

● Medico-legal advice

Risk management: swine flu and employee considerations



Dermot Casserly of Beauchamps Solicitors explains the obligations of healthcare employers when it comes to protecting their employees from swine flu and dealing with staff who contract the virus

Many businesses will be wondering how they will cope if Ireland is badly affected by the swine flu pandemic this autumn. The potential effect of swine flu for employers in the healthcare sector could be more significant than in other sectors, as employers in the health sector may face extra pressure on their limited resources during this time.

Some of the issues are similar, whether one has a few employees working in a small GP practice or is running a large primary care team or healthcare facility.

While patient care will be the top priority, employers will need to focus on their legal duty to protect the health and safety of employees and deal with employee absence.



It is unlikely that pandemic outbreaks are covered in employment contracts or employee staff handbooks. Under the Safety Health and Welfare at Work Act 2005, an employer is obliged to provide a safe place

of work for its employees and may insist on staff staying at home in certain circumstances. It would be good practice to immediately introduce a swine flu policy or guide for employees so that they know what is

expected of them if they contract it. The policy should also recommend certain preventive practices such as regular hand-washing. Employees are more likely to pay attention to communications about this

issue when there is a specific threat in mind. If an employee deliberately breaches the policy, it should be treated as a disciplinary matter and should be dealt with under the employer's disciplinary procedure.

There have been newspaper reports that employers may be subject to personal injury claims if they fail to take appropriate measures to protect employees from swine flu. While an employer has a duty of care towards an employee and there is some risk of legal exposure, most workplaces come with the risk of infections being passed around among employees in the normal course.

When a vaccine is introduced, an employer can recommend or offer it to employees but cannot force them to be immunised, unless it is specifically prescribed for all healthcare workers like certain other vaccinations.

It may be a good idea to encourage working from home, if practical, where an employee is in a specific risk-category (for example, is pregnant or has an underlying health con-

dition that may require them to be hospitalised if infected). There may be limited opportunity for this in the health sector but where possible, it should be considered.

It would also be worthwhile to draw up a contingency plan for employee absence. Consideration should also be given to relevant policies such as sickness, absence or dependant leave policies and whether they might need to be modified.

Sick leave

In Ireland, there is no statutory entitlement to paid sick leave, but many employers in the healthcare sector provide for a contractual entitlement to paid sick leave.

In terms of sick pay, employees who contract swine flu should be treated under the employer's sickness policy or under the terms of their employment contract in the same way as with any other illness.

In conclusion, when healthcare professionals are in the process of planning to manage the potential risks associated with a pandemic flu outbreak, the employer's duty of care to employees to protect their health and safety in the workplace should be given appropriate attention and priority.

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● Investing in patients

'Four Ps' mean fewer falls among patients

A simple idea being put into practice in a New York hospital has reduced the number of falls in high-risk or elderly patients. The initiative sees nurses assessing the 'Four Ps' – pain, position, potty and placement

Patients at a New York hospital who are at risk of falling are easily identified as a result of a simple initiative.

At the Northern Westchester Hospital in Mount Kisco, patients at high risk of falling wear yellow socks. The 'Four Ps' is an evidence-based practice model for assessing 'pain, position, potty and placement' during two-hour rounds. Nurses using the system have reported fewer falls over the last three months.

Staff nurse Cristina Fata said: "Within the last month and a half, at least on this unit, I don't remember hearing of a fall taking place.

"That rates really well with a year ago. Obviously, our goal is to have no falls but realistically, sometimes something

happens we can't account for. This has definitely reduced the number of falls and call bells."

The idea came from the hospital's evidence-based practice council, said chief nursing officer Lauraine Szekely. "The nurses who are involved in the evidence-based practice council through our shared governance model were interested in looking at falls and pressure ulcers to see what evidence was out there to ensure our practice was the best and meeting industry standards," she said.

Falls prevention

The council reviewed literature on falls prevention and examined internal data on when and where falls occurred in the facility. Nurse educator Fay Wright said: "Most of the falls at Northern Westchester were



because people needed to go to the bathroom. We looked at the evidence and people were looking at toileting every one to two hours, as a way to prevent falls. It's almost like taking tiny steps – called small tests of change."

The next step in creating the programme was developing a fall risk-assessment tool that incorporated toileting with falls-prevention strategies, as well as continually measuring a patient's fall risk.

"We identified procedural issues. For example, someone goes in and turns a patient, but they don't toilet before turning and a few minutes later, the patient needs to go to the bathroom. So it's almost double the work and uncomfortable for the patient, because they're getting moved a couple of times," Wright added.

Role-playing

Almost 150 nurses have been trained in the initiative. It involved role-playing and using keywords to assess pain, potty, position and placement. The system has reduced their workload because they are more frequently checking on patients and anticipating their needs. This has reduced call bells.

When they are admitted and every day afterwards, patients are evaluated for risk. High-risk individuals receive yellow socks, yellow stars are put on their chart and they are identified as fall risks to the call-bell intercom operators.

"One day a patient may be okay, but the next day they may

have a procedure and become a risk. This encourages us to assess our patients' fall risks on a daily basis.

"This is a tool that is more specific to each patient – it's in tune to their individual needs," said Ann Marie Tietjan, a staff nurse in the psychology and cardiopulmonary units.

High-risk patients have generally been receptive to the new tool, Tietjan added. "The first day it went live, I went into a patient's room – it was an elderly man – and told him about the new rounding, and he said, 'That's the best damn thing I heard all week. That makes so much sense.' And I told him he was absolutely right," she said.

The additional time with patients is a boon to nurses stretched by the fast-paced hospital environment, nurse Fata added.

"Even if it's just a few minutes to toilet and turn the patient, it gives you that time and allows you to assess and pick up on cues if the patient is in distress," she said.