

Frequently Asked Questions

25 March 2020

Personal Protective Equipment (PPE)

Q. Where can I access supplies of PPE for our service?

A. A dedicated process has been established for all Section 38/39's to access and order PPE supplies directly. HBS Procurement COVID-19 Customer Service:

Email Address: covid19.procurement@hse.ie
Contact Number: 021 465 9770

Once you contact HBS Procurement COVID-19 Customer Service, you will be required to complete a standard PPE Request Form available via the following link <https://hbsspass.ie/covid19-3.html>. Further information is available on dedicated HBS Procurement COVID-19 webpage HBS Procurement COVID 19 Customer Service Poster.

Q. Is there sufficient supply of PPE to cater for the coming need?

A. A supply contract has been agreed and the provision for the whole country will improve over the next week. In the meantime, the HSE is reviewing the distribution of existing supplies and the urgent need to include disability providers is being highlighted.

Q. Online training is needed for staff members not normally required to use PPE, to ensure adequate preparation.

A. Some resources not specific to disability are already available that may be useful: <https://healthservice.hse.ie/staff/news/news-items/prevent-the-spread-of-coronavirus-in-theworkplace.html>. A working group is also gathering all available relevant resources to be centrally available, particularly those relevant to community disability settings.

Service Closures and Changes

The majority of day services are no longer providing centre-based service based on risk assessments, although some services continue to be provided for a small number of individuals who have particular requirements. Individualised supports continue to be provided to many

people in alternative models particularly for individuals with higher support needs and through alternative means such as via online communication or by phone.

Q. Should our children's respite service be closed

A. Local decision making should be implemented around this in the context of risk assessment and looking at the cohort of people for whom the provision is most essential, and for whom a service may be necessary

Q. Will HSE contingency planning require staff reallocation from funded agencies to other services if trained staff are required? Or indeed other staff to man helplines etc?

A. Yes this may occur. A letter has issued to An Taoiseach from the Community and Voluntary Sector explaining the necessity to protect essential services; "In the context of the mobilisation of national resources, the Community and Voluntary Sector is actively engaged in supporting the national effort and welcomes opportunities to contribute our considerable capacity and strengths. Equally, this Sector provides a range of essential front-line services on behalf of the State, and it is important that the citizens who rely on these services can be assured that vital supports will be protected and continue (including in alternative formats that respect social distancing measures)."
Where redeployments are being discussed, providers and HSE should base any decisions based on a risk assessment

Q. We need contingency plans for when Service User or Staff Member in residential setting is diagnosed with Covid-19, leading to a large proportion of staff having to self-isolate. This could have a major impact on the remaining residents of the service.

A. The issue of staff testing being expedited in order to maximise the availability of staffing has been escalated to HSE Vulnerable Person's Group. The changed guidelines based on the decision of the Dept of Health on 24/3/2020 will determine testing

Q. Are there plans in place to support families who are supporting their loved one at home?

A. A dedicated group within the HSE Disability team has been established and is liaising with family groups including Inclusion Ireland to plan support and information for families. Updates from this group will be

provided as their work progresses. This will include the sharing of information around good infection control when providing intimate care. There is also work taking place to ensure that people with disabilities and their families are included in all of the planning being undertaken by the National Public Health Emergency Team (Vulnerable Persons Working Group) and in liaison between the Community & Voluntary sector with Government Departments and local coordination mechanisms being developed. Further detail will be provided as these arrangements are established.

Q. Is there any support available for settings where children and young adults with physical, cognitive and behavioural disabilities may be forced to self-isolate for longer time periods due to Covid 19?

A. Currently the mapping of available behavioural support resources on a regional basis is being explored, to see if some outreach supports can be shared between organisations, where possible. Service providers and HSE should work collaboratively to map these resources and agree the effective use of them to meet needs.

Q. How will a person's disability-related needs be met if they hospitalised (e.g. communication, mobility, behavioural, etc.).

Guidance will be developed nationally in terms of the accompaniment of people with disabilities to hospital settings (for staff and/or family members). In the meantime, it is advised that each individual has a health passport developed at this time to support their will and preference in the hospital setting should they need it at a future date. There are a number of formats in use, see HSE recent initiative at:

<https://www.hse.ie/eng/services/news/media/pressrel/launch-of-the-hsehealth-passport-mission-possible-short-film.html>

Contact Niamh.walsh@hse.ie for copies. A short format will also issue in the coming days from HSE Disabilities.

Funding & Service Arrangement questions

Q. We need confirmation that costs arising for Section 39 employers re COVID-19 will be met equally to those of the HSE and Section 38's agencies, including e.g. HSE HR 007/2020.

A. Guidance re funding will issue from Community/Disability Operations. In terms of S39 organisations receiving circulars, this issue has been

escalated but in meantime copies will be issued via the Umbrella organisations via Disability Strategy/Planning.

Q. Usually our organisation operates a residential-only service. Now that service users are not in their day service, we are incurring additional costs to provide support during the day. How will this be funded?

A. Guidance regarding funding is currently being developed by the HSE and will be issued by Community/Disability Operations

Q. In context of fundraising activity ceasing, income raised to support service delivery is lost. Will the 1 % efficiency target/funding cut be suspended and/or will a financial assistance package be implemented?

A. Guidance regarding funding is currently being developed by the HSE and will be issued by Community/Disability Operations

Q. Can we have confirmation that there is flexibility in terms of delivery of service as compared with the Service Arrangement.

A. Guidance is currently being prepared and will issue shortly to reflect the necessary alternative models of support that are being implemented to support people with disabilities in different ways throughout the crisis.

Staffing questions

Q. Government advice states employees can work from home if their child's school is closed. In some services, parents wish to work from home, whilst employers are seeking to ensure essential supports. Guidance is needed re essential health/social care workers providing frontline services.

A. This has been escalated to the HSE Vulnerable Persons group for consideration and inclusion in national planning

Q. Will staff be paid where closures take place?

A. Guidance is currently being developed by the HSE and will be issued by Community/Disability Operations. In the interim. all staff who cannot work in the usual setting should be redeployed to provide, for example 1:1, or alternative support via Skype or telephone where possible. Residential services will remain open so day service staff may also be

redeployed to provide additional support where required. All staff should be used within the service or made known to be available to others.

Q. We need an expedited pathway for staff to access COVID-19 testing. We need all healthcare workers to be prioritised for testing and that their tests are accessed electronically if possible. I don't want a situation whereby staff could work but are at home waiting days for an actual test.

A. This has been escalated to HSE Vulnerable Person's Group. Please note the guidance on testing from the Dept of Health based on decisions on 24/3/2020

Q. Do staff members over the age of 60 or who are pregnant need to be deployed away from frontline roles?

A. Updated guidance that includes information on staffing for people who are over the age of 60 or pregnant was issued by HSE on 19 March 2020 (HSE HR Circular 015 and Policy on Redeployment of Staff During COVID19 Infection March 2020 at:

<https://www.hse.ie/eng/staff/resources/hrppg/> (half way down list of policies).

Q. We are concerned that staff members may apply for posts elsewhere during the recruitment drive currently underway, are we in a position legally to discourage this where it would impact on services?

It is an individual's right to apply for and accept an offer of new employment. It's likely that most of the contracts offered in the context of COVID-19 will be either a secondment (which the giving agency would have a right to refuse) or a specific purpose contract which may not offer security long term. Providers should consider secondment where staff are moving as it allows a level of control in the long run, though whether these types of employment arrangements will appeal to staff is unclear so it may not be a major issue.

From an organisational development / psychology perspective, Section 38 and Section 39 agencies could undertake an internal communications process outlining the impact that staff leaving would have on both the service user and provider both short term and long term. The organisations need to confirm the value they place on their staff and the existing roles they deliver in the organisation at this time. For those staff who feel the need to contribute to the COVID-19 crisis their individual need to feel that they are actively contributing could be appeased

knowing that staying with their organisation has an equally positive impact on the fight against COVID-19 to that of leaving. The net effect being that staff stay. At a time like this some agencies may feel that they do not have the resource to commit to such an investment while “fire fighting” however, in the long run it could hook staff to their organisational identity and aid them in their attempt to retain their staff.

Q. Is there any way to address the issue whereby we could address a gap in services in one area by creating them in another?

This has been raised with HR Community Operations, outlining the dependency there is within disability on Section 38 and Section 39 service providers. It is proposed that this is primarily an operational issue to be addressed by the agencies themselves in conjunction with CHOs.

Q. We are concerned that clinical staff working in disability services could be redeployed to meet the current COVID-19 needs. This would result in a major challenge to maintaining essential disability services and also challenge our ability to safely support some people at home or in services where the normal staffing arrangements are not possible.

In terms of redeployment, each CHO area should be liaising with those agencies that they are seeking to redeploy staff from. The process within CHOs will allow the resulting gaps to be risk assessed by the Head of Disability with the relevant Service Provider and if the redeployment will give rise to a significant gap / risk then the movement of staff should be considered in that light. In terms of those staff that have responded to “be on call for Ireland” it is expected that clinical staff currently working with a client / patient cohort will not be targeted for redeployment in the first instance.

Guidance and Training

Q. Where can I find appropriate guidance and support for caring with person diagnosed with COVID-19: in particular guidance in relation to infection control.

A. Guidance is being developed currently. Draft documents have been circulated to the umbrella organisations for consultation. Once finalised, these will be issued by the HSE to providers and CHOs.

Q. Immuno-suppressed children with multiple disabilities including chronic respiratory disease, life limiting conditions and on active chemotherapy are isolated within special early years services/schools. What training can

be provided to staff for early recognition of a COVID-19 case considering their altered presentation of symptoms (unable to communicate flu symptoms/ symptoms such as pyrexia being masked by analgesia regularly provided for chronic conditions)?

A. This has been raised with Marie Keogh O’Sullivan from HSE Quality team with the aim of developing guidance. It may need to be further raised with the Vulnerable Working Group of the NPHET.

Q. People living in community whose disability means that they are in at-risk category, should be prioritised to be supported in medical facilities. Concern when we move beyond containment stage of expectations that people with disabilities with COVID-19 are supported in their own homes which is not practical. These individuals will need immediate medical intervention, and staff won't be equipped or appropriately trained to support at risk individuals in their own homes.

A. Guidance is currently in development.

Q. As there is no spare capacity for isolation in registered HIQA Designated Centres, can our organisation register short term and emergency measures where isolation is indicated. Can these measures include increasing the footprint of existing residential services? Is there scope to register day service settings for isolation provision?

A. HIQA has issued two guidance documents – on 12 March 2020, and 23 March 2020, both indicating additional flexibility in the context of COVID19. Further discussion is taking place with CHO’s on 24/3/2020 in relation to a guidance document to be issued. CHOs will be engaging directly with providers to look at options. The Department of Health is considering changes to legislation in relation to regulation and the legal requirement on providers in the context of the crisis.

Community Response

Q. What is happening in the community for people with disabilities outside of HSE funded disability services?

A. The Department of Community & Rural Development has launched a Government Action Plan to support the Community Response to COVID-19. Three key initiatives are:

1. Letting people know how and where they volunteer through our partnership with Volunteer Ireland and our network of Volunteer Centres

2. To provide community supports for older people by providing funding to ALONE for their crisis telephone support line and follow through practical support.

3. Launching an email helpdesk facility from today (20 March) in the Department of Rural and Community Development to assist smaller community groups with their queries. The action plan can be accessed by clicking this link.

Structures are being put in place to support the community response to COVID-19. Further info will follow on this shortly.