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30 November 2006

Mr Liam Dixon
General Secretary
Irish Nurses Organisation
The Whitworth Building
North Brunswick Street
Dublin 7

RE: MRSA Infection – Nursing and Midwifery Staff

Dear Mr Dixon

I refer to my letter of 12 November 2005 in response to your claim for preferential sick pay arrangements for employees who are absent from work as a result of suffering a severe MRSA infection.

In responding to your claim, regard will be had to the following factors:

- Guidelines for the control and prevention of MRSA in hospitals and communities as outlined in the GARI Infection Control Subcommittee publication from the Health Protection Surveillance Centre (copy attached).
- Employees will cooperate with infection control measures including surveillance and swabbing as determined by the local infection control team.
- The present GARI guidelines allow for the redeployment of most staff in the hospital setting.

In order to assess the impact of MRSA it is important to adhere to the agreed definitions:

- **Carrier of MRSA** is a person who harbours MRSA with no overt expression of clinical disease, but who is a potential source of clinical infection. The carriage of MRSA can be transient, intermittent or chronic.
- **Colonisation by MRSA** is the presence and multiplication of MRSA at a body site without tissue damage or invasion.
- **Infection with MRSA** indicates the entry and multiplication of MRSA in the tissues and associated damage.

The primary objectives of infection control are the prevention of acquisition and spread of infection by patients and staff.

Staff who are carriers of MRSA or are colonised by MRSA are fit for work but should be restricted from working in specific areas on the advice of risk assessment by the Infection Control Team.

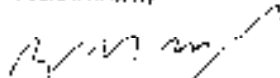
While it is possible to re-deploy most staff, there will on occasions be requirements to exclude staff from work based on infection control advice. In such situations staff will be advised to stay off work until clear. Where this is the case the following arrangement will be put in place to facilitate sick pay arrangements:

- Full pay for the first six months of absence
Three quarters of full pay for the second six months
- Half of full pay for the third six months

The general rules governing the application of sick pay arrangements as outlined in Department of Health and Children Circular 10/71 will apply. In addition the continued application of this revised sick pay arrangement will be reviewed where it is deemed necessary.

The foregoing arrangements will come into effect on receipt of your acceptance of this proposal.

Yours sincerely



Brendan Mulligan
Assistant Chief Executive – Industrial Relations

Cc Mr. Mairin McDonald, National Director of HR ISSA