

Q&A

Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghda



Query from member

At our hospital, we are advised that it is now nurses' responsibility to give first-dose medications and one of our medical doctors has stated that doctors will no longer give first-dose medications when they are called by nursing staff to do so. As the local INMO rep I have queried this with our director of nursing. She has said that we need to get clarification from the INMO as she believes there is no formal instruction on this as yet. Can you please clarify the situation?

Reply

As you are aware, the INMO and SIPTU Nursing, representing nurses and midwives working in the public health service, proposed during the Haddington Road talks, that there were savings to be made from the transfer of specific tasks from medical staff to nursing staff. What was agreed in the Haddington Road Agreement was a process by which these savings could be measured. It was not agreed that the tasks would transfer ahead of this measurement exercise being considered.

We are still in discussion and this remains the role of medical staff. Therefore, you should not take on any additional roles in relation to the tasks outlined below until the discussions are complete and a formal position arrived at:

- First dose medication
- IV Cannulation
- Phlebotomy
- Nurse-led discharge of patient

Payment of time plus one-sixth between 6-8pm has ceased since July 2013. The INMO, SIPTU nursing and IMO believe savings can be made from the transfer of the four duties set out above. Transfer of these duties to nurses would require additional nursing posts, but even in taking that into account, the transfer will result in savings which can allow for the restoration of time plus one-sixth between 6-8pm.

Query from member

I was recently assaulted at work by a patient. This assault has resulted in a severe back injury and I am on sick leave at the moment. My employer is refusing to have this covered by the Assault at Work Scheme. What are my options?

Reply

The revised Physical Assault Scheme for Nurses and Midwives allows for payment of full pay including allowances and premium earnings for up to six months for officer grades, with two special extensions to same for nurses and midwives. To be eligible for the Scheme, the following criteria must be met:

- a. The employee must be injured in the actual discharge of his/her duty*
- b. Injury occurred without his/her own fault*
- c. By some injury attributable solely to the nature of his/her duty.*

The procedure for applying for the Serious Physical Assault Scheme is as follows: When an incident occurs in the workplace where an employee is seriously physically assaulted, the appropriate manager must ensure that the incident is dealt with in line with the relevant Assault at Work Policy or protocol. The appropriate manager must complete an incident form and report the incident in the incident report format, ensuring that the Risk Management Department is made aware of the event. If an incident results in an absence from a workplace for more than three days, the Health and Safety Authority must be informed. The employee should also be referred to the occupational health department.

Employees are also entitled to a refund of expenditure in respect of treatment provided as a result of the serious physical assault (including GP and ED consult visits and prescriptions). There is provision for an employee to appeal a decision in relation to eligibility to the Independent Appeals Board under the revised Serious Physical Assault at Work Scheme. The Board is comprised of two adjudicators, a management and a union nominee. The INMO will assist you and represent you in making an appeal. If you have been denied access to the revised Serious Physical Assault at Work scheme and you fit the criteria, you should immediately contact the INMO official in your area for assistance.