changes to hours of work and/or changes to work locations will be suspended for the duration of COVID-19 infection as redeployment needs will require assessment on a daily basis.
- 6.2 If necessary, employees may be required to work different hours or in a different location. In this regard redeployment will be based on need and urgency of need. Line managers will have discretion in this regard consistent with local business continuity plans.

## **7. Work / Redeployment refusal**

- 7.1 Refusals to work or to be redeployed will be handled in accordance with the Grievance Procedure for the health service, which outlines the requirement of the employee to 'work under protest' in the event of a grievance arising relating to an instruction issued by a line manager, based on a service imperative. Line managers should consult their local HR Department for support/advice in this regard.
- 7.2 If a national public health emergency is declared an examination of staffing levels will take place. If necessary, the cancellation of annual and discretionary leave will be considered by the National Crisis Management Team.

## **8. Monitoring and review**

- 8.1 The situation regarding COVID-19 will be changing rapidly so managers and staff should continue to check the HSE coronavirus web pages for information.
- 8.2 This policy and procedure may be subject to regular revision in light of the emerging situation concerning COVID-19.