

# WIN



Journal of the  
Irish Nurses and  
Midwives Organisation

Latest INMO  
CPD education  
programme  
See page 25

## World of Irish Nursing & Midwifery

INMO call for  
equitable  
access to  
Covid vaccine

page 9

World  
Health Day  
2021

page 33

Operation  
Transformation's  
Hazel Hartigan

page 34

Oncology:  
Febrile  
neutropenia

page 43



# Chernobyl legacy

Recognising the work of Irish nurses and midwives



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SCAN  
ME





16



34



46

## NEWS & VIEWS

### 5 Editorial

The government needs to fix the inadequacies of the health service – and fast, writes Phil Ní Sheaghda, INMO general secretary

### 7 A positive focus with the president

This month, Karen McGowan spoke to Maurice Healy, an ANP with the Brothers of Charity in the Galway area

### 9 News

Equitable access to vaccines is vital... Urgent clarity required on funding for staffing... HSE must update guidance on Covid infection and control... New HSE policy entitles staff to breaks with pay for breastfeeding... HSE and Department response to Covid-19 compensation claim... Vaccination update... Future of Cavan MLU secure... WRC hearing begins over staffing at new Waterford older person services... Day care co-ordinators deal complete... Theatre capacity set to double in Croom Orthopaedic Hospital... Roll out of NHCP hit by child clinic backlog... Unions seek talks over new contract at Cahercalla

*Plus:* Opinion by Dave Hughes, page 13  
Section news, page 15

### 39 Students and new graduates

Catherine O'Connor updates readers on news for students and new graduates

## COVER STORY

### 16 Interview

On the 35th anniversary of the Chernobyl disaster Freda Hughes spoke to Adi Roche, CEO of Chernobyl Children International

### 18 Testimonies

*WIN* reflects on the role played by Irish nurses and midwives in the lives of those left behind after the Chernobyl disaster

## FEATURES

### 20 Industrial relations focus

Freda Hughes caught up with four new INMO industrial relations executives

### 22 Nursing Now

This month the spotlight is on ANP Dr Theresa Frawley

### 23 Questions and answers

Your industrial relations queries answered

### 33 World Health Day

The WHO is calling on people to join a new campaign to build a fairer, healthier world. Steve Pitman reports

### 34 Interview

Freda Hughes spoke to Hazel Hartigan, a nurse who has won the hearts and minds of *Operation Transformation* viewers

### 37 Mental health focus

Brid O'Meara discusses the importance of talking about our mental wellbeing

### 40 Quality and safety

This month Maureen Flynn looks at the concept of person centredness in the context of Covid-19

### 41 Executive Council focus

A series profiling three members of the Executive each month

### 42 Midwifery focus

This month RCM i-learn presents a module looking at delivering bad news in pregnancy

### 48 Update

Roundup of healthcare news items

## CLINICAL

### 43 Oncology

Liz Meade and Petra Martin discuss how febrile neutropenia is managed in cancer patients

### 46 Research update

Alison Moore takes a look at some recent Irish research into atopic dermatitis

## LIVING

### 47 Book review

Max Ryan reviews *Winging It* – a compilation of extracts from *The Tommy Tiernan Show*

*Plus:* Monthly crossword competition

## JOBS & TRAINING

### 25 Professional Development

Eight-page pull-out section from INMO Professional

### 52 Diary

Listing of meetings and events

### 53 Recruitment & Training

Latest job and training opportunities

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# Breastfeeding: The best start



## Health benefits for infants

Breast milk is the ideal food for newborns and infants. It gives them all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

## Long-term benefits for children

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to develop type 2 diabetes and perform better in intelligence tests.

## Benefits for mothers

Breastfeeding also benefits mothers. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.

## Support for mothers is essential

Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain, and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding – by making trained breastfeeding counsellors available to new mothers – encourage higher rates of breastfeeding. To provide this support and improve care for mothers and newborns, there are 'baby-friendly' facilities in about 152 countries thanks to the WHO-UNICEF Baby-friendly Hospital initiative.

## Work and breastfeeding

Many mothers who return to work abandon breastfeeding partially or completely because they do not have sufficient time, or a place to breastfeed, express and store their milk. Mothers need a safe, clean and private place in or near their workplace to continue breastfeeding. Enabling conditions at work, such as paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks, can help.

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# The battle for safety rages on...



"BATTERED, bruised but still standing." That was the description a nurse gave to me when we spoke last week on her feelings after a year of the pandemic.

She described the vaccine as "the ray of hope". The atmosphere changed when the vaccine was being rolled out – "the best day in a long time", she said.

Those feelings are no doubt echoed across our professions. The roll out among frontline healthcare workers is almost completed. And it is working. As we go to press this week, the infection rate in healthcare workers, including nurses and midwives, has plummeted.

In the early stages of the pandemic, healthcare workers accounted for 32% of all Covid-19 infections. That rate is now 3%.

It is absolutely vital – literally vital – that the HSE gets the vaccination programme right. For nurses and midwives, it is the difference between hope and despair, health and illness, or life and death.

Prior to the vaccine rollout, we had to fight every step of the way. Safe PPE, priority in the vaccine queue, and classification of Covid-19 as an occupational illness; these were all battles we thankfully won, but they were not battles that we should have had to fight.

In all cases, our campaigns for such measures were dismissed implicitly as another "trade union whinge", but eventually the powers that be were forced to act on them.

The vaccine does not mean an end to such campaigns. Covid has further exposed that the system of care provision is still not right. Overcrowding, in particular, is seeping back into our health service. It presents a real and present danger – one that the HSE and government cannot let slide.

The real consequences of overcrowding in non-pandemic times are well researched. The consequences of ignoring the issue during a pandemic is clearly far worse.

Overcrowding is not only an issue of delay and discomfort for patients – it is a basic health and safety issue. The INMO will continue to fight on this issue on your behalf. We know that nurses and midwives

are the main advocates for patients, thus we will ask you to describe the situation as it actually is – not what the official rhetoric says.

Raising this issue is uncomfortable for the government and HSE, but we will continue to highlight problems and ensure that the immense contribution of nurses and midwives during this pandemic is recognised.

Part of that recognition is the claim for compensation which the INMO lodged in November. It challenges the government to do the right thing and follow other countries who have offered compensation to their healthcare staff.

Specifically, we have sought additional leave to allow recuperation and recovery for nurses and midwives.

The government has been very slow to respond. Political figures and spokespeople acknowledge the great work. "Something will have to be done" is the order of the day, but no tangible commitment has yet been made.

This is not good enough. The delay and hesitancy in this has led the INMO to referring this claim to the Workplace Relations Commission.

That is one of the main themes in this issue of WIN – not being afraid to take time to recuperate from work, and to understand that rest is a necessary part of doing the job.

The INMO's job is to assist you in being able to do that. We will continue to battle for improvements and demand that employers undertake their legal responsibility to provide a safe and healthy workplace – both for your physical and mental health.

The best place for government to start is to prevent the return of overcrowding and move compensation for nurses and midwives from rhetoric to reality.

**Phil Ní Sheaghda**  
General Secretary, INMO

# Position Statement on Period Poverty

Period poverty refers to a lack of access to menstrual supplies/sanitary products due to financial constraints and is recognised internationally as a health and societal issue. A survey of female Irish teenagers found that 50% have experienced issues around affordability of sanitary products<sup>1</sup>. In 2018, the at risk of poverty rate for females in Ireland was higher than the male rate<sup>2</sup>. A lack of access to appropriate resources can result in people who menstruate resorting to using methods which may be substandard, uncomfortable, or unhygienic. There is evidence that poor menstrual hygiene management has been associated with poor health outcomes (e.g. infections), poor emotional and psychosocial outcomes (e.g. embarrassment, lack of dignity, low self-esteem), and poor school/work attendance<sup>3</sup>.

The Irish nursing and midwifery workforce is well recognised as being comprised mostly of women, therefore it is vital to address this issue. It is worth recognising that Ireland is taking a progressive stance as there is currently a zero-rate treatment on sanitary towels and tampons, meaning that no value added tax (VAT) is charged on these items<sup>4</sup>. However, Ireland needs to take the initiative to go further. For example, new sanitary products that may better suit some users and that may be more environmentally friendly, such as menstrual cups, are taxed at the standard rate of 23%<sup>5</sup>.

Internationally, the issue of period poverty has had an increased amount of focus and attention in recent times. Organisations such as the Trades Union Congress (TUC) and the Royal College of Nurses (RCN), in the UK are campaigning to address period poverty in the UK<sup>6,7</sup>. In 2018, Scotland became the first country in the world to announce that period products be made available for free in schools, colleges, and universities as a result of government funding<sup>8</sup>.



The INMO calls on the wider trade union movement to recognise the importance of this issue and to campaign with us. The INMO also calls for action from all levels of society; from the government, to healthcare organisations and private healthcare providers, to universities, and to individuals to support and contribute to the campaign.

The INMO calls for the following actions to be taken:

- Provide access to free menstrual supplies with appropriate disposal facilities in all public toilets (regardless of gender) in clinical areas, public and governmental buildings, schools, and higher education institutions.
- To continue to ensure that tampons and sanitary towels are not subject to VAT in Ireland.
- To extend the zero-rate treatment to include all menstrual sanitary products.
- Work towards changing attitudes towards periods through education and advertising campaigns to normalise discussions and decrease stigma.

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# A positive focus with the president

Karen McGowan, INMO president



## Executive Council update

THE INMO Executive Council met on March 1 and 2. We discussed at length the results of the safe staffing framework phase 2, which was based on emergency departments. The focus is now onto phase 3A of the *Framework on Safe Nurse Staffing and Skill Mix* – set to look at staffing levels and skill mix in care of the older person services – which has commenced its work. The taskforce will examine staffing levels and skill mix, focusing in particular on long-term residential settings, day settings and rehabilitation settings.

The INMO is well represented within this group with Caroline Gourley, Executive Council member, and Edward Mathews, director of professional and regulatory services, on the taskforce. We welcome the progress being made.

The Executive Council also discussed the Covid-19 vaccine rollout. The INMO continues to apply pressure to ensure that sequencing is followed to ensure equity in the distribution of vaccines.

Preparation for ADC 2021 continues and all motions have been submitted for consideration. Delegates from the branches and sections have now been elected to attend. ADC packs will be prepared this month and distributed to all branches and sections. Guest speakers have been confirmed and panel discussions have been arranged. This will be a time for us all to engage and discuss experiences throughout the past year.

INMO Professional continues to build and develop new online courses for 2021. Future conferences were discussed, and the majority will now be delivered online via webinar format.

Next month's meeting will take place on April 12-13.

## Taking care of ourselves

THE contribution of nurses and midwives has never been more apparent than now. As we recently marked the first anniversary of the Covid-19 pandemic, while some are reflecting on the year that has been, nurses and midwives are steadfast in their approach. They keep moving forward.

World Health Day takes place on April 7. Nurses and midwives keep the world healthy and this day serves as a reminder to check in on ourselves. Let's help ourselves to be as well as we can during these challenging times. Why not engage with the INMO mental health initiative with Cornmarket, avail of counselling from ARAG, or sign up to the Organisation's restorative yoga classes. Lean on the INMO. We are the powerhouse of the health service and without caring for ourselves we cannot care for others.

## Brothers of Charity RNID services, Galway

THIS month, I spoke to Maurice Healy, an advanced nurse practitioner (ANP) with the Brothers of Charity in the Galway area. Having first qualified as an RNID in 1990, he is one of only two ANPs in the intellectual disability field in Ireland, with more candidates currently being appointed.

"My role as ANP is in intellectual disability but I specialise in behaviours that challenge. Most of the people we support don't exhibit behavioural difficulties because we're getting things right. When we get things right, people don't need to use their behaviour to get their message across," Mr Healy told me.

One of the ways in which the ID sector has changed over his career is the shift away from campus living, with more people living in the community setting. "It can be difficult for people who are trying to get the message across when we don't understand. We've gotten a lot better at that in ID than when I started out. We've integrated the principles of positive behaviour support into every part of our organisation," he said.

More recently, Covid has significantly changed how Mr Healy and the team work. The pandemic has presented huge challenges, but he's keen to point out that there are some things they have learned from the experience.

"Some people's behaviour has lessened, as they've had fewer demands on them. We've got more consistency in staffing, which has been really important. That lower staff turnover gave people more predictability.

"That resulted with much less need to engage in behaviour, as many of the people we support really need that certainty. They face less anxiety as a result. The staff and the people we support have responded to the challenges so well.

"We have a lot of great nurses in frontline and management roles in the Brothers of Charity. The service is really supportive of nurses. We can really link in with all our colleagues in a collaborative manner.

"It's so important to turn a nursing eye on things. You can look at things in a behavioural way, but you also need to look at medical, environmental, social, needs too. That's what a nursing eye brings," said Mr Healy.



Advanced nurse practitioner in ID Maurice Healy pictured outside the Brothers of Charity facility in Galway where he works

For further details on the above see [www.inmo.ie/President\\_s\\_Corner](http://www.inmo.ie/President_s_Corner)

## Get in touch

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**Contraindications:** Contraindicated in hypersensitivity to rifaximin, rifamycin-derivatives or to any of the excipients and in cases of intestinal obstruction.

**Warnings and precautions for use:** The potential association of rifaximin treatment with *Clostridium difficile* associated diarrhoea and pseudomembranous colitis cannot be ruled out. The administration of rifaximin with other rifamycins is not recommended. Rifaximin may cause a reddish discolouration of the urine. Use with caution in patients with severe (Child-Pugh C) hepatic impairment and in patients with MELD (Model for End-Stage Liver Disease) score  $>$  25. In hepatic impaired patients, rifaximin may decrease the exposure of concomitantly administered CYP3A4 substrates (e.g. warfarin, antiepileptics, antiarrhythmics, oral contraceptives). Both decreases and increases in international normalized ratio (in some cases with bleeding events) have been reported in patients maintained on warfarin and prescribed rifaximin. If co-administration is necessary, the international normalized ratio should be carefully monitored with the addition or withdrawal of treatment with rifaximin. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation. Ciclosporin may increase the rifaximin  $C_{max}$ .

**Pregnancy and lactation:** Rifaximin is not recommended during pregnancy. The benefits of rifaximin treatment should be assessed against the need to continue breastfeeding.

**Side effects:** Common effects reported in clinical trials are dizziness, headache, depression, dyspnoea, upper abdominal pain, abdominal distension, diarrhoea, nausea, vomiting, ascites, rashes, pruritus,

muscle spasms, arthralgia and peripheral oedema. Other effects that have been reported include: Clostridial infections, urinary tract infections, candidiasis, pneumonia cellulitis, upper respiratory tract infection and rhinitis. Blood disorders (e.g. anaemia, thrombocytopenia). Anaphylactic reactions, angioedemas, hypersensitivity. Anorexia, hyperkalaemia and dehydration. Confusion, sleep disorders, balance disorders, convulsions, hypoesthesia, memory impairment and attention disorders. Hypotension, hypertension and fainting. Hot flushes. Breathing difficulty, pleural effusion, COPD. Gastrointestinal disorders and skin reactions. Liver function test abnormalities. Dysuria, pollakiuria and proteinuria. Oedema. Pyrexia. INR abnormalities. Prescribers should consult the SmPC in relation to all adverse reactions.

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Website: [www.hpra.ie](http://www.hpra.ie); E-mail: [medsafety@hpra.ie](mailto:medsafety@hpra.ie).

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Email [Medinfo@norgine.com](mailto:Medinfo@norgine.com)

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# Equitable access to vaccines is vital

## INMO calls on WTO to waive IP rights on Covid-19 vaccines

THE INMO has joined with fellow nursing/midwifery and healthcare unions around the world in calling for the waiving of intellectual property (IP) rights regarding Covid-19 vaccines.

In order to ensure "equitable and speedy vaccine production and distribution", the INMO as a member of the Global Nurses Union (GNU), is calling on the Council for Trade Related Aspects of Intellectual Property Rights (TRIPS) of the World Trade Organization (WTO) to support the proposed waiver.

In a letter sent to the chair of the WTO Council for TRIPS on March 9, 2021, healthcare workers urged the council "to take immediate and decisive action to dramatically mitigate and eventually end the catastrophic death and suffering caused by the Covid-19 pandemic" by temporarily waiving

intellectual property rights. It argued this would ensure equitable and speedy vaccine production and distribution.

The GNU letter continued: "Nurses around the world believe strongly that, in the best interests of public health and ending the scourge of Covid-19, any and all treatments or vaccines that are shown to be safe and effective must be distributed equitably, and made available free at the point of service to all people.

"Governments around the world must act in the best interest of global health by taking the lead to ensure that any treatment or vaccine is made available equitably around the world, including ensuring the supply of efficacious vaccines to low- and middle-income countries at a low cost."

Currently, wealthy countries have the majority of the

vaccine supply, while billions of people living in low- and middle-income countries "may have to wait two years or more to get vaccinated because of the high prices being charged for Covid-19 vaccines, an insufficient supply that is currently being bought up disproportionately by wealthy nations, and intellectual property controls that slow production unnecessarily. No one should die for drug company profits, especially during this global pandemic."

The GNU letter urges "every member nation of the WTO to agree to grant this waiver as quickly as possible".

The "Waiver from Certain Provisions of the TRIPS Agreement for the Prevention, Containment and Treatment of Covid-19" was initially proposed at the WTO by India and South Africa, and supported by more than 100 nations.

INMO deputy general secretary Dave Hughes said: "Vaccine supply is the key issue in Ireland and around the world, and intellectual property rights cannot be the deciding factor in when we finally emerge from this pandemic.

"Delays in obtaining high levels of vaccine coverage anywhere in the world mean all of us in every country face a longer period of restrictions, and continued pressure on our health services."

INMO president Karen McGowan said: "We need to stand with healthcare workers everywhere in the fight against Covid-19, but this is more than a question of solidarity.

"It's very clear that the success of the Covid-19 vaccination programme in Ireland and Europe depends on equitable vaccine rollout worldwide."

## Urgent clarity required on funding for staffing

THE INMO has called on the HSE to provide clarity on funding for several staffing issues following last month's publication of the National Service Plan 2021.

While stating that the Service Plan brings welcome investment, the INMO said urgent clarity on staffing supports is needed, as well as recruitment and retention initiatives, particularly for critical care nursing staff.

The INMO is also seeking detail on:

- Specific funding for required additional nurses and midwives, including critical care, to staff additional funded capacity
- Funding allocation for completion of the rollout of phase

1 of the safe staffing framework, as well as funding for phases 2 and 3 in emergency, community and long-term care

- Funded expansion of midwife-led units, as well as measures to ensure safe midwife-to-birth ratios across the service, noting that the €12 million investment in delivering the National Maternity Strategy is welcome
- Allocation of funds to ensure Sláintecare moves beyond project-based changes to real public service delivery for universal healthcare.

INMO president, Karen McGowan said: "While critically over half of the total budget will go toward Covid-19 spending, allocation must

be made for replacement staff to ensure the nursing and midwifery workforce can recover from this absolutely physically exhausting and mentally traumatic period."

INMO general secretary Phil Ní Sheaghda said: "The HSE expressed publicly that it would adopt a zero-tolerance approach to overcrowding during this pandemic, but there are still patients on trolleys in Irish hospitals every morning, and despite 100 additional beds in University Hospital Limerick there is still excessive overcrowding.

"The additional funding must be allocated directly to the frontline in order to ensure the enhancement of services to



the public. We simply cannot slip back into pre-Covid habits. The safe delivery of care with the appropriate staffing levels in Covid-19 environments is crucial, and a commitment to this cannot be ignored."

INMO director of industrial relations Tony Fitzpatrick updates members

# HSE must update guidance on Covid infection prevention and control

THE INMO is calling on the HSE and the Department of Health to immediately and fully recognise that airborne/aerosol transmission is a significant mode of transmission for SARS-CoV-2 and to update their guidance accordingly, including guidance on infection prevention and control and the use of personal protective equipment (PPE).

It has been well established in scientific literature that SARS-CoV-2 is spread via respiratory aerosols and that respiratory protection is a necessary element for PPE for nurses and midwives, providing care to confirmed and possible Covid-19 patients.

Since the commencement of the pandemic, the INMO has repeatedly expressed its concerns about the HSE's existing infection prevention and control guidelines in the context of Covid-19. The Organisation has urged the HSE to adapt the precautionary principle, that is the principle that we should not wait for proof of harm before taking action to protect health. The HSE now needs to recognise the amassing scientific evidence that Covid-19 is spread by airborne/aerosol transmission.

The HSE has relied heavily on World Health Organization guidelines but one of the key values outlined in the WHO Values Charter is that our work should "be guided by the best available science, evidence and technical expertise". It is the INMO's view that the HSE must immediately strengthen its guidance on PPE and update workplace infection prevention and control guidance for healthcare workers (HCWs).

## The INMO calls on the HSE and the Department of Health to:

- Ensure that all healthcare settings improve the quality of ventilation to reduce the risks of airborne spread
- Update infection prevention and control guidelines and increase the level of respiratory protection as a precautionary principle for all HCWs
- Use a multidisciplinary range of experts to devise appropriate guidance based on existing evidence of airborne transmission, to include evidence from infection prevention and control, occupational health, engineering and aerosol science
- Examine consistent data on HCWs who have contracted Covid-19 from likely occupational exposure in order to identify the settings in which staff are most affected and target responses to address this
- Implement the precautionary principle but also gather the required expertise to examine all scientific evidence on airborne transmission in healthcare settings and support ongoing research in this area, to ensure the health service is operating on the best scientific knowledge and evidence, and in tandem protecting HCWs, patients and their communities

In a recent review, international experts outlined the mounting evidence to support the presence and transmissibility of SARS-CoV-2 through inhalation of airborne viruses.<sup>1</sup> According to the multi-field group of experts, exposure to small airborne particles is equally or more likely to lead to infection with SARS-CoV-2 than the more widely recognised transmission via larger respiratory droplets and/or direct contact with infected people or contaminated surfaces.<sup>1</sup>

The literature indicates that existing evidence is sufficiently strong to warrant engineering controls targeting airborne transmission as part of an overall strategy to limit the risk of infection indoors. These would include sufficient and effective ventilation, possibly enhanced by particle filtration and air disinfection; and the avoidance of systems that recirculate or mix air. In addition, measures to control overcrowding in both healthcare and confined indoor environments

in the community should be implemented.

The HSE guidelines remain unchanged despite what many view as an outdated categorical distinction between droplet (large respiratory particles > 5µm in diameter) and airborne/aerosol (small respiratory particles, ≤ 5µm in diameter) transmission.

Recent research confirms that when a person breathes, talks, coughs or sneezes, they produce a turbulent gas cloud (or plume) of warm air containing respiratory droplets ranging in size from < 5µm to > 5µm in diameter. Research shows this plume and its aerosols can be transported by ambient air up to 26 feet (> 8 metres). Studies have detected viable, infectious SARS-CoV-2 in aerosols < 5µm in diameter collected more than 6 feet and as much as 16 feet away from patients hospitalised with Covid-19. Studies of various Covid-19 outbreaks have also ruled out droplet transmission, providing further evidence for

airborne/aerosol transmission.

Several studies have documented the infectivity of symptomatic and asymptomatic/pre-symptomatic cases; asymptomatic/pre-symptomatic individuals can transmit the virus as efficiently as those with symptoms. All patients in our healthcare facilities should be assumed Covid-19 positive until it is ruled out or confirmed. Therefore, the INMO is seeking that the HSE outlines a clear, comprehensive plan on appropriate testing, screening and tracing of patients in all healthcare services, and also of staff involved in the provision of care.

In conclusion, scientific knowledge is growing and there are many unanswered questions, particularly around new variants of Covid-19. When the scientific evidence is incomplete, the precautionary principle must govern decisions about protection. The highest level of protection saves lives and prevents illness. Those layers of protection can be removed if the scientific evidence indicates that it is appropriate to do so.

These matters have been raised by the INMO with the HSE, which indicted the matter was under consideration with the possibility of updated advice being issued. The INMO was awaiting further detail at the time of going to press.

Continued denial of the growing scientific evidence will only endanger the health, safety and wellbeing of more nurses, midwives and HCWs.

#### Reference

1. Tang JW, Bahnfleth WP, Bluyssen PM et al. Dismantling myths on the airborne transmission of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). *J Hosp Infect* 2021 Apr; 110:89-96



on recent national issues under discussion

## New HSE policy entitles staff to breastfeeding breaks with pay

A NEW breastfeeding policy for staff working in the public health service has been issued by the HSE, following engagement with the INMO and other health sector unions throughout 2019 and 2020.

The supports for breastfeeding in the workforce are outlined in HR circular 006/2021, issued in February 2021. The INMO believes this is particularly important for nursing and midwifery given that 92% of nurses and 98% of midwives are female. Also, 2-4% of nursing and midwifery staff are on maternity leave at any one time and therefore the introduction of this policy is an important support to breastfeeding mothers.

The agreed breastfeeding policy applies to all employees in the HSE, Section 38 hospitals and agencies whose staff are breastfeeding/providing breastmilk for up to two years from the date of birth of their child. The new maximum age limit goes beyond the current

statutory entitlement of six months. This significant and important measure supports health service employees to breastfeed following their return to work from maternity leave. The provisions of the policy are designed to promote a workplace culture that facilitates employees who are breastfeeding. The full policy can be found on the HSE and INMO websites.

### What are staff entitled to?

- Time off without loss of pay for breastfeeding breaks at work for up to 1 hour per normal working day
- Breastfeeding breaks may be taken in the form of one break for 60 minutes, two breaks of 30 minutes each, three breaks of 20 minutes each, or in such other manner as agreed by the employee and the line manager
- If no breastfeeding facilities exist in the workplace, the employee may decrease their working day by one hour without loss of pay,

in accordance with the service need, in a manner to be agreed between the employee and their line manager

- An employee should be provided with a designated space where possible for the purpose of breastmilk expression. Managers will be required to engage with employees in relation to these arrangements and managers should endeavour to facilitate employees' needs as far as reasonably practicable, giving regard to service requirements
- The policy states that the designated space for the purpose of breastmilk expression may be a multipurpose space, provided that alternative space is readily available if that space is in use, eg. office, consultation room, treatment room, meeting room or staff room spaces. The location may be where the employee normally works, provided there is adequate privacy and cleanliness, and that it is comfortable for

the employee. Toilet facilities are not appropriate for women to breastfeed or to express breastmilk

- There is an application process where the individual returning from leave should apply to their line manager as soon as possible no later than four weeks, prior to the employee's return to the workplace. If it is the case that the employee has already returned to the workplace on the date of implementation of this policy, line managers should aim to facilitate the request for breastfeeding breaks, no later than within four weeks from the date of application or sooner if possible
- HSE employees should apply using HR form 114 – 'breastfeeding breaks application form'.

The INMO welcomes the introduction of this policy and if members require any advice, please do not hesitate to contact the INMO.

## HSE and Department response to Covid-19 compensation claim

THE INMO lodged a claim with the HSE in November 2020 seeking special recognition for nurses and midwives regarding their response to the Covid-19 pandemic.

The claim lodged by the INMO is for compensatory leave due to fatigue and overwork throughout 2020.

This has been discussed with the HSE at various engagements since, without resolution. The most recent meeting took place on March

19, 2021 at which the HSE outlined that it was supportive of giving recognition to the exceptional efforts of nurses, midwives, and all healthcare workers.

The Department of Health outlined that it recognised that the healthcare workers have worked very hard over the past year, but that it was conducting ongoing research with regards to the precise mechanisms to address the claim.

The INMO responded that

the position of the HSE was unacceptable as it had already had more than four months (at the time of the meeting) to address this claim.

The Organisation has referred the matter to the Workplace Relations Commission for conciliation. However, the HSE and the Department of Health outlined that they would revert to the unions by March 23, 2021 (day of going to press). Members will be updated as this claim progresses.

### Covid-19 vaccination

THE vaccination of all front-line healthcare workers as part of Group 2 of the HSE Covid-19 vaccine roll-out was nearing completion at the time of going to press.

The level of nurse and midwife infection has dropped significantly, which the HSE states is directly related to vaccination.

All other healthcare workers, not in direct contact with patients and service users, will be vaccinated in Group 4.

## Western region update

### Theatre capacity set to double in Croom Orthopaedic Hospital

A SIGNIFICANT expansion of services at Croom Orthopaedic Hospital will see capacity increase to 60 inpatient beds. This includes a new 24-bed unit with all single rooms and a new theatre complex, which will double the current theatre capacity. The INMO welcomes this investment by the HSE in Croom and has commenced engagement on the staffing levels, rosters and nursing governance structures for the expanded services.

### Roll out of NHCP hit by child clinic backlog

THE rollout of the National Healthy Childhood Programme commenced in CHO Area 3 on March 1, 2021 with the new child health record. However, following a meeting of INMO public health nurse members, progression to the 9-11 month child health checks has been put on hold until hands-on training is available and current backlogs in child clinics have eased.

### Unions seek talks over new contract at Cahercalla

THE INMO and SIPTU await engagement with the chairman of the board of Cahercalla Community Hospital and Hospice following the recent announcement to staff of a clinical management contract with Mowlam Healthcare. This location has always had strong union recognition which both unions intend to maintain. A referral to the Workplace Relations Commission is pending if a local meeting is not secured.

– Mary Fogarty, INMO assistant director of IR

# Future of Cavan MLU secure

## Cavan MLU to remain open and expand on services

WHILE welcoming the recent recommendations of the review of maternity services and the maternity led unit (MLU) in Cavan General Hospital, the INMO warns that implementation of the report must be carried out within the planned timeframe.

The review was committed to last June by then Minister for Health Simon Harris when he met with INMO midwife members on the issue. This followed the threatened closure or downgrading of the MLU early last year.

The review was undertaken by a working group established by the RCSI Hospital Group and included midwifery staff both internal and external to Cavan General Hospital.

This group issued its report early last month, which includes the following recommendations:

- To improve the entry point to maternity services
- To review the approach across the two existing MLUs relating to eligibility criteria for MLU services
- To implement an operational protocol to review women who exit the MLU to maximise their return to the unit.

The INMO was due to meet with the RCSI Hospital Group as we went to press to discuss the report and its implementation.

Funding of €12 million has been allocated in this year's service plan for implementation of the National Maternity Strategy and a central part of this strategy is to develop midwifery led units.

INMO assistant director of industrial relations, Albert Murphy said: "We know from studies on midwifery-led care that it is just as safe as

consultant-led care, is more cost-effective and results in higher satisfaction rates among women.

"This report confirms the value of this unit, and the recommendations will bring services in line with the MLU in Drogheda."

INMO industrial relations executive in the North East Region, Karen Clarke said: "INMO members have campaigned to ensure this vital service remains open for women in the region, and we welcome the assurances around the future of the unit at Cavan General Hospital, and the recommendations to develop the service.

"Maintaining and expanding midwifery led services is not only a pillar of the National Maternity Strategy, it is key to ensuring quality care and true choice for women."

## WRC hearing begins over staffing at new Waterford older person services

RESIDENTIAL services for older people in Waterford city were transferred from St Patrick's Hospital to the new purpose-built Waterford Residential Care Centre last year.

The INMO consented to this move on behalf of staff,

pending the addressing of staffing issues for the two long-stay residential wards.

However, since that time, and during the worst of the pandemic, there has been no agreement in respect of the appropriate staffing level that

should be applied.

With no resolution in sight, the INMO referred the matter to the Workplace Relations Commission and the first conciliation conference on the issue was held last month.

– Noel Treanor, INMO IRO

## Day care co-ordinators deal complete

FOLLOWING a longstanding regrading claim for day care co-ordinators, members were regraded from CNM 1 to CNM 2 following an agreement reached with the HSE at the Workplace Relations Commission conciliation services in 2019.

The final instalment of this

agreement is due to be paid on April 1, 2021 when members are due to receive a double increment.

This section of the agreement was brokered on the basis that there was no retrospective payment.

INMO IRO Liam Conway said: "This will be a welcome

boost for our day care co-ordinators in the Cork and Kerry region who have been impacted significantly in 2020 and 2021 by Covid-19.

"The vast majority of the group remain redeployed in various roles, with day services closed since the start of the pandemic."

We need to work together to achieve healthcare that is based on need rather than wealth, writes **Dave Hughes**



# Time to remember and time to plan for health equality

APRIL 7 is World Health Day and April 28 is International Workers Memorial Day (IWMD). As part of the ICTU annual Memorial Day of Remembrance, Dr Mike Ryan, executive director of the World Health Organization's health emergencies programme, will deliver the keynote address on IWMD.

This year's event will once again be held online. Last March during the first Covid lockdown, President Michael D Higgins marked the occasion by laying a wreath at the Plough and Stars Monument in Áras an Uachtaráin, accompanied by representatives of front-line workers including INMO president Karen McGowan.

International Workers Memorial Day commemorates all those who have lost their lives or suffered illness or injury from the work they did during the previous year. The slogan for the day is inspired by the words of Mother Jones: "Pray for the dead, but fight like hell for the living."

Mary Harris Jones was a Cork-born teacher, dressmaker and union organiser of mine workers in the US. In 1903 she organised the Children's Crusade, a march of children from Kensington, Philadelphia to the home of President Theodore Roosevelt in Oyster Bay, New York, with banners proclaiming: "We want to go to school and not the mines". The President refused to meet her, but the march heralded the beginning of the end of child labour in American mines.

Having lost her husband and four children to an epidemic of yellow fever in Memphis and later her dressmaking business to the great Chicago Fire, she became a union organiser once described by US District Attorney Reece Blizzard as: "There sits the most dangerous woman in America. She comes into a state where peace and prosperity reign, crooks her finger and 20,000 contented men lay down their tools and walk out".

As a young mother, Mary Harris Jones lost her husband and children to an epidemic. Inequality in health services is ultimately a killer – this is a sad fact that Dr Mike Ryan and the WHO are seeking to get recognition for on World Health Day. They argue that the Covid-19 pandemic must finally turn the tide against inequality in health.

According to the WHO, the pandemic has highlighted that some people are able to live healthier lives and have better access to health services than others – entirely due to the conditions in which they are born, grow, live, work and age.

The WHO points out that all over the world, some groups struggle to make ends meet with little daily income, have poorer housing conditions and education, fewer employment opportunities, experience greater gender inequality, and have little or no access to safe environments, clean water and air, food security and health services. This leads to unnecessary suffering, avoidable illness and premature death.

And it harms our societies and economies.

The WHO says this is not only unfair, but that it is undoubtedly preventable. Dr Ryan and the WHO leadership are calling on leaders to ensure that everyone has living and working conditions that are conducive to good health. Leaders are encouraged to monitor health inequities, and to ensure that all people can access quality health services when and where they need them.

Covid-19 has hit all countries hard, and its impact has been harshest on those communities which were already vulnerable. In all countries, those who are more exposed to the disease, less likely to have access to quality health-care services and more likely to experience adverse consequences because of measures implemented to contain the pandemic, have been harshly impacted. The concentration of Covid-19 related death in older person residential care in Ireland, across EU states, the UK and the US are testament to this truth.

Dr Ryan will call on world leaders to work together, collect and analyse data, tackle inequalities in their countries, adopt a whole-government approach and act beyond borders to achieve healthcare that is based on need rather than wealth. The WHO is committed to ensuring that everyone, everywhere, can realise the right to good health.

*Dave Hughes is deputy general secretary of the INMO*

## World news



### Nurses and midwives in action around the world

#### Australia

- 'Already drowning': Nurses demand changes to under-pressure health system
- Worker registration an obstacle to recruiting and retaining care staff

#### Brazil

- Nurses protest in front of hospital due to overdue wages

#### Canada

- Nurses demand state pays their professional fees
- A year into the pandemic, nurses are exhausted and angry

#### New Zealand

- Nursing shortage continues to bite

#### Portugal

- Algarve nurses take to the streets over promises postponed since 2019
- Over 1,800 nurses at risk of losing their jobs
- Nurses in the Algarve waiting for 20 years for career progression

#### Spain

- Union calls a nurse strike due to low salaries
- Union demands remuneration for nurses to cover needs arising from the pandemic

#### UK

- Covid: Nurses condemn 'fundamentally flawed' PPE rules

#### US

- Nurses' union expresses concern over hospital conditions and aerosol transmission of Covid-19
- Majority of nurses surveyed say they are still reusing protective gear like masks and gowns a year into the pandemic

# Webinars and Conferences 2021

## ONLINE INTERACTIVE CONFERENCES

All courses are Category 1 approved by NMBI



Whilst these events are currently planned as follows, the most current Public Health Advice will be fully adhered to and should the dates or the format in which the national conference is delivered change, we appreciate your understanding.

- |  |                               |
|--|-------------------------------|
| • <b>Emergency Nurses Section</b>                      | <b>Thursday, 10 June</b>      |
| • <b>Operating Department Nurses Section</b>           | <b>Friday, 18 June</b>        |
| • <b>INMO Professional National Section</b>            | <b>Wednesday, 30 June</b>     |
| • <b>Telephone Triage Nurses Section</b>               | <b>Tuesday, 21 September</b>  |
| • <b>Directors and Assistant Directors Masterclass</b> | <b>Thursday, 30 September</b> |
| • <b>Public Health Nurses Section</b>                  | <b>Saturday, 16 October</b>   |
| • <b>All Ireland Midwives Annual Conference</b>        | <b>Thursday, 11 November</b>  |
| • <b>Occupational Health Nurses Section</b>            | <b>To be confirmed</b>        |
| • <b>National Children's Nurses Section</b>            | <b>Saturday, 20 November</b>  |



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For information contact  
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# International Nurses Section proves there is strength in diversity

## Online celebration marks International Year of the Nurse and Midwife

THE International Nurses Section recently held an online event to celebrate the International Year of the Nurse and Midwife.

The event featured a variety of cultural celebrations (see photo, right) and educational talks, including from Nadia Dagash, head of registration with the Nursing and Midwifery Board of Ireland (NMBI), who spoke about the recent changes to the registration process.

Steve Pitman, INMO head of education, spoke about

educational opportunities and Edward Mathews, INMO director of professional and regulatory services, spoke about fitness to practise trends.

A number of awards were presented by section chair Elizabeth Allaugan to mark the dedication of the section's members.

The International Nurses Section is excellent at showcasing the variety of talents and expertise of its members. The INMO would like to sincerely thank them for sharing these with us.



The dance pictured above is called Bharatanatyam. It is one of the oldest classical dance traditions in India. Years of training are required to perform a full dance due to the variety of difficult actions, all of which have specific meanings. Pictured demonstrating the dance on the day were (l-r): Lincy Baiju, Meena Purushothaman, Rekha Gireesh and Preetha Praveen. All of the dancers are nurses working in Ireland and are receiving training, in line with Covid-19 restrictions, with the Shiva Dance Academy

### Section round up

#### Public Health Nurses (PHN) Section

THE PHN Section held another well-attended meeting recently, during which a number of national issues were discussed, including annual caseload review, weekend working and Sláintecare.

The section also discussed possible topics for its annual conference, which is planned for Saturday, October 16.

The remaining PHN Section meetings for this year will take place on the following dates: Saturday, April 24; Saturday, June 12; Saturday, September 11 and Saturday, November 20.

#### Radiology Nurses Section

THE Radiology Nurses Section is meeting on April 13 and has decided to trial evening Zoom meetings in the hope of enabling more members to attend. It has become apparent that many members

who are working in radiology are not members of this section. If you are working in radiology and do not receive notifications from the INMO in relation to this section, please get in touch by email: [membership@inmo.ie](mailto:membership@inmo.ie)

The next section meeting will take place on Tuesday, April 13 at 7.30pm – we hope you can attend.

#### Dates for your diary

THE following sections also have meetings taking place in April (further details on Diary page)

- ODN Section, April 14
- Care of the Older Person Section, April 20
- Retired Nurses Section, April 22
- Assistant Directors Section, April 22
- PHN Section, April 24
- Children's Nurses Section, April 26
- Telephone Triage Section, April 27.

## 'I've been vaccinated': International members get the job done



The International Nurses Section is encouraging its members to highlight the importance of getting a Covid-19 vaccine when it is your turn to do so. Members of the section have been featured on the INMO's various social media platforms getting their jab. Pictured above is Anitha Emylas, staff nurse in the emergency department at St James's Hospital, receiving her Covid-19 vaccination as part of the national vaccine rollout campaign



# Remembering Chernobyl

On the 35th anniversary of the Chernobyl disaster **Freda Hughes** spoke to **Adi Roche**, CEO of Chernobyl Children International

"I WANT to paint a picture of something that for some is a historic event but, in reality, affects our present and will continue to have a huge impact on our future. I'm going to take you on the journey and I want to tell you about the role that nurses and midwives have played in building our organisation."

So said Adi Roche, voluntary chief executive of Chernobyl Children International (CCI) and a lifelong activist, who was speaking to *WIN* on the 35th anniversary of the Chernobyl disaster, when she detailed her work, the situation in Chernobyl and neighbouring regions, and the role that nurses and midwives have played in responding to the nuclear disaster there.

At 1.23am on April 26, 1986 Chernobyl was the scene of the world's worst nuclear disaster when an explosion at a newly built nuclear power plant unleashed 200 times more radioactivity than the Hiroshima and Nagasaki nuclear bombs. More than seven million people's lives were irreparably damaged and half a million people became the world's first environmental refugees.

While 3% of the radioactive material was released into the atmosphere, 97% remains within the damaged reactor and remains hugely dangerous 35 years later. The environment in Belarus, Western Russia and Ukraine is still highly radioactive, with residents still feeling effects of intense radiation, mass displacement, poverty and lack of medical treatment.

"The Chernobyl reactor was dangerously hot and convulsing with a huge possibility for a second and even greater explosion. This is where the liquidators came in. They were conscripted to try to stabilise the reactor. They are the unsung heroes, often written out of history. They self-sacrificed. 45,000 of them died in the first few years afterwards. One man described it as like Armageddon. They were called bio-robots

because the actual robots sent in could not withstand the levels of radioactivity without their circuits breaking. Their sacrifice saved so many and the majority of them died because of their bravery," Ms Roche said.

In the immediate aftermath of the accident, Ms Roche snapped into action organising aid and subsequently formally founding CCI in 1991. Her aim was to develop programmes that restore hope, alleviate suffering, and protect current and future generations in the region.

She had experienced activism firsthand from a young age, helping her parents deliver food and support to people in their local community who needed it. While helping them support the Traveller community, she began to understand the barriers faced by people marginalised and denied a voice in society. She also saw the impact that small positive actions could make and vowed to always try to change the world for the better, one step at a time.

In her teens and 20s, Ms Roche campaigned against nuclear power and was part of the successful campaign to stop the proposed nuclear power plant at Carnsore Point in Wexford. The success of this campaign fuelled her desire to pursue environmental activism, but nothing could have prepared her for the Chernobyl disaster.

"The health service in the region couldn't cope with the impact of the disaster. They were completely overwhelmed. There was a huge increase in still births and birth defects. Often the placenta, and thus the baby, absorbed the radioactivity ingested through food, milk and water. Infertility and breast cancer increased. We noticed a huge increase in thyroid cancer and saw many children with the 'Chernobyl necklace' from having their thyroid glands removed. The main source of contamination was through the food chain, through the water, through the milk, through the

fruit and vegetables that grew. Shockingly the region is now exporting fruit for sale worldwide and this produce is still contaminated 35 years later. The impact can never be undone, you cannot undo the genetics. It leaves a radioactive footprint embedded in the world forever across the generations. That's what we call the Chernobyl shadow," she explained.

In January 1991, five years after the accident, Ms Roche received a fax from desperate doctors in Belarus. The message was simple and to the point, begging for help to get the children away from Chernobyl's highly toxic and radioactive environment so that they might have some chance of recovery.

At this point many people internationally believed that the threat had been contained and the worst was over. However, in reality the effects of intense radiation, mass displacement, poverty and lack of medical treatment continued to create intolerable conditions for the inhabitants of Belarus, Western Russia and Ukraine. It was this fax that led to so many Irish people, many of them nurses and midwives, becoming directly involved in helping the people of Chernobyl.

"The response from the international community was not good. Apart from Germany, governments didn't do much to even protect their own people. We stepped into the breach as the Campaign for Nuclear Disarmament initially by providing an information hotline along with a team of volunteer doctors. After we received the fax we literally worked ceaselessly to try to make a difference in the region. We went to those who were the most fragile and vulnerable. Those who almost didn't exist even within their own culture.

"The children of 1986 absorbed adult doses of radioactivity. Those who survived are the parents of 2021 and we are



seeing evidence now of the awful Chernobyl lineage. Thousands of children are born with major heart defects. We developed a life-saving paediatric surgical programme in Ukraine and Belarus. There's a training element involved too because it's about sustainability. I have been in theatre with our surgeons as they operate on new born babies. It's like watching a miracle happen. Intervention is always worth it," she said.

Many people know someone who acted as a host family providing life-enhancing respite for the children of Chernobyl. Every month away from the region helped prolong their lives and gave them a fighting chance of survival. While some were never able to live independent lives, others went on to study medicine or science in university or became translators, inspired by a desire to right the wrongs of their past and help those suffering more than they were.

There were, of course, children who were too ill to travel for respite care, many of whom ended up living in institutions in Belarus as their parents and care givers died.

CCI has championed the human rights of people incarcerated in institutional care, many of whom are adults now. The organisation's De-institutionalisation and Independent Living Programme allows this group a chance to have a home of their own.

"We began to see that we needed to do more long-term projects and that we also needed to work with the children who were never going to get out for a holiday because they were too ill to travel. This is where the nurses of Ireland came to the fore. We have extensive medical programmes, every single one of them involves Irish nurses or midwives. Nurses and midwives from all over Ireland got involved. They have been extraordinary from the beginning, taking part in everything from designing feeding programmes, de-institutionalisation programmes and our cardiac care programme, to dealing with horrific conditions in the aftermath of Chernobyl and taking affected children into their homes in Ireland for respite," said Ms Roche.

CCI's Medical Care Programme has transformed the approach to care of children in Belarus and now employs 55 health professionals dedicated to working with children in institutions. CCI's Community Care and Hospice Programme helps families who are unable to care for their children at home. CCI supports families with children who suffer from life-limiting illnesses and disabilities to deliver therapeutic and personal services in the care

of their family homes. Each family is assigned a palliative care team, including a doctor, nurse, social worker and psychologist, which makes home visits to supervise the child's care, provides medication and supplies, and evaluates the needs of family members.

The Homes of Hope Programme takes children out of state-run orphanages and places them in homes with smaller groups of children. CCI has purchased 30 such homes in the region and has placed more than 300 children with a loving foster family.

Nurses, dentists and doctors are provided to help and support the families.

CCI also provides employment and training to local nurses and midwives who work with them in Belarus.

"Irish nurses spotted that children shouldn't be fed flat or they would asphyxiate. We led by example rather than taking the knight-in-shining-armour approach. Irish nurses and midwives modelled best practice and made immeasurable differences, which led us to where we are now with the de-institutionalisation programmes.

"We try to employ locally for sustainability so we have mentorship programmes. Nurses can't wait to get back out there when the pandemic allows it. They are the blood that runs through the veins of the charity. One in every four weeks a multidisciplinary team, including nurses, travels to Belarus. We are always looking for more nurses and midwives to join us."

Ms Roche was the first non-diplomat to speak at the UN General Assembly and UN Chernobyl Remembrance Day on April 16 was established from there. This year, CCI is asking people to walk 35km for Chernobyl in April – a mile for each year that has passed, or to light a candle for Chernobyl children. CCI has raised more than €107 million since it began its work. Ms Roche says people in Ireland immediately asked: 'what can I do?'

"In Ireland we can make a strong identification with people who struggle at the hands of injustice. It's an echo of our own history. We have become the direct descendants of those who survived the famine because of the shipments of grain and corn that came from the Choctaw Nation and the Quakers in America.



Main image: The abandoned amusement park in Pripjat, Chernobyl. This page (top) CCI sponsored nurses Lubai Tagai and Elena Medvedko providing physiotherapy to children in Vesnova Children's Institution. (Middle) Adi Roche with cardiac doctor Christian Gilbert and a baby he performed life saving surgery on thanks to CCI's cardiac care programme. (Bottom) Ms Roche with brothers Victor and Vasa Zharov, who are living in Vesnova Children's Institution

"On the 35th anniversary we want to say to people, you are not forgotten. You are not irrelevant. You're not peripheral. We are part of the same human family and we will not forget you. It's about ordinary people finding ways of overcoming adversity and making the world a better place."

If you would like to get involved with CCI or support its Remembrance Day initiatives, contact [info@chernobyl-ireland.com](mailto:info@chernobyl-ireland.com)

# Chernobyl: a legacy

Thirty-five years after the Chernobyl disaster we reflect on the role played by Irish nurses and midwives in the lives of those left behind

## Recognising the contribution of nurses and midwives

EVERY project, programme and facility run by Chernobyl Children International (CCI) has benefited from the direct involvement of Irish nurses and midwives. Nurses and midwives play an instrumental role in making CCI the effective organisation it is and in making the lives of the victims of Chernobyl more bearable. After a year of global pandemic and inspired by the harrowing experiences of the liquidators at Chernobyl, Adi Roche wrote this tribute to our nurses and midwives working in the Irish health service.

**“The most powerful, shocking and blindly inspiring images to emerge in the immediate aftermath of the 1986 Chernobyl explosion was of the heroic first responders to the disaster. The ‘liquidators’ masked and gowned fighting radioactivity with picks and shovels! When the history of Covid-19 is written and told many years from now the most powerful, emotional and inspiring images that will stand out will be those of nurses on the frontline:**

*Nurses holding phones to the ears of desperately ill, elderly patients helping them talk to sons or daughters, sisters, brothers in the last days of their lives as they fought their battles with the pandemic. Nurses connecting patients on their iPads to the same sons and daughters and helping break the desperate sense of isolation and abandonment and loneliness. Nurses holding the hands of patients in their hospital beds and comforting them as they would comfort their own fathers or mothers in moments of enormous compassion and humanity. Nurses along with doctors helping to prone patients on their hospital beds in a last desperate hope of improving their condition. Finally, nurses treating the bodies of the patients who didn't make it with such love and dignity; dressing them with kindness and tenderness as they prepared them to be handed over to grieving relatives.*

*The images that will certainly travel through time won't really be of masks or gowns or injections or empty streets but of entwined hands and the overriding humanity and compassion captured by photographers and film cameras who saw what nurses did close up and personal... moved by the impulses of their hearts. The nurses of Ireland took up the gauntlet laid down by the pandemic. You led by your actions, showing love in action. You were not found wanting. You can be just so proud of your contribution, doing invaluable and even heroic work.*

*I want to express heartfelt gratitude to all your members who have been at the coalface of the pandemic and have shown such bravery, courage and most importantly shown such humanity and compassion. They've held the hands of strangers in their last moments of life and given them consolation, substituting for families. ”*

– Adi Roche, voluntary chief executive officer, Chernobyl Children International

### Valerie Gallagher, general nurse, Mayo University Hospital

MY JOURNEY with CCI started with hosting Chernobyl children about 15 years ago. I wanted to volunteer in Vesnova to experience the children's life and see how they lived. It was an absolute privilege to go over and my whole experience with CCI, from hosting children and traveling to Belarus, has changed my life. It has been such a positive experience, and one that has affected my family in such an amazing way. My daughter is such a compassionate and caring person and I think that hosting Chernobyl children over the years can definitely be attributed to this.

When I first arrived in Vesnova, I was pleasantly surprised to find the institution to be very warm, bright, clean and so welcoming. I was aware of the history of the institution, so it was amazing to witness all the fantastic work Adi and the CCI team have done to improve the living conditions for the children. Small actions such as combing their hair or even just physical touch makes such a difference to the wellbeing of the child. I can't imagine how all the children and young adults are feeling now, they must miss the CCI volunteers terribly.

My trip to Vesnova, really made me realise the importance of all the fundraising and work CCI does. I could see all the effort and work that has been put into the institution and all the improvements that have been made, which would not be possible without the funds raised over the years. It is incredible to see the children's resilience. There is a sense of hopefulness in Vesnova, and that is without doubt from the volunteers monthly trips that mean so much to the children.

My brother has Down syndrome, so it really affected me when I saw so many people in the institution with the same condition. In Ireland, people with Down syndrome live very full and happy lives, they are integrated with society and can attend mainstream schools. It troubled me to see that individuals with Down syndrome are segregated and denied the right to live life outside the institution. My experience had a massive impact on me and has made me appreciate how much we have in Ireland in terms of patient resources. It is something that I don't take for granted now. My whole experience with CCI has been overwhelmingly positive. I am looking forward to when we can get back out there!



Valerie Gallagher with Vesnova resident Marina Titova

## Sarah Kearney, ID nurse, Brothers of Charity, Tipperary

BEING from Clonmel, I always had an awareness of Adi and her work. I was apprehensive before going to Vesnova Children's Mental Institution, as I wasn't sure what to expect. I had met Adi before going to Vesnova, and she showed me photos of what the institution was like and explained the history of the work CCI has done over the years. All the children were so warm and welcoming to us when we arrived. To them we were complete strangers and there was a language barrier but they could communicate how happy they were to see us.

In terms of nursing and disability care in Belarus, their lack of equipment makes me realise how lucky we are here in Ireland. If we need masks, gloves, PPE, etc, we send an email and it's delivered that evening. We don't need to think twice about it. It definitely has made me conscious not to be wasteful of the equipment and supplies we do have here. PPE is so precious to the staff in Vesnova. They have to fight for everything they have and make the best use of their resources. It was wonderful to see that, even though they have so little in terms of resources and equipment, the children have so much in terms of the love and the care they receive. The children are so willing to share their stories, and it was a privilege to be able to participate in their care and to help with tasks such as bathing and mealtimes. My trip to Vesnova had a profound effect on me. I think about it all the time and often wonder how the children are.



Sarah Kearney with Anya Pestova

## Ann Coleman, retired psychiatric nurse, Mayo

I STARTED volunteering at Vesnova Children's Mental Institution in 2004. When I first went to Vesnova what I saw was appalling. After my first trip, I just knew I had to do it again and I have since travelled to Vesnova nearly 80 times. One of the most rewarding aspects, besides seeing the joy Irish volunteers bring to the children, is the relationships and trust we have built with the Belarussian staff working in the institution.

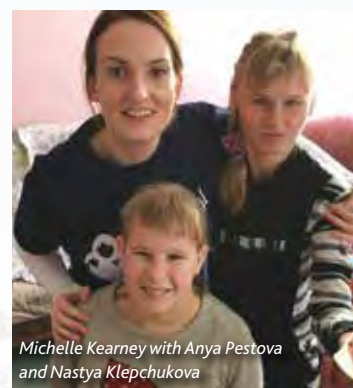


Olga Salauyova with Ann Coleman

When I first arrived, 15 years ago, I was shocked at the care that was provided to the children, but I never criticised the nurses for what they were doing. They were doing the best they could with what they had. I always explained what we did and why we did it, it was optional for them to follow it, but many of the staff took our advice on board. The teams there were so willing to learn, so it was easy to build up a relationship with the nurses there. I've seen a lot of change in Vesnova over my time volunteering. The physical conditions of the children will never be fully cured, but it is much easier to treat them now. With more rehabilitation programmes, we begin to see the children thrive. Without doubt, my experience volunteering with CCI has changed my life. It's a huge part of my life and I love it. I am grateful to be part of such wonderful work.

## Michelle Kearney, psychiatric nurse, Tipperary

WHEN I first arrived in Vesnova it was quite tough. Some of the children had profound disabilities and challenging behaviours. It was shocking to see that there were children with minor conditions, such as cleft palate, living in the institution. In Ireland, children with such minor conditions would be living at home with their family. Seeing that firsthand was tough. Small actions that the CCI volunteers do with the children, such as bringing them to the sensory room and into the ball pit, have such a big impact. It's amazing to witness the change in the children's wellbeing and behaviour when interacting with them.



Michelle Kearney with Anya Pestova and Nastya Klepchukova

I worked with one girl who was quite agitated, had scratches, cuts and grazes all over her skin. When I brought her to the ball pit, the immediate change I saw in her was unbelievable. She went from being agitated and anxious to smiling and laughing. It was incredible to see how doing something so small made such a difference. It is such rewarding work. Giving basic care and attention has such a huge impact. It is a joy seeing the difference it makes and the happiness it brings to the children. My experience volunteering with CCI has really made me appreciate what we have here in Ireland, the basic things we have here that you take for granted, hoists for lifting people and basic supplies. It made me appreciate what we have here when I see how little they have over there.

## Marie Cox, retired psychiatric nurse, Castlebar, Co Mayo

MY EXPERIENCE with CCI started with hosting children from Chernobyl. We have been welcoming Igor Shadzku into our family for 12 years. Igor lives in Vesnova Children's Mental Institution and has both a physical and intellectual disability. My own boys love him and consider him a brother. We were all devastated when Igor couldn't be with us this Christmas. The change in Igor since he started coming to Ireland is phenomenal. He was a very smart but difficult child, with behavioural issues. He very quickly realised that we wanted to help him and he learned how to accept our love and attention.

I first volunteered at Vesnova in 2004 and I was shocked at the horrendous conditions. I had never seen anything like it and I cannot describe how bad the smell was. Back then, most of the children were considered sub-human. People couldn't understand why we wanted to look after them. Many of the staff had no training to work with children and the children were often fearful.

It is amazing to see all the work done by CCI. Over €3 million has been invested in Vesnova over the years and although we have come a long way in terms of the living conditions, there is still lots of work to do. You can change a building and make it a beautiful space for the children to live in, but you have to also change what happens inside. We need to look at alternative living solutions for children and young adults with disability. We try to give skills to the children and young adults to allow them to live a semi-independent or an independent life.



Marie Cox and Igor Shadzku

# Meet the new IREs aiming

Freda Hughes recently caught up with four new INMO industrial relations



**Barry Cunningham** is the new industrial relations executive (IRE) for the Dublin North East region, which encompasses Mullingar Hospital and St Christopher's in Longford, as well as a number of Section 39 organisations throughout Leinster. Mr Cunningham says that having the support of your union is crucial for the advice it can offer and for the support in

terms of fitness to practise hearings or workplace issues.

"It's an insurance policy that everybody should have. You may never need us, but it's always good to know that we're there for you," he told *WIN*.

Mr Cunningham began his working life as a cabin crew member with Aer Lingus and remained there for 18 years, where he became active with his trade union, IMPACT. In 2011, he undertook a professional diploma in employment law at University College Dublin. He became a trade union official with IMPACT in 2015 and progressed through the ranks there, representing people in the health and education sectors. He represented around 14,000 special needs assistants (SNAs) and rolled out the school secretaries campaign for pay parity. He also represented healthcare workers in Section 38 organisations.

Mr Cunningham says he intends to hit the ground running in his new role with the INMO.

"It's very important to me to be visible for the members, but obviously, given the Covid-19 pandemic, this can be very difficult. I'm trying to set up as many virtual meetings as I can to meet as many members as possible. I look forward to getting to a point where I can actually meet people face to face in their workplaces. It's important that we build the union and let people know the benefits of having a collective voice."

He acknowledges the huge sacrifices and phenomenal work of INMO members.

"Once this pandemic is over, people are going to implode from working so hard. I think nurses and midwives should be mindful of that, because if you haven't had your leave for a period of time and then you get two weeks off, invariably during the first week you'll be exhausted because your system crashes once you rest.

"The counselling service provided for INMO members is a really good resource and should be utilised to help prevent burnout and cope with stress."

Barry Cunningham can be contacted by members in his region by email: [barry.cunningham@inmo.ie](mailto:barry.cunningham@inmo.ie)



**Moira Lafferty** is the incoming IRE for Community Care areas in Dublin East Coast, Kildare and Wicklow. She will cover the Dublin East Coast region and will be working closely with assistant director of industrial relations (ADIR) Lorraine Monaghan.

Ms Lafferty began her nursing career in the UK in the mid-1990s, before returning to Ireland to work at Merlin Park Hospital in Galway.

She went on to do agency work in Dublin and then moved to Mullingar with her husband, who is also a nurse, and began working at Midland Regional Hospital, Mullingar in 1999. She also completed a science degree at the Athlone Institute of Technology in 2005.

Ms Lafferty was inspired by the INMO industrial action in 2005 and has been active within her workplace and local branch ever since. The joint INMO/Psychiatric Nurses Association (PNA) pay rallies in 2006 also invigorated her to support and represent her peers and to fight for their rights.

Safe staffing is one of her main priorities, but she vows to be there for members seeking advice or support of any kind.

"It is so important that we support the local representatives this year more than ever. They are tired, as is the entire nursing and midwifery workforce after a year of working through a global pandemic. The Organisation can provide great backing for workers and it also gives its members agency in the workplace," she said.

Ms Lafferty believes it is essential for all nurses and midwives to join a union given the support, information and training it provides, but also for the professional indemnity it offers to its members. She says it also offers opportunities for solidarity and peer support and learning.

Her message to members is to try to stay active and informed, but also to take care of themselves and their own health.

"Working during the pandemic has been scary and trying for us all. It's so important to make time for yourselves to de-stress and switch off. It's also important to know your rights. All of our roles have changed so much during the past year and we have adapted and stepped up. We should be really proud of our professions and the strength we have shown in these unprecedented times."

Moira Lafferty can be contacted by members in her region by email: [moira.lafferty@inmo.ie](mailto:moira.lafferty@inmo.ie)

# to hit the ground running

executives who can't wait to hear from nurses and midwives in their regions



**Karen Liston** is the new IRE for the Mid-West region. Many of you will know her from the INMO Limerick Office, where she has supported members since 2005. Having returned to college to complete her diploma in industrial relations, she will now be representing workers in disability and older person services in South Galway and the wider Mid-West region. The

team she is now a part of includes ADIR Mary Fogarty and IROs Anne Burke and Neal Donohoe.

Ms Liston says she can hardly wait to visit members' workplaces when public health guidance allows.

"We'll be able to provide an enhanced service to members now. When the pandemic starts to abate, I'm really looking forward to getting out to attend workplaces to represent members.

"Our members have been so busy with staffing deficits and overcrowding that sometimes they don't even have time to raise their issues with us. So I want to get in and meet them in their workplaces. Visibility and ease of access to your union are so important. I'm looking forward to getting out to the workplaces I represent as soon as I can," she said.

Throughout her 16 years working with the INMO, Ms Liston has amassed invaluable experience and has built lasting relationships with members. She played a vital role for members in the move to the enhanced nurse/midwife practice salary scale and has an in-depth knowledge of the issues facing members in the region.

Ms Liston has also been active within her own union over the years on social justice issues and believes it is essential for workers to avail of the collective voice a trade union affords them.

From her ongoing contact with members, she is acutely aware of what they have gone through since the pandemic started, acknowledging the sacrifices they have made and the bravery they have shown.

"We're acutely aware of how difficult it has been for our members on the frontline. Our members are highly skilled and totally dedicated, but they are also utterly exhausted and immediate supports must continue to be provided for them. The INMO, as a strong collective voice, can pursue all supports for our nurses and midwives. As a registered professional, it's essential to have the support of a union, especially at a time like this. It's the best insurance a nurse or midwife will ever invest in."

Karen Liston can be contacted by members in her region by email: [karen.liston@inmo.ie](mailto:karen.liston@inmo.ie)



**Grainne Walsh** is your new IRE for the Southern region. She will primarily cover community and intellectual disability care in Waterford and Cork. Having previously served four years on the INMO Executive Council, Ms Walsh is ready to hit the ground running and says that now, more than ever, it is imperative for nurses and midwives to be part of a union.

"Being in a union is much bigger than just your own personal concerns. It enables us to speak with one voice to the employer. Workers who are in unions tend to have better pay and conditions. With the INMO, you've got the strength of 40,000 members behind you," she told *WIN*.

Ms Walsh has been active with the INMO throughout her career and was instrumental on the 2019 strike committee in her region. She has worked in public health nursing for many years but is also a trained midwife and previously worked as a theatre nurse.

She is delighted to be able to apply her knowledge and experience in public health to her new role, and says she is anxious to see Sláintecare implemented responsibly and funded properly.

She explained that health and safety in the workplace is also one of her priorities.

"It's essential that our workplaces are safe and that they don't damage our physical or mental health," she said.

While on the Executive Council, Ms Walsh worked closely with INMO industrial relations officers (IROs), who inspired her to pursue a role representing members in the South and South East regions.

"Sometimes members only see the issues that are relevant to them or their sector but they don't realise the full depth of the Organisation's remit. I got a taste for the impact that trade unions can truly have while serving on the INMO Executive Council."

She says nurses and midwives should be extremely proud of how they have handled the pandemic.

"When everybody else was asked to stay at home, we put on our PPE and went in to face the unknown. It wasn't easy. We were just as scared as everybody else but we were courageous. We went into work every day despite the risk and some of our members have paid a heavy price for that."

Grainne Walsh can be contacted by members in her region by email: [grainne.walsh@inmo.ie](mailto:grainne.walsh@inmo.ie)

# Spotlight on: Theresa Frawley

Nursing now  
Ireland

'We are a wonderful resource but need to be supported'

"START small, move fast, make an impact." Dr Theresa Frawley quoted Sir Nigel Crisp as we began our interview. She is a registered advanced nurse practitioner at Midland Regional Hospital, Tullamore and has specialised in ear, nose and throat (ENT) from early in her career. She completed her PhD in Trinity College Dublin (TCD) in 2012 and held the position of dean of the Faculty of Nursing and Midwifery at the Royal College of Surgeons (RCSI) from 2018-2020.

Dr Frawley has always been driven to further her education and increase her knowledge of her profession. She says that as a child of the Troubles she saw a lot of pain and suffering. When a neighbour and lifelong friend became a nurse, this inspired her to go into nursing.

"Growing up the Troubles was quite traumatic. We were a Catholic family in the middle of a Protestant community and we were lucky we could rely on our neighbours."

After her family moved back to the Republic of Ireland, she returned to Northern Ireland to train as a nurse, in the traditional apprenticeship model, at the Ulster Hospital. She is still in contact with many of the nurses she trained with back then and says the camaraderie they developed from living, training and working together has stayed with them all their lives.

"We all knew and understood what each other were going through so we could support each other. We shared so many experiences and so much laughter. I feel like a lot of the laughter has gone out of nursing now. Things are more pressurised."

Dr Frawley initially worked in plastic surgery, which she found fantastic in terms of developing independent practice. She then went to Scotland to study midwifery. She briefly left nursing and became cabin crew with British Airways where she experienced the commercial ethos of customer care and client satisfaction. This allowed her to see a very different aspect of care in the commercial sector which was mostly about managing expectations.

Dr Frawley later moved to Offaly where her parents were based and started working in Midland Regional Hospital, Tullamore. She returned to education, completing her diploma in nursing in RCSI, then went on to do the fellowship in nursing which was the highest clinical award a nurse could achieve at the time in 1995.

After this she went to University of Ulster to complete the clinical nurse specialist degree programme. In 1997 she became the first ENT clinical nurse specialist in the country, a role that was established in Midland Regional Hospital, Tullamore. In 1999 she completed her masters at TCD and went on to do her PhD. She joined the board of the RCSI Faculty of Nursing and Midwifery in 2013 and held the offices of honorary treasurer in 2014, vice dean in 2016 and dean in 2018.

"Throughout my academic career I've questioned what the unique contribution of nursing is and wanted to determine the unique contribution of nursing in ENT. Within service delivery, roles of other healthcare professionals are clearly defined, but because we're so allied to medicine, the contribution of nursing is often consumed within the medical discipline. I was delighted when my PhD study into role of the ENT nurse in service delivery resulted in the development of a model of ENT nursing."

Dr Frawley would like to see directors of nursing and midwifery help their workforces to grow and develop. She feels that having greater access to funding for nurse and midwife education would encourage the development of enhanced practice, clinical nurse specialists and advanced practice roles.

Dr Frawley feels a culture change is needed where nursing care would be seen as a professional entity and no longer just a 'pair of hands'. Patient care is central to her view of the professions and she says that nurses who are experienced and knowledgeable have a significant positive impact on patient outcomes.



Theresa Frawley: "Now is the time for us to shine; we need to be supported in actualising our potential"

Dr Frawley says that there must be a strong link between clinical knowledge and policy development, stating that nurses and midwives bring tenacity, knowledge, experience and resilience to leadership roles. She says she values the voice that roles like the chief nursing officer within the Department of Health have on nursing policy nationally and internationally.

"Education is key, but so is having a voice. Now is the time for us to shine. We have a wonderful resources in our workforce but we need to be supported in actualising our potential. There's already a shortage of nine million nurses worldwide. We need to provide motivation and a sense of purpose and professionalism. Respect for the professions would go a long way to attracting more people in. We need to look at the ceilings on certain clinical roles, because often you get to a point where you have nowhere else to go in terms of progression. There should be more options for nurses and midwives to get involved in policy roles," she said.

*This article is part of our series on Nursing Now, a worldwide campaign that aims to achieve recognition of nurses' contribution to healthcare, gender equality, the economy and wider society. The campaign's aim is to improve health by raising the profile of nurses, influencing policymakers and supporting nurses to lead a global movement. Hi Please visit [www.nursingnowireland.ie](http://www.nursingnowireland.ie) All interviews are carried out by Freda Hughes ([freda.hughes@inmo.ie](mailto:freda.hughes@inmo.ie))*



## Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick



### NMBI retention fee – a 'flat rate expense'

*Q. I have a query in relation to the NMBI retention fee. I was talking to Revenue and they advised that this is included in the uniform allowance 'flat rate' expenses. I thought this payment was treated separately.*

REVENUE had a number of queries from nurses and midwives in relation to the NMBI retention fee and this is the response.

We acknowledge that every registered nurse and midwife in Ireland is required to pay an annual statutory retention fee directly to the Nursing and Midwifery Board of Ireland (NMBI).

It has been brought to our attention that, in addition to claiming a flat rate expense (FRE), several nurses and midwives are also claiming the statutory retention fee.

The agreed FRE amounts for nurses and midwives represent various expenses incurred by them and incorporates the statutory retention fee they are obliged to pay to the NMBI. As most nurses claim the FRE there is no additional deduction due in respect of the annual retention fee. However, individuals who do not claim the applicable FRE may of course claim a tax deduction at the end of the tax year in respect of actual vouched expenses incurred wholly, exclusively and necessarily in the performance of the duties of their employment, including the retention fee.

The agreed FRE amounts for nurses and midwives are set out below and incorporate the annual statutory retention fee paid to NMBI:

- Where obliged to supply and launder their own uniforms – €733
- Where obliged to supply their own uniforms but laundered free – €638
- Where obliged to launder the uniforms supplied – €353
- Where uniforms are supplied and laundered by hospital – €258.

The above amounts may be increased by €80 where a nurse is engaged on short time assignments through a nursing agency.

In summary, nurses and midwives who receive a flat rate expense are not entitled to claim the additional €100 statutory retention fee paid to the NMBI, as this amount is incorporated into the flat rate expense.

### Checking pay scales upon promotion

*Q. I was recently promoted from CNM2 to CNM3. I'm really looking forward to the role, but I think payroll has made a mistake. My salary has barely changed. I'm on the maximum of the CNM2 scale. Is this right?*

THE rules around moving to a new salary scale can be complex and mistakes do happen. It is a good idea to look at what payroll has applied and ensure that you're satisfied. If you have any questions, you can always contact the INMO to make sure that you are being paid what you are owed.

When promoted, you should move to the nearest point to your current salary on the new scale – but never to one below your current salary. If you have been on the maximum of your current scale for more than three years, then you gain an extra two increments.

In your specific case as a CNM2 being promoted to a CNM3, your location or qualification allowance is calculated as part of your pay when determining which point on the CNM3 scale you move to.

So, your current salary is the maximum of the CNM2 scale (€60,190) plus your qualification allowance (€3,525), giving you a total of €63,715.

The nearest point (but not below) existing pay on CNM3 salary scale is €63,827.

Because you have been on the maximum of the scale for over three years, you then go up two increments, which gives a starting pay on promotion of the maximum of the CNM3 salary scale, €66,160.



## Know your rights and entitlements

*The INMO Information Office offers same-day responses to all questions*

Contact Information Officers Catherine Hopkins and Karen McCann at  
Tel: 01 664 0610/19

Email: [catherine.hopkins@inmo.ie](mailto:catherine.hopkins@inmo.ie), [karen.mccann@inmo.ie](mailto:karen.mccann@inmo.ie)  
Mon to Thur 8.30am-5pm; Fri 8.30am-4.30pm



- Annual leave
- Sick leave
- Maternity leave
- Parental leave
- Pregnancy-related sick leave
- Pay and pensions
- Flexible working
- Public holidays
- Career breaks
- Injury at work
- Agency workers
- Incremental credit



**Tuesday,  
18 May  
2021**



**FREE FOR  
INMO MEMBERS;  
€65 non members**



## CLINICAL PLACEMENT COORDINATORS **Wellbeing & Development**

- Navigating the Current Climate

**3  
CEUs**

Online from 10.00am - 1.00pm

**Remember to put these dates in your calendar**

This sort online webinar for Clinical Placement Co-ordinators (CPCs) aims to celebrate nursing and midwifery and promote a positive climate while also exploring the impact of changes and challenges in healthcare in these difficult times.

### PROGRAMME OUTLINE:

- **Changing Healthcare – Professional Development of Nurses/Midwives and the impact for CPCs**  
Speaker: Professor Jonathan Drennan, Nursing and Midwifery University College, Cork
- **New Directions in Positive Psychology: Optimising Resilience, Mental Health and Wellbeing in Training**  
Speaker: Professor Ciaran O'Boyle, Director, Centre of Positive Psychology and Health, Royal College of Surgeons in Ireland

Organised by the Clinical Placement Co-ordinators Section.



**Thursday,  
10 June  
2021**



**FREE FOR  
INMO MEMBERS;  
€20 non members**



## **Retirement Planning Webinar**

Online from 2.00pm - 3.30pm

This session will briefly cover the following:

- Superannuation and your entitlements.
- Options for drawing down your AVC at retirement.
- Should you consider a lump sum AVC before retirement?
- Protecting your lump sum against inflation.
- Key steps to long term investing.
- Top tax tips for retirement.
- Covid-19 Q & A : Retirement planning in uncertain times.

Following the training you will then be given an opportunity to make an appointment with one of the financial experts where you can discuss with them your own situation in more details.

**BOOKING YOUR PLACE IS ESSENTIAL**

**Tel: 01 6640641/18 or go to [www.inmoprofessional.ie](http://www.inmoprofessional.ie)**



# INMO EDUCATION PROGRAMMES



*Continuing professional development  
for nurses and midwives*

Keep up to date with new online courses from INMO Professional

## Learn from the Comfort of your Home

*Book an online course today*

INMO Professional continues to offer a wide range of short online programmes, all of which are approved by NMBI, that you can complete from home. Distance is no longer an issue. We know these programmes work because nurses and midwives tell us they do. In response to this, we continue to deliver new online programmes developed by our expert facilitators, created to assist you in broadening your knowledge and keeping your skills up to date. Enroll now and don't forget to avail of our special offer – book three and get a fourth course free. Call 01 6640641/18 or email [education@inmo.ie](mailto:education@inmo.ie) to avail of this offer. All programmes can be viewed on [www.inmoprofessional.ie](http://www.inmoprofessional.ie)



## Training Delivery and Evaluation *(next available dates)*

*QQI Level 6, Category 1 approved by NMBI and awarded 30 CEUs*

Due to popular demand, our next Training Delivery and Evaluation module is due to commence in September 2021. This five-day programme provides nurses and midwives with the knowledge, skills and competence necessary to deliver, assess and evaluate a training provision. It is scheduled to take place on the following dates: September 28, 29 and 30 and October 12 and 13, 2021. The training is due to take place online, pending further review closer to the time. See *page 55* for more information.



## Are you Interested in Becoming a Trainer?

As we continue to develop new courses, all of which are delivered remotely, we would like to offer you the opportunity to work with us in delivering these training programmes. If you are an advanced nurse or midwife practitioner, a clinical nurse/midwife specialist or a nurse/midwife with expertise in clinical or management with an interest in training, and if there is an area of expertise that you believe would be of interest to nurses/midwives, we would love to hear from you. Please email Marian Godley, course co-ordinator at [education@inmo.ie](mailto:education@inmo.ie) or call 01 6640642.



*Maintaining your competency, maintaining your registration*

April 2021

**PULL OUT**



**Steve Pitman**

Head of Education and Professional Development

COVID-19 vaccinations continue to dominate the news in Ireland. The vaccination programme's rollout must meet the government targets to protect the population and enable the economy and wider society to reopen. However, caution is still required following reports of a further surge and new lockdowns in Germany, France and Poland.

The virus remains extremely dangerous, with no clear indication as to when it will eventually subside. The impact of 'long Covid' is only emerging and could present long-term challenges for a significant number of the population.

### Equitable vaccine access

The INMO has been at the forefront of supporting the call for equitable access to the Covid-19 vaccines globally. It is of particular concern that the prevailing market forces could see countries in the Global South waiting until 2023 for widespread vaccination.

The INMO, along with Actionaid, Access to Medicine Ireland and other partners, has called on the Irish government and the EU to insist that pharmaceutical companies, which have benefited from publicly funded research and development, share intellectual property rights and the know-how to enable generic and timely mass production of enough safe Covid-19 vaccines through the WHO's Covid-19 Technology Access Pool (CTAP).

### CJ Coleman Research Award 2021

If you have been involved in a research or change project, remember to apply for the CJ Coleman Award 2021. The award of €1,000 is open to INMO members who have completed a research study or change project. The winner of the award will be announced at the 2021 INMO annual delegate conference. For information and a link to the application form, visit [www.inmo.ie](http://www.inmo.ie) or [www.inmoprofessional.ie](http://www.inmoprofessional.ie) (the closing date is April 9, 2021).

### International days of the nurse and midwife

International Nurses Day (IND) takes place on May 12. The theme for 2021 is 'Nurses: A Voice to Lead – A Vision for Future Healthcare'. The theme was selected as an opportunity to show how nursing will look in the future and how the profession will transform the next stage of healthcare. Fact sheets and case studies that can be used on the day are available at the International Council of Nurses (ICN) website: [www.icn.ch](http://www.icn.ch)

The International Day of the Midwife (IDM) will take place on the May 5. This year's theme is 'Follow the Data – Invest in Midwives'. The usual International Confederation of Midwives (ICM) toolkit resources have been changed for 2021. ICM will be launching the Global Midwife Hub ahead of May 5. The resource will

include comprehensive advocacy support for midwives and an online data resource that allows for knowledge sharing and community collaboration to promote autonomous midwives. Further details can be found at [www.globalmidwiveshub.org](http://www.globalmidwiveshub.org)

Other resources are also available, including the recently released Impact of Midwifery study, the UN Population Fund (UNFPA) infographic on the impact of midwives and resources from the Impact of Midwives launch event. Links to these and other resources can be found at [www.internationalmidwives.org](http://www.internationalmidwives.org)

The INMO will be leading the celebrations for both days in Ireland. We encourage all nurses and midwives in Ireland to join with the global community to celebrate both professions.

### ICM

The 32nd ICM Triennial Congress will be held virtually in June. This is expected to be the largest-ever virtual gathering of midwives. The format for the event has been changed and the virtual event runs on five consecutive Wednesdays in June (June 2, 9, 16, 23 and 30). The programme and registration information can be found at [www.icmvirtualcongress.org](http://www.icmvirtualcongress.org)

The 2021 *State of the World's Midwifery Report* will also be launched on IDM by the ICM, UNFPA and WHO. This will be the third report (2011 and 2014) and will provide an updated evidence base and detailed analysis of the current progress and future challenges to delivering effective coverage and quality of midwifery services.

### NMBI update

The NMBI is planning to run a public consultation on ethical standards and behaviour for students. Further detail will soon be available on the NMBI website.

### On-site Education

INMO Professional offers an extensive range of on-site programmes facilitated by expert practitioners. If you are interested in booking one, email [marian.godley@inmo.ie](mailto:marian.godley@inmo.ie) or call 01 6640642.

### Delivering courses and writing for WIN

We are eager to offer members the opportunity to work with us in delivering education courses. If you are an advanced nurse or midwife practitioner, a clinical nurse/midwife specialist or a nurse/midwife with expertise in clinical or management practice, we would like to hear from you by email: [education@inmo.ie](mailto:education@inmo.ie) or Tel: 01 6640642.

We are also interested in hearing from members who would like to write professional and clinical articles for WIN. Please email [steve.pitman@inmo.ie](mailto:steve.pitman@inmo.ie)

# Online Education Programmes

Tel: 01 6640641/18  
 Email: [education@inmo.ie](mailto:education@inmo.ie)



All of the following programmes are category I approved by the NMBI and allocated continuous education units  
 Fee: €30 members; €65 non-members  
 Time: 10am-1pm

Check out our new online courses by logging on to  
[www.inmoprofessional.ie](http://www.inmoprofessional.ie)



Keep your CPD up to date • Extensive range of programmes • NMBI category I approved • Digital certification provided

**Apr 8 Restrictive Practices in Residential Care Settings for Older People**

This is a half-day webinar programme that encourages participants to reflect on interventions that could be seen as restraining residents if viewed from a resident's perspective. Many interventions within healthcare environments can restrict movement of older people. They are unintentional and can be argued as in the best interest or for the protection of residents, for example, a nursing home locked at night to protect residents and staff from intruders.

**Apr 8 Live Online Restorative Yoga and Relaxation – Four Free Virtual Live Classes**

Take time for yourself every Thursday in April. Join these four online classes that will take place from 9-9.45am. Each class is different and will end with some meditation, which will enhance your healing capacity. Prior booking is essential. Before the training, an email will be sent to you with a link and details. These classes are free to members, while non-members may join for a fee of €40.

**Apr 13 Tracheostomy Care Study Day**

This programme introduces a holistic and inter-disciplinary approach to the management of the adult patient with a tracheostomy. Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with tracheostomy.

**Apr 14 The Importance of Documentation for Nurses and Midwives – Getting it Right**

This short programme will assist nurses and midwives in understanding their duty of care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility of getting it right. Introduction to legal and professional requirements: NMBI Code and Guidance for Recording Clinical Practice; relevant HIQA regulations and standards; adhering to consent and data protection legislation in record-keeping; purpose of healthcare records; the 'dos' of documentation.

**Apr 15 Competency-based Interview Preparation for Nurses and Midwives**

This programme will assist participants for a competency-based interview that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to, dealt with and handled previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation.

**Apr 20 Best practice for Clinical Audit for Nurses and Midwives**

This programme equips participants with the skills to plan and implement a clinical audit and will enable them to deliver evidence of improved performance for safer and better care for patients. Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. There will be an emphasis on continuous quality and safety improvement in healthcare.

**Apr 21 Introduction to Management and Leadership Skills for Nurses and Midwives**

The aim of this course is to identify managerial and leadership competencies for frontline managers and to explore how these are applied in practice. The course will include management theory, effective leadership and teamwork, as well as delegation and clinical supervision.

**Apr 23 Overview of Nursing Assessment and Management of Stroke**

This short online programme will give participants an overview of nursing assessment and management of stroke during the Covid-19 pandemic. On completion participants will be able to: identify and discuss the two types of strokes; identify and ascertain the various treatment options; understand the best practice for the nursing care of people who have suffered an acute stroke, including secondary prevention; be aware of aetiology of stroke and rationale for specific diagnostic tests.

**Cancellation policy:** For cancellations five days before the course due date, a full credit to transfer onto a course at a future date will be offered. For non-attendance, there is no refund or transfer. If a course is cancelled due to insufficient numbers, a full online refund will be issued.

**Apr 27 Health Psychology in Nursing Practice**

This short course is an introduction to health psychology in nursing and midwifery practice. It presents a biopsychosocial perspective of health. The course will cover a range of topics including understanding stress, it will help nurses and midwives deal with the psychological and emotional aspects of health and illness as well as supporting people who are chronically ill in promoting healthier lifestyles and encouraging them to improve their health.

**Apr 28 Owning Your Future – Taking Control**

The key learning outcome of this short session will be to support each participant to become aware of their competencies as an employee and to explore how they can increase their ability to take control of their careers in these uncertain times. The physical and mental strain of working in a pandemic has left little time for nurses and midwives to think about their careers. New skills and competencies have been acquired, common sense or tacit knowledge has played a key role in coping. Yet, little value may be put on these skills unless nurses and midwives recognise and articulate their value.

**29 April Tools for Safe Practice for Nurses and Midwives**

This programme provides safe practice tools to protect the nurse, midwife and patient against the backdrop of staff shortages and skill mix realignment within healthcare settings. This session will ensure participants have an understanding of the processes involved around patient alerts, clinical incidents and thorough assessment. This programme is free for INMO members.

**May 5 Change Management – Valuable Tools for Nurses and Midwives**

The aim of this course is to enhance the understanding of nurses and midwives of change management and strategies to improve the potential for successful change initiatives in helping them lead, develop and manage change in their workplace. Participants will gain valuable tools in how to understand the nature and process of change within the healthcare setting; appreciate the importance of managing stakeholders as part of the change process; apply change concepts with their clinical and managerial practice and reflect on their previous experience of change. They will leave with knowledge of how to best support their work colleagues on how to approach change positively.

**May 6 Medication Management Best Practice 2020 – Guidance for Nurses and Midwives**

This education programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. The programme will cover such topics as: principles of medication management; the medication management cycle; management of controlled drugs and medication safety. Participants will have the opportunity to update their knowledge in line with the most up-to-date NMBI *Guidance for Registered Nurses and Midwives Administration* and HIQA requirements for medication management.

**May 11 Introduction to Chemotherapy**

This introductory session will equip you with the main principles of chemotherapy, its side-effects and how to feel safe and confident handling these drugs. In return, you will feel empowered to deliver improved care to your patients. This session will cover pharmacology of chemotherapy; chemotherapy side-effects and chemotherapy regimes and safe handling of cytotoxics. As good communication skills with patients and families are crucial in chemotherapy, this programme will keep your skills up to date which is important.

**May 12 Navigating Your Way Through Conflict**

This date is now full. The next available date is 30 June (places are limited on this course).

**May 13 Understanding and Developing Care Plans for Nurses and Midwives**

This short online programme provides nurses and midwives with the most up-to-date information regarding policy and standards. It will enhance their understanding of nursing care plans, reflecting on the past, present and future use of care planning and its importance in the workplace. It will focus on the need for comprehensive assessment, including risk assessment and care planning. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment, enabling them to develop a person-centred care plan.

**May 17 Clinical Governance for Senior Nurse Managers (Acute or Residential Healthcare Settings)**

This programme is aimed at senior nurse managers within the acute or residential healthcare settings and is designed to help them understand and be confident in building their skills and knowledge around clinical governance. Clinical governance is the system through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.

**May 18 Clinical Placement Co-ordinators** (*special online event*)

This short online webinar for clinical placement co-ordinators (CPCs) aims to celebrate nursing and midwifery and promote a positive climate, while also exploring the impact of changes and challenges in healthcare in these difficult times. See page 24 for more details.

## When booking online courses please note:

Places must be booked in advance. You will need a reliable computer and internet access. Please ensure a correct email is provided when registering. Certificates for participation will be issued in digital form and sent by email. Do not hesitate to contact us at Tel: 01 6640641/18 or email: [education@inmo.ie](mailto:education@inmo.ie)

### May 19 Become More Assertive

This short online programme is designed to help nurses and midwives develop their skills to be more assertive to help them to make decisions with conviction and deal with difficult situations.

### May 20 Adult Asthma – Getting the Basics Right

This short online programme is aimed at nurses and midwives who are working in clinical practice and who require basic knowledge and skills in order to care for people with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with asthma, utilising current best practice.

### May 26 The Sociology of Health

This course is an introduction to sociology of health and illness. It examines the meaning and relationship of health, disease, illness and sickness. Impact of social inequality will also be explored, along with other topics such as the sick role and the role of healthcare professionals.

### May 27 End of Life Care and Covid-19

This short online programme outlines the legal and professional requirements for end of life care in designated centres and identifies how to apply this practice to Covid-19. Participants will learn how to recognise signs and symptoms of deterioration through the programme, which will assess, monitor and review physical, psychological, social and spiritual areas of care at end of life for a person with Covid-19. It will cover the *Guidance for Registered Nurses and Midwives on Medication Administration* and national guidance. Participants will be able to identify and apply effective interpersonal communication with families of a loved one at the end of their life during this challenging period.

### Jun 1 The 'Know How' of Inhaler Technique

This short, two-hour online programme for nurses and midwives will address issues around inhaler technique. The programme will introduce the participant to current best practice in relation to inhaler technique and assist in the understanding of the role of inhaled medication with the correct use of inhalation devices (fee for members: €20).

### Jun 2 Introduction to Treating and Preventing Pressure Ulcers

This short online course will advise participants on pressure ulcer prevention. Topics covered on the day include; causes of pressure ulcers, risk assessment, and prevention of pressure ulcers.

### Jun 3 Falls Reduction, Assessment and Review

This programme is designed to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-falls review. It promotes excellence amongst nurses who provide care to the patients at risk of falls, informed by current evidence. The main aim is to assist nurses to identify those patients or residents who are at risk of falls and to reduce that risk by providing knowledge on falls reduction techniques, ultimately improving patient safety and minimising injuries in the older population.

### Jun 9 Risk Management and Incident Reporting

This programme outlines the principles of best practice in managing risk. It will enable participants to understand terms related to risk management in healthcare, outline the stages of the risk management process based on the international standard and framework for risk management, outline the five steps of risk assessment, understand the purpose of a risk register and complete accurate records of incidents.

### Jun 10 Virtual Asthma and COPD – Reviewing Virtually

This two-hour online course will provide nurses with tools and resources to carry out effective virtual asthma and COPD reviews. Following this course, you will have a better understanding of: advantages and disadvantages of the different modalities for virtual consultations; 'SIMPLES' – the tool for virtual consultations and also the tools required for virtual asthma and COPD reviews (fee for members: €20).

### Jun 14 Clinical and Occupational Risk Register (Acute and Residential Healthcare Settings)

This programme is aimed at senior nurse managers within the acute or residential healthcare settings. It will help them with each of the steps and responsibilities of risk management and outline the core principles of best practice in managing risk and health and safety. This programme will provide participants with the knowledge to have a consistent approach to reporting, investigation, analysis and monitoring of incidents and adverse events/risks and how this relates to their risk register within their organisation.

### Jun 15 Chronic Obstructive Pulmonary Disease (COPD) – Getting the Basics Right

This programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD. It will help participants to understand the clinical evidence underpinning the diagnosis and ongoing care of patients with COPD.

**Jun 15 Competency-based Interview Preparation for Nurses and Midwives**

This programme will assist participants for a competency-based interview that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to, dealt with and handled previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation.

**Jun 16 Introduction to Effective Library Search Skills**

This course is for those who would like to develop information-seeking skills for clinical practice, reflection or policy development.

**Jun 17 Medication Management in Type 2 Diabetes**

This programme aims to develop the knowledge and skills required by nurses to educate and support the self-management of people with diabetes. Topics will include the classification and diagnosis of type 2 diabetes, glucose targets and current pharmacological approaches to glycaemic management, challenges to medication management and practical skills required to support education and diabetes self-management.

**Jun 17 Restrictive Practices in Residential Care Settings for Older People**

This webinar encourages participants to reflect on interventions that could be seen as restraining residents if viewed from a resident's perspective. Many interventions within healthcare environments can restrict movement of older people. They are unintentional and can be argued as in the best interest or for the protection of residents, for example, a nursing home locked at night to protect residents and staff from intruders.

**Jun 21 PEG Feeding – Caring for Adults and Paediatrics who have a PEG Tube in the Hospital/Community Setting**

This introductory programme is aimed at all nurses working within the hospital and community setting caring for adults and paediatrics who have a percutaneous endoscopic gastrostomy (PEG) tube. It will address the clinical indications and requirements for PEG feeding in the home and hospital setting. It will provide guidance on medication administration and nutrition, with a focus on hospital policies and government guidance. It will also discuss the complications of PEG feeding that can occur and how these can be clinically managed.

**Jun 22 Introduction to Wound Management for Nurses and Midwives**

Topics covered in this course include wound healing, wound bed preparation, treatment options and dressing selections. Participants will learn about the anatomy and physiology of wound management, the factors influencing wound healing, the differences between acute and chronic wounds, implementation of a holistic assessment of individuals with wounds and different types of dressing and their application.

**Jul 23 Fundamentals of Pain Management**

This course will promote critical thinking and a safe and systematic approach in the assessment and management of pain. It will demonstrate how to recognise pain more confidently through understanding the concepts, meaning and classification of pain. Participants will learn skills in the early recognition and treatment of pain to help enhance patient comfort, wellbeing and recovery.

**Jun 24 Understanding Epilepsy for Nurses and Midwives**

This course will provide a good foundation and increase your knowledge when caring for patients with epilepsy. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education, and support to their patients with epilepsy, given the proper tools. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.

**Jun 30 Navigating Your Way Through Conflict**

This course will help participants develop the insight and skills necessary to navigate conflict situations and reach satisfactory solutions. Workplaces can be the perfect breeding ground for conflict. As well as our skills, we bring our individual needs, ambitions, personalities, perspectives, backgrounds and vulnerabilities with us to work. It is hardly surprising, then, that conflict can arise as we interact with others. While some conflict can be healthy, unresolved conflict can lead to negative outcomes for our wellbeing.

**Jul 1 Introduction to Leg Ulcer Management**

The effective management of complex leg ulcers requires specialist skills, knowledge and understanding. Topics covered in this short online course include pathophysiology, assessment and management of leg ulcers. Participants will have a better understanding of the theory and concepts of the different causes of leg ulcerations, a deeper understanding of the pathophysiology of leg ulceration, be aware of different non-invasive assessment for leg ulcerations and understand the importance of compression for venous leg ulcerations.

**Jul 6 Complaints Management for Healthcare Staff (Acute or Residential Healthcare Settings)**

This short online programme is aimed at senior nurse managers within the acute or residential healthcare settings to provide them with the key skills of communication tools to minimise the negative impact complaints can have in their workplace. Therefore, effective management of complaints is central to improving services and prioritises an open, honest and transparent health service.

**Jul 15 Nutrition and Cancer Care: Nursing Roles and Interventions (Hospital, Residential and Community Settings)**

This programme is aimed at nurses who work in hospital, residential and community settings. It addresses the challenges of managing cancer patients' nutrition and will promote best practice in the provision of nutrition and cancer care in both the home and in hospital. The programme will provide guidance on assessment, care planning and monitoring of cancer patients' nutritional needs. It will identify current guidelines relating to nutrition, the importance of nutrition in cancer care and the implementation of nursing strategies to tackle malnutrition.

# New Online Courses

## APRIL 2021

Online from 10am - 1pm

Fee for each course €30 INMO members; €65 for non members

All courses are Category 1 approved by NMBI

### Tracheostomy Care Study Day

Tuesday, 13 April 2021

**3**  
CEUs

This programme introduces a holistic and inter-disciplinary approach to the management of the adult patient with a tracheostomy. Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with tracheostomy. The programme will cover the anatomy, the different types of tracheostomy tubes; complications; communication and swallowing in a patient with a tracheostomy; how to manage emergencies safely; the purpose of humidification; managing safe suctioning of a patient and also how to be aware of nursing care of a tracheostomy.



**NEW**

### Health Psychology in Nursing Practice

Tuesday, 27 April 2021

**3**  
CEUs

This short course is an introduction to health psychology in nursing and midwifery practice, to assist patients and their relatives in adjusting to diagnosis, coping with treatments and other disease-related life changes, managing symptoms and making healthy choices. It presents a biopsychosocial perspective of health. The course will cover a range of topics including understanding stress, it will help nurses and midwives deal with the psychological and emotional aspects of health and illness as well as supporting people who are chronically ill in promoting a healthier lifestyles and encouraging them to improve their health.



**NEW**

### Owning your Future - Taking Control

Wednesday, 28 April 2021

**3**  
CEUs

The key learning outcome of this short session will be to support each participant to become aware of their competencies as an employee and to explore how they can increase their ability to take control of their careers in these uncertain times. The physical and mental strain of working in a pandemic has left little time for nurses and midwives to think about their careers. New skills and competencies have been acquired, common sense or tacit knowledge has played a key role in coping. Yet, little value may be put on these skills unless nurses and midwives recognise and articulate their value.



**NEW**

BOOKING YOUR PLACE IS ESSENTIAL

**Tel: 01 6640641/18 or go to [www.inmoprofessional.ie](http://www.inmoprofessional.ie)**



## Resilience in nursing and midwifery

**Nursing and midwifery are physically and emotionally demanding professions. Difficult working conditions place some nurses and midwives at risk of burnout and stress-related illness. In spite of the challenges in the current healthcare system, nurses and midwives continue to deliver high-quality patient care and retain resilience in the face of adversity. Below is a compilation of recent literature about the anxiety and psychological distress experienced by nurses and midwives, their resilience and the mental supports in place to assist them.**

### Resilience

- Lorente L, et al. Nurses' stressors and psychological distress during the Covid-19 pandemic: The mediating role of coping and resilience. *Journal of Advanced Nursing* March 2021:77(3)
- Duncan D. What the Covid-19 pandemic tells us about the need to develop resilience in the nursing workforce. *Nursing Standard*. 2020. DOI: 10.7748/nm.2020.e1933
- Thusini, S'thembile. Critical care nursing during the Covid-19 pandemic: a story of resilience. *British Journal of Nursing* 2020; 29(21)
- Barrett C. Developing resilience: the role of nurses, healthcare teams and organisations. *Nursing Standard*. 2018. DOI: 10.7748/ns.2018
- Baker-Armstrong J. Building nurses' resilience. *Kai Tiaki Nursing New Zealand* April 2020:26(3)
- Labrague LJ et al. Covid-19 anxiety among frontline nurses: predictive role of organisational support, personal resilience and social support. *Journal of Nursing Management* 2020; 28(7):1653-1661

### Emotions and wellbeing

- Tokac U et al. Nursing professionals' mental well-being and workplace impairment during the Covid-19 crisis: Network analysis. *Journal of Nursing Management* February 2021 doi.org/10.1111/jonm.13285
- Sun Huili et al. Correlation between emotional intelligence and negative emotions of front-line nurses during the Covid-19 epidemic: A cross-sectional study. *Journal of Clinical Nursing* 2021:30 (3-4)
- Wang Q-Q et al. Anxiety, depression and cognitive emotion regulation strategies in Chinese nurses during the Covid-19 outbreak. *Journal of Nursing Management* January 2021 doi.org/10.1111/jonm.13265

### Mental Health

- Min Leng et al. Mental distress and influencing factors in nurses caring for patients with Covid-19. *Nursing in Critical Care* 2020 July doi.org/10.1111/nicc.12528
- Walton M et al. Mental health care for medical staff and affiliated health care workers during the Covid-19 pandemic. *European Heart Journal: Acta Cardiovascular Care*. 2020 April
- Chen S et al. Providing targeted psychological support to frontline nurses involved in the management of Covid-19: An action research. *Journal of Nursing Management* January 2021 doi.org/10.1111/jonm.13255

### Library services

The library has a number of services to support your practice and educational requirements, including literature searching, document supply, reference desk assistance and searching consultations. To find out more, call 016640614 or email: [library@inmo.ie](mailto:library@inmo.ie)

### Psychological Distress

- Gómez-Salgado J et al. Work engagement and psychological distress of health professionals during the Covid-19 pandemic. *Journal of Nursing Management* January 2021 doi.org/10.1111/jonm.13239
- Fowler K et al. Covid-19: Outcomes for trauma-impacted nurses and nursing students *Nurse Education Today* October 2020 vol.93
- Shahrour G et al. Acute stress disorder, coping self-efficacy, and subsequent psychological distress among nurses amid Covid-19. *Journal of Nursing Management* August 2020 doi.org/10.1111/jonm.13124

### Anxiety and Depression

- Zheng R et al. Prevalence and associated factors of depression and anxiety among nurses during the outbreak of Covid-19 in China: A cross-sectional study. *International Journal of Nursing Studies* October 2020 doi.org/10.1016/j.ijnurstu.2020.103809
- Lin Han et al. Anxiety and depression of Nurses in a North West Province in China during the period of Novel Coronavirus Pneumonia Outbreak. *Journal of Nursing Scholarship* July 2020 doi.org/10.1111/jnu.12590

### RCM i-learn

There is a short taster course in this area available on the RCM i-learn platform which is entitled 'Building Resilient Practitioners'. This course will introduce you to the concept of resilience, explain what is currently known about resilience in midwifery practice and provide suggestions for developing personal resilience strategies. It includes a research-based resilient repertoire with linked reflective questions. It will take approximately 10 minutes to complete. If you are interested in learning more about this course, you can login to ilearn at: <https://www.ilearn.rcm.org.uk/>. Free access is available to midwife members of the INMO. To access iLearn please go to: <https://inmoprofessional.ie/RCMAccess> or contact the library for further information by email to: [library@inmo.ie](mailto:library@inmo.ie)

## Online – Introduction to Effective Library Search Skills

Next course dates: Wednesday, June 16

Fee: €30 INMO members; €65 non-members

This course is aimed at nurses and midwives who would like to develop their searching skills to effectively find the most relevant information for clinical practice, reflection and policy development. This course will also be of benefit to those who are undertaking, or about to commence, post-registration academic programmes.





# World Health Day 2021

For World Health Day on April 7, the WHO is calling on people to join a new campaign to build a fairer, healthier world, Steve Pitman reports

HEALTH determinants are well known – access to a safe environment, housing, education, employment opportunities, gender equality, food security and clean water. Covid-19 has highlighted the inequalities in health that “some people are able to live healthier lives and have access to health services”<sup>1</sup> to a much greater extent than others. The critical factor that determines this inequality is where you are born, live, work and age. Poor social and health determinants can lead to unnecessary and avoidable disease, illness and early death.

The right to health is a human right<sup>2</sup> and is the focus of the ongoing WHO campaign for ‘Health for All’. There is a legal obligation on countries to ensure access to affordable and accessible healthcare and to provide for the underlying determinants of health. An essential aspect of this campaign is the call for governments to monitor health inequalities and to take action where inequalities exist.

World Health Day is a global health awareness day held every year on April 7. This year the WHO has launched a campaign to build a fairer, healthier world,<sup>1</sup> calling on leaders throughout the world to “ensure that everyone has access to living and working conditions that are conducive to good health”.

## Pandemic

Covid-19 continues to be a problem, with the virus disproportionately impacting lower-income countries. Dr David Nabarro, WHO envoy, made it clear at the Oireachtas Joint Committee on Foreign Affairs and Defence debate (February 9, 2021)<sup>3</sup> that this pandemic is nowhere near finished, saying: “This is nowhere near the end. Some people say there is light at the end of the tunnel but from my point of view, I am not sure how far away that light is. I have no idea how long it will take to reach the end of the tunnel.”

Vaccination is the key to reducing the spread and effects of the virus. It is essential that as vaccination programmes are rolled out that vaccines are accessible all across the globe. It has been predicted that most lower-income countries are not expected

to be vaccinated until 2023 or later.<sup>3</sup>

At a global level, there is a need for countries to support mechanisms for sharing intellectual property, technology and ‘know how’ through voluntary mechanisms such as the WHO Covid-19 – Technology Access Pool (C-TAP)<sup>4</sup> and the formal Trade-Related Aspects of Intellectual Property (TRIPS) waiver.<sup>5</sup> This would enable generic mass production of adequate and safe supplies of Covid-19 vaccines.

Currently, in Europe, there are only five countries (four EU) that have formally supported the WHO C-TAP initiative. The Irish government has been called on to support C-Tap and TRIPS and to use its international influence through the EU, WHO and UN Security Council to promote and advocate for fairer access to vaccines. WHO director general Dr Tedros Adhanom Ghebreyesus has stated that “none of us will be safe until everyone is safe.”<sup>6</sup>

## International Year of Health and Care Workers

In recognition of health and care workers’ sacrifice across the globe during the pandemic, the WHO has designated 2021 the International Year of Health and Care Workers.<sup>7</sup> Nurses and midwives make up over half of all the world’s health workers<sup>8</sup> and have been and continue to be on the frontline of the fight against Covid-19.

Following 2020’s International Year of the Nurses and Midwife, this again is a year that recognises the contribution of nurses and midwives and our fellow healthcare workers. Without doubt, this is a sign of appreciation and gratitude across the world for the role played by healthcare workers during the pandemic, but is it enough?

The nursing advocate Princess Muna of Jordan reminded those attending the World Health Assembly in 2020 that applause without action is no longer acceptable. There is increasing urgency for countries to invest in health, health systems and in healthcare workers.

## Global shortage of nurses and midwives

The International Council of Nurses has predicted that there will be a shortage

of 5.7 million nurses and midwives by 2030.<sup>8</sup> This shortage will be in addition to the 4.7 million nurses and midwives who are expected to retire during the same period.<sup>9</sup>

While the shortage will be most acute in developing countries, it will impact and compound the problem experienced in retaining and recruiting nurses and midwives in developed countries, including Ireland.

Now is the time for action to be taken to introduce creative and novel solutions to build and secure the nursing and midwifery workforce over the next decade and beyond. Motivational hygiene factors that can cause workplace dissatisfaction and disengagement must be addressed, including working hours, increasing workplace demands, investment in continuing education and lack of career pathways. These factors are intrinsically linked to broader societal issues of housing, transportation, childcare and access to workplace parking that directly influence employment accessibility.

Healthcare workers contribute to creating a healthy society that is fundamental to economic prosperity. Resourcing health and healthcare workers is not a cost but an investment in society and is a signature strength of a flourishing economy.

The 2010 WHO Global Code of Practice on the International Recruitment of Health Personnel has continued to be relevant with a high dependence and increasing demand for international healthcare workers in many countries. However, developed countries must continue to commit to ethical principles and practices to safeguard vulnerable countries at risk of depleting their health worker resource.

The ‘WHO is committed to ensuring that everyone, everywhere, can realise the right to good health’.<sup>1</sup>

Inequality is preventable and can be eliminated with the fairer distribution of wealth and access to resources.

Steve Pitman is INMO head of Education

References on request by email to [nursing@medmedia.ie](mailto:nursing@medmedia.ie)  
(Quote Pitman WIN 29;3:33)

# A transformation in the making



Nurse Hazel Hartigan has overcome numerous challenges to become an inspiration on RTÉ's *Operation Transformation*.  
Freda Hughes reports

ANYONE who watched RTÉ's *Operation Transformation* this year will be aware of Limerick nurse Hazel Hartigan and the commitment she showed as a much-loved contestant on the show.

Many of us in the INMO keenly followed her progress and started to walk a regular 5km, spurred on by her stamina. We regularly referred to her as inspirational, as did her coaches, but Ms Hartigan does not take this lightly.

"It's a word I'm a little uncomfortable with. Being an inspiration is a heavy burden, but if I have moved people to get moving and triggered that 'can do' feeling in them, then I am happy with that."

Ms Hartigan went into nursing as a mature student, having worked for 22 years at University Hospital Limerick (UHL) in cleaning and catering. She has worked as a nurse in St John's Hospital, Limerick as part of a multidisciplinary team since qualifying in 2019.

Ms Hartigan acknowledges that her job is difficult and that her patients have complex needs, but says she loves her work and values her team of supportive colleagues.

During her time on the show, Ms Hartigan's colleagues undertook the Jerusalem dance challenge in her honour. Her CNM2 accommodated her on the rosters so that she could make the weigh-ins for the show in Dundalk every Saturday.

#### Hope from isolation

Unfortunately, Ms Hartigan contracted Covid-19 in the workplace back in April 2020. She says self-isolation gave her a lot of time to think, but that it was also a lonely experience.

Every day her family brought her meals to her room and fortunately avoided catching Covid-19 from her. A moment that touched her heart was when they brought the patio furniture around to her bedroom window so that they could all eat dinner together.

One late night after she had recovered, while scrolling through Facebook she spotted the application for *Operation Transformation* and applied for the laugh,



Family support: Hazel Hartigan was spurred on by her husband Richard and children Grace and Tommy throughout the challenge



not thinking much would come of it. She was contacted for an interview over the phone and then progressed to the next stage, which involved a Zoom meeting. She was invited to an assessment day and made the shortlist of 20 potential contestants.

"The next thing I knew Kathryn Thomas was knocking on my door to tell me I got through and that I would be one of the leaders on the show. It all became very real. I was lucky I was at home at the time. I was so glad my family were here to share the excitement."

Strict Covid-19 restrictions on the show meant there was less interaction with the other leaders than usual, but they did have socially distanced meet-ups, often in a car park or for a socially distant breakfast in a hotel. The leaders found ways to support each other regardless and became close in the virtual sense. Ms Hartigan said her experiences were entirely positive and that she never felt under pressure from the producers. "Not once did anybody involved in the programme make me feel ashamed of who I am," she said.

#### A family effort

Ms Hartigan says her greatest high from taking part in the show was the support her husband Richard and children Tommy and Grace gave her.

"I always knew that they would support me but it was how much they embraced it that surprised me. They occasionally ordered takeaways when I was working nights and I don't mind that as they don't need a strict calorie-controlled diet."

On the programme, Ms Hartigan shared that she had suffered the loss of young twin daughters, Chloe and Niamh. Her son Tommy was just 18-months old when they were born. Sadly Niamh passed away soon afterwards, but Chloe lived until soon after

Tommy's fifth birthday. They were very close and used to play together. Tommy would always come along to Chloe's medical appointments and Ms Hartigan believes this contributed to his mature and compassionate nature.

"Niamh and Chloe are still very much with us in the family. They are a huge part of our lives. It would have been a disservice not to talk about them. Being their mother, and being Grace and Tommy's mother, has improved me and made me stronger and more compassionate."

Her daughter Grace was a massive support to Ms Hartigan in developing her fitness routine. Grace is a great sports-woman who plays camogie and has recently taken up running. She accompanies her mum on her daily walks and motivates her with her resistance training and daily exercises.

#### Healthy habits

Ms Hartigan really missed being able to share the experience with her parents, siblings and friends due to Covid-19 restrictions. She missed the peer support and freedom that the pandemic took from her.

Time management was the biggest positive that Ms Hartigan took away from the show. She now goes for a walk before she starts work every day because she knows she will be too tired for it afterwards. She says her morning walk clears her head and sets her up for the day. She does her resistance training on her days off when she has more time and space, rather than trying to squeeze it in on work days.

A hidden benefit of Ms Hartigan's new experience has been the ability to manage her worries better. She says she was always a "catastrophe thinker", her mind going to the worst case scenario in all situations. Time management has helped her to clear her head and prioritise her worries.

#### Professional goals

Ms Hartigan would like to see greater respect for the work nurses do and greater understanding of their diverse roles.

"Greater respect for the responsibilities we hold should be reflected in our pay and conditions. If there was greater respect for the professions, I think it would make the job more attractive to young people.

"I would love to have more time for holistic nursing care but due to staff shortages the time is just not there, which is tough. Increased staff levels would allow for better care and give us the ability to meet the emotional needs of our patients."

Ms Hartigan's positivity and ability to keep going are her defining features, as is her caring nature. Her message to her fellow nurses and midwives is that it is important to find time for yourself.

"Make time for yourself. Time management is key. Find time for doing things that restore you and make you feel good. It's good to reconnect with nature and get out in the air, away from scrolling on social media. It's also okay not to be okay and it's important to protect yourself from burnout. Don't overwork yourself. You can't care for anyone if you've worn yourself out or spread yourself too thinly."

#### Operation Transformation

RTÉ's long-running health and fitness show *Operation Transformation* has been aired annually on RTÉ since 2008 with leaders selected each year. It has turned into a health movement all around Ireland with communities getting involved across the country and even abroad. Viewers can now take part in challenges, access recipes and fitness plans and follow the leaders progress on TV, radio and online. Workplaces and communities are actively encouraged to get on board and send their feedback to the show each year (see [ot.rte.ie](http://ot.rte.ie)).

# Upcoming mental health webinars

AS A part of *Let's Talk About It*, Zevo Health will deliver three bespoke mental health webinars on topics chosen by INMO members over April and May.

Wellbeing specialists Zevo Health have joined the *Let's Talk About It* mental health collective to deliver bespoke videos and webinars, on topics that matter to INMO members.

In preparation for the launch of *Let's Talk About It*, Cornmarket asked some of their INMO customers to help shape the initiative by completing a short survey. The response was overwhelming, with over 1,000 members confirming what topics they want to see and when they wanted to see them.<sup>1</sup>

These videos have been created as pre-recorded sessions to allow members to watch them at a time that suits best. Get access or sign up for an email reminder via the website. To access the webinars, or to register for reminders, visit: [Cornmarket.ie/lets-talk-about-it/webinars](https://www.cornmarket.ie/lets-talk-about-it/webinars)

Upcoming Let's Talk About It webinars	
April 7	<p><b>Compassion fatigue and burnout in nurses and midwives</b></p> <p>As nurses, you work in an emotionally demanding environment which can cause issues like compassion fatigue and burnout. This webinar will go through what these are, some helpful tips on how to prevent and manage them and build resilience</p>
April 21	<p><b>Communication skills for emotionally heightened interactions with colleagues and patients</b></p> <p>Working in a high stress environment with many different types of people can lead to challenging interactions. This webinar will explore effective communication tips and ways you can reduce the negative impact of challenging conversations on your wellbeing</p>
May 5	<p><b>Recovering from stressful shifts</b></p> <p>Long hours and stressful situations can make it difficult to switch off after your shifts and get enough sleep. This webinar will take you through some strategies you can use to deal with stress, wind down after a stressful shift and maximise your sleep to help you recover</p>

Let's Talk About It, a mental health collective exclusively for INMO members, is brought you by the INMO and Cornmarket.

1. Source: Cornmarket's Shape the Initiative Survey, March 2021, based on 1,134 responses from INMO Income Protection Scheme Members

Use the camera on your phone to scan the code below to bring you to the webpage

**Let's talk about it**  
A mental health collective for INMO members

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# Let's talk about it

Brid O'Meara discusses the importance of talking about our mental health and paying attention to our mental wellbeing

NURSES and midwives, highly trained and skilled professionals, have compassionate traits and a desire to help others. Compassion, according to Buddhist philosophy, means being touched by suffering and having the wish to help regardless of whether the suffering is your own or someone else's, however western cultures tend to associate compassion with compassion for others. Self-compassion is a kind and understanding attitude towards yourself in times of emotional pain.

The highly skilled yet stressful occupations of nursing and midwifery entail long shifts, high-pressured environments, inadequate staffing levels, administrative duties and dealing with death. Moderate to high levels of burnout are commonly reported among nurses and midwives. Maintaining our own personal wellbeing while the focus of our work is on the health and wellbeing of others, is paramount.

There are many things that we can do, at a personal level, to maintain our own personal wellbeing. Each day, we purposefully care for our dental health, but do we purposefully care for our mental health?

Some suggestions:

- In the same time that it takes to brush our teeth, we could practise helpful breathing, breathe out for longer than we breathe in, calming our sympathetic nervous system. Try three breaths, in for the count of three, out for the count of six, and notice the immediate difference
- Taking time out for you! Do something every day that you enjoy. It could be something as simple as a walk outdoors in nature, enjoying a favourite cup of coffee, making time for a chat with a good friend, 'Me time'. What works for you?
- We can focus on our physical health, our exercise, diet and sleep
  - Exercise releases endorphins, which help us to feel better. We don't need to run a marathon. A 20-minute walk,

a cycle, dancing, whatever exercise suits you, is helpful to your mental and physical health

- We all know the impact our diet has on our mental health. Remember the benefits of fresh foods, fruit and vegetables
- Trying to maintain a regular sleep pattern is very challenging for nurses and midwives on shift work, however, sleep is vital for our mental health. Preparing for sleep is really helpful
- Probably the most important thing we can do for ourselves is to talk. Remember the saying 'a problem shared is a problem halved'? As nurses and midwives we provide an empathic listening ear for others every day. Do you share your experiences, your worries, fears and anxieties with someone you trust? Who is your empathic person?

## Self compassion

Studies on self compassion associate it with overall wellbeing, positive affect and optimism, as well as being an effective buffer against distressing experiences. It is associated with less anxiety, stress and depression. Increased self compassion corresponds with less strain when dealing with embarrassment, rejection or failure.

As human beings, we are relational, we thrive when we are part of a supportive network. In this programme, we aim to provide an opportunity to build a compassionate-based community for nurses to turn to throughout their career. This platform will be open to share the wisdom of the collective so that newly trained nurses have support from their tenured peers, so that nurses have a mechanism to facilitate awareness and change at a national level and that resilience, self care and compassion are nurtured across all levels of the profession.

*Let's talk about it*, a mental health collective for INMO members, aims to provide you with additional ways of promoting

## Let's Talk About It

At the end of March, INMO and Cornmarket launched the brand new and bespoke initiative, 'Let's Talk About It', a mental health collective for INMO Members. *Let's Talk About It* aims to get nurses and midwives talking about mental health as well as provide signposting to support services and access to practical tools and advice. Today, Brid O'Meara discusses simple tips for personal wellbeing, extending your wellbeing toolkit and creating a compassionate-based community of nurses in Ireland



**Let's talk about it**

**A mental health collective for INMO members**

your personal wellbeing, raising your awareness of the indicators of compromised wellbeing, and assisting you in managing those times by turning both inward and outward. In this programme, we endeavour to show compassion and care for you, to extend your personal wellbeing toolkit and to promote a compassionate-based community of nurses in Ireland.

*Brid O'Meara, is a mental health and wellbeing consultant, a registered psychiatric and general trained nurse (RPN, RGN) with over three decades of experience working in Mental Health in Ireland. Brid has joined the 'Let's Talk About It' mental health collective for INMO members on a consultative basis. Visit: [Cornmarket.ie/lets-talk-about-it](http://Cornmarket.ie/lets-talk-about-it)*

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# Online Education for Intern Students

## PLAN YOUR DIARY BOOK NOW

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These stand-alone programmes are specifically designed for intern students only. If you are interested in attending a programme, simply choose the date which suits you best.

Organised by INMO Student/New Graduate Officer, Catherine O'Connor, with INMO Professional.

<b>MAY</b>	Tues 11/05 Mon 24/05	Interview Techniques for Intern Students Mindful Presence for Nursing and Midwifery Students
<b>JUNE</b>	Tues 01/06 Wed 16/06 Mon 21/06	Tools for Safe Practice for Intern Students The Importance of Documentation for Intern Students Mindful Presence for Nursing and Midwifery Students
<b>JULY</b>	Tues 20/07 Wed 28/07 Tbc	The Importance of Documentation for Intern Students Mindful Presence for Nursing and Midwifery Students Becoming New Graduate Webinar
<b>AUG</b>	Thurs 26/08 Tbc	Tools for Safe Practice for Intern Students Information Session on Salary Scales for New Graduates – details to follow
<b>SEPT</b>	Tbc	Information Session on Salary Scales for New Graduates – details to follow

For more information on the programme content, log on to [www.inmoprofessional.ie](http://www.inmoprofessional.ie)  
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# Preparing for a job interview

Taking time to prepare for a job interview can make a big difference in your performance, writes Catherine O'Connor

THERE are few people who consider interviews to be an entirely enjoyable experience, particularly at the beginning of a person's career. They can seem daunting, especially if you are not used to doing them, but remember that everyone gets nervous coming up to an interview and if you prepare well beforehand you will be ready on the day.

Nursing and midwifery interviews are often done by panels, meaning there could be two to three people sitting opposite you. It is likely that there will be someone from HR, someone from the clinical area and a member of senior management. Usually, while one person is asking you questions another person will be taking notes – try not to get distracted by this. The questions tend to be mostly competency based, but some may be designed to let the employer know how you might fit into the organisation.

It is a good idea to prepare some answers for general questions about yourself like 'why did you go into nursing/midwifery?' or 'tell me a bit about yourself', as this is your opportunity to stand out. It is also important that you are familiar with your CV and portfolio, as anything you have written can be asked about during the interview.

## Before the interview

Good interview preparation should start well before the day of the interview. As employers sometimes look up candidates online before the interview, search for your name to see what comes up. Researching the employer is always beneficial – if you can demonstrate a genuine interest in the organisation, it will go a long way. This includes knowing some key facts like the ethos, or if the organisation is known for its work in a particular specialty. It is also worth reviewing the job description to see how well your skill-set and CV match the role.

It is important to try to sleep well the night before, have a good breakfast and stay hydrated as these will all help you to

focus and perform well. Aim to arrive at least 10 minutes early; plan how you will get there and allow time for the unexpected, eg. delayed bus, difficulty finding a parking spot.

Turn your phone off, discard any chewing gum and make eye contact and smile when you greet your interviewers. Hand shaking should be avoided at present due to Covid-19. It is possible that some interviews may be held over a video call due to the pandemic, but the same principles would apply. If your interview is via a video call, be mindful of what is visible in the background.

## During the interview

Be sure to maintain eye contact with your interviewers. Be aware of your body language and the way you communicate, as some people tend to slouch, fidget or speak too quickly when they become nervous. Similarly, some people tend to punctuate sentences with 'you know' or 'like', or fill pauses with 'um' or 'ah' when nervous. Practising with friends/family beforehand and asking for honest feedback can help make you aware of what to look out for. It is okay to take a breath before answering a question or use phrases like 'that's an interesting question' to buy yourself a little time to collect your thoughts before answering.

The STAR technique (see Table 1) can be extremely helpful when answering competency-based questions, as it can be used to demonstrate previous experience, eg. 'how would you prioritise your workload at the start of a shift?', or 'tell me about a time you cared for a deteriorating patient'.

Some questions may be skills/knowledge-based, such as 'tell me about the EWS/ISBAR' or 'what are the five moments of hand hygiene?', while some may assess your professional development, eg. 'how do you keep up to date in your practice?', and others may assess how you communicate, eg. 'how would you deal with relatives that are complaining about the care of their loved one?'

Table 1. STAR Technique

Situation	Describe the event or situation that you were in
Task	Explain the task you had to complete
Action	Describe the specific actions you took to complete the task
Result	Close with the results of your efforts

Remember that you are applying for a staff nurse/midwife position, and so you should avoid limiting yourself by using phrases like 'I can't do that as I'm only an intern'. Instead, you could say what you would do as a staff nurse/midwife.

## After the interview

Interviewers often ask candidates if they have any questions and it can be helpful to come up with a few questions to demonstrate interest. Thanking your interviewers for their time will leave them with a positive impression. Whether or not the interview goes well you can ask for feedback on the interview after you are contacted with the result. This can help you to improve your interview skills for your next interview.

## More tips

The INMO Professional Development Centre is holding a free session on interview techniques for internship members on May 11, 2021 from 11am-12.30pm. You can register for this virtual session by email to: [education@inmo.ie](mailto:education@inmo.ie) or by Tel: 01 6640641/18.

## Call for INMO student reps

As the pandemic continues, it is essential that each class has an INMO student representative linked in with me. If your group does not yet have an INMO rep, please nominate one rep per year group, discipline and placement area if you are spread across multiple sites. To learn more, please email me at: [catherine.oconnor@inmo.ie](mailto:catherine.oconnor@inmo.ie).

*Catherine O'Connor is the INMO's student and new graduate officer*

# Quality & Safety

A column by  
Maureen Flynn



## Person centredness during Covid-19

THIS month we reflect on person centredness as a topic central to nursing and midwifery practice. The pandemic has affected every aspect of our lives in both obvious and subtle ways and only time will reveal the full extent of this on human lives. Unprecedented decisions have had to be made about the services we can provide and use in response to the level of restrictions in place at a given time.

Person centredness applies to everyone, irrespective of whether we use or provide services, regardless of roles and circumstances, whether providing direct or indirect care and practice. It is not something that can be turned on for some people and off for others; we all need to experience it every day within a supportive person-centred culture.

### Covid-19

A recent project undertaken in the HSE entitled 'Lived Experiences of Working and Living during Covid-19: an Epidemiology of Kindness' captured the reflective experiences of a small group of people working in the health service during the first few months of the pandemic.<sup>1</sup>

A common thread throughout these reflections was the magnitude of the commitment that people were prepared to make to pull together and do whatever they were asked for the good of our country. What was also evident was the positive response and need for kindness and support from colleagues as well as families and how this was a driving force to keep going even when the pressure became too much.

There is nothing new or surprising in this as positive peer support and kindness is known to be a major driver of performance. However it is often overlooked at times of high pressure, some might say the very time it is most needed. Ignoring kindness and support unfortunately comes with a big 'buy now pay later' price tag.

### Why this is important

Perhaps this pandemic has brought to the fore the importance of humanising healthcare<sup>2</sup> where significance is placed on values and beliefs<sup>3</sup> and where person-centred cultures are a measure of quality.<sup>4</sup>

There is plenty of evidence of how person-centredness is kept alive in how people engage and support each other, particularly in nursing and midwifery practice. This is apparent in how people show concern and compassion for each other and the considerable pressures that so many are experiencing with issues such as exhaustion, fear of getting and transmitting Covid-19, fear of making mistakes, the considerable issues with childcare and home schooling, as well as keeping their own families safe.

Unfortunately, there are examples too of how quickly some have reverted to command and control practices and leadership that fail to demonstrate respect for others.

### Get involved

Nurses and midwives have an opportunity to keep pushing beyond boundaries that make it acceptable to be uncaring with each other because "we give out what we get" and ultimately this has consequences for people using our services. Our goal in being person centred is to have healthful culture where

relationships make us feel healthy in our interactions with others.<sup>3</sup> This enables us to flourish in our work which ultimately is everyone's right. We are now looking at a recovery planning due to the considerable pressure everyone in our health services has been under. An example is a 'healing workshop' for teams coming back together after redeployment or times of disruption and information on this is available from the HSE National QI Team.

### Further information

To find out about the HSE National Person-Centred Cultures Programme, healing workshops or the Lived Experience Project, visit: [www.hse.ie/eng/about/who/qid/person-family-engagement/national-prog-person-centredness](http://www.hse.ie/eng/about/who/qid/person-family-engagement/national-prog-person-centredness), or contact Lorna Peelo-Kilroe at email: [lorna.peelo@hse.ie](mailto:lorna.peelo@hse.ie) or Margaret Codd at email: [margaret.codd@hse.ie](mailto:margaret.codd@hse.ie)

Maureen Flynn is the director of nursing ONMSD, QI Connections Lead, HSE National Quality Improvement

Thank you to my colleagues all across the Covid-19 Contact Management Programme who participated in the lived experience reflection and particularly to Lorna Peelo-Kilroe, for leading the development and writing this column

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# Introducing Executive Council members



**Aoife Kelly**  
Staff nurse, University Hospital Galway

AOIFE Kelly qualified as a registered nurse in 2004 and worked for 12 years on surgical wards before moving into theatre nursing in 2016. She was temporarily redeployed to the ICU due to the pandemic.

"I've met so many different people through my redeployment. I was in

awe of the work my ICU colleagues do," says Ms Kelly.

Ms Kelly always knew she would follow in the footsteps of her mother, who was a nurse in University Hospital Galway. She used to practise bandaging on her grandparents, who were happy to encourage her.

Ms Kelly strives for equality across the health service and within nursing and midwifery. She feels that staff wellbeing and health and safety in the workplace must be a priority.

"If Covid-19 has taught us anything, it's that we need supports in place for staff so that we can mind our mental and physical wellbeing. We give so much of ourselves to provide quality care and this needs to be reflected in our pay and conditions and the

supports that are available to us. It's so important that we are protected in the workplace and union membership affords us this protection."

Ms Kelly says the lack of face-to-face meetings since joining the Executive Council has made it hard and she looks forward to getting to know her colleagues and really campaigning for nurses and midwives. "Nurses and midwives have upskilled, been redeployed, put themselves at risk and some even moved out of home so as not to put vulnerable family members at risk. They should be proud and their sacrifices and dedication must not go unnoticed. We need to go easy on ourselves and realise the magnitude of what we have been through. I'm so proud of my colleagues nationwide."



**Audrey Horan**  
Staff midwife, University Maternity Hospital Limerick

AUDREY Horan qualified as an RGN in 1994 and obtained her certificate in midwifery in 1998 from UMHL. She now works on a postnatal ward providing holistic, individualised and family-centred care for mothers and their babies.

"I love the interaction and positivity

of working with mothers and their new babies. There is so much potential and joy in that work," says Ms Horan.

Ms Horan wanted to be a nurse since she was four years of age, having come from a nursing family. She started her training as soon as she finished school. At that point, trainees lived on site for the first year of their training. Apart from subsequently training as a midwife, she has also worked in plastic surgery and in care of the older person, working part time in a nursing home. She has been an INMO member since her student days and took part in the 1999 strike. She also served on her workplace strike committee during the 2019 strike.

"I really began to understand the

power of being in a union during the 1999 strike when I saw the change we could make and what we could achieve. That year made us all really appreciate our INMO membership."

Ms Horan was recently asked by her branch to stand for the Executive Council. She admits it will be a learning curve but looks forward to the challenge.

"While I am a midwife, I want to represent the whole INMO membership and will listen to their concerns so that I can learn about their struggles. Our priority is to care for the carers so that we can continue to care for the public. It's so important that we mind ourselves and look out for one and other. The pandemic has been tough on us all. Together we're stronger."



**Donna Hyland**  
Staff nurse, Sacred Heart Hospital, Castlebar, Co Mayo

DONNA Hyland graduated from St Angela's College in Sligo and is a dual-qualified BLS instructor and heartsaver instructor. She joined the INMO in 2006 and became more with the union in 2011 when she joined the campaign against government plans

to phase out payments during fourth-year mandatory placement.

In 2016, Ms Hyland became INMO rep in her workplace and has held a seat on the Executive Council since 2018. She sits on the finance and general purposes committee and on the industrial relations committee.

Ms Hyland believes being in a union is essential for all workers, but also thinks that trade union visibility in the workplace is empowering for staff, as it allows them access the mechanisms to resolve disputes, fight for better pay and conditions and stay informed.

"Trade unions can have an impact on societal change. We champion workers' rights and put them front and centre of any social debate. This is a strong

reason to join a union. Being part of a collective is empowering," she said.

Safe staffing levels and safety in the workplace are priorities for Ms Hyland. She welcomes the new national health and safety officer role and looks forward to seeing its impact in workplaces across the country. She says nurses and midwives should be valued for the essential service they provide.

"We've had a challenging year but we've stepped up to the mark across the country. We've seen people go above and beyond for the people that they care for. This demonstrates our professions are always willing to face the challenges put in front of us. It is imperative we are recognised and respected for this," said Ms Hyland.

# Delivering unexpected news in pregnancy

This month, RCM i-learn looks at learning how to deliver bad news in pregnancy as well as how to cope with the related stress or anxiety

THIS i-learn module focuses on the unexpected news that can come from antenatal screening tests, ultrasound scans and during or just after birth. This module does not have all the answers and there is no 'perfect' way to approach this sensitive area but it will help you to self-critique and try to put yourself in the shoes of the woman/couple so that you can learn how to handle these challenging situations with more confidence. This module seeks to help you do this difficult part of your work to the best of your ability. It will take 60 minutes to complete.

## Context

Most pregnancies are uneventful and have a happy ending and usually midwives can enjoy being part of an important time in a woman's life. However, a significant number of women (and their partners) will face unexpected news at some point, and there will be times when you as a midwife will have to deliver it. This might range from giving antenatal screening results that make a woman anxious, to having to tell her that her baby has a chromosomal syndrome or having to impart the devastating news that the baby has died. This is always going to be a challenging but vital part of your role.

Women will experience different types of news in different ways. Individual experiences, understanding and circumstances will impact on how a woman feels about any news they are given during pregnancy.

The way in which midwives present bad news is an important factor in how it is received, understood and dealt with. Midwives too may have different thoughts on what constitutes unexpected news that they might have to give women in pregnancy.

Midwives must always provide

individualised care that takes account of each woman's unique circumstances and how these will impact on what she might have to face in her pregnancy.

## Communication

Interactive and open communication between a healthcare professional and patient is critical to allow emotional support and compassion.

The words that are used are important in the context of delivering unexpected news. But there are other elements that need to be considered if your communication is to be as effective as possible in challenging circumstances.

Effective listening is a crucial component of successful communication, but often neglected when we are concentrating on the difficulty of the task at our side of the interaction. In other words, be cognisant of what our tone of voice and body language are saying and how the information we are communicating is actually being received.

It is important to remember that communication is always a two-way process and we need to 'tune in' to and listen carefully to the recipient. By doing this we can have a better idea of their understanding of the information we have given them, we can check for understanding and try to predict what their needs may be.

Another element to be considered for effective communication is showing empathy and allowing the patient to digest the news in whatever way they can. There can be any number of responses to bad news and the module helps to teach you how to deal with the various responses.

## Self care

Supporting those involved in breaking bad news is fundamental to that news being delivered effectively by staff.

Communicating bad news is stressful and those involved may experience anxiety and potentially a reluctance to deliver bad news. Following breaking bad news it is important for all healthcare professionals involved to look after themselves and have their own strategy of reflection and self care.

## Learning outcomes

Having completed this module you will be able to:

- Review the context of unexpected news in pregnancy
- Recognise effective listening and communication in the context of delivering unexpected news
- Explore ways of delivering unexpected news
- Understand the parent experience of facing distressing news in pregnancy and news that brings uncertainty
- Learn more about the psychological impact, including grief and bereavement issues
- Examine your own particular professional and personal challenges
- Become aware of attitudes and preconceptions that may impede individualised care
- Reflect on and develop principles of good practice.

## RCM i-learn access for INMO midwife members

Free access is available to all midwife members of the INMO. If you are interested in learning more about the modules outlined or in completing a learning module, visit [www.inmoprofessional.ie/RCMAccess](http://www.inmoprofessional.ie/RCMAccess) or email the INMO library at [library@inmo.ie](mailto:library@inmo.ie) for further information



# Focus on: Febrile neutropenia

In part two of a series on febrile neutropenia in cancer patients, Liz Meade and Petra Martin discuss how the condition is managed

PART one of this series focused on an overview of febrile neutropenia (see *WIN February 2021*) and in this issue we will look at how the condition is managed. Most documented infections during neutropenia are due to bacteria.

Traditionally, most of these infections were gram negative but they are now mostly gram-positive organisms. This is due in part to the use of long-term central venous catheters and prophylactic antimicrobials.<sup>1</sup>

Antibacterial therapy should be initiated in all patients with febrile neutropenia following blood culture sampling and prior to other investigations. Neutropenic patients require daily physical assessment and daily full blood count and renal function test, especially with patients receiving aminoglycoside antibiotics. The monitoring of vital signs and intake and output are essential in the continued assessment of the patient until neutropenia has recovered and the patient's condition has improved.

A systematic review found that mortality was reduced by 33% when antibiotics were administered within the one-hour door-to-needle time.<sup>2</sup> A careful and detailed history and physical examination, as well as laboratory, microbiology and imaging studies, should be undertaken following antibiotics administration.

First-line antimicrobial therapy used include anti-pseudomonal monotherapy in low-risk patients, with the addition of aminoglycoside in intermediate and higher risk patients. Vancomycin is recommended as empiric therapy for specific indications only, including catheter-related infections,

gram-positive blood cultures, soft tissue infections and clinically unwell patients.<sup>3,4</sup>

The need to remove the affected line in catheter-related infections depends on the pathogen isolated in the blood cultures as well as persistent fever and bacteraemia.<sup>6</sup> Treatment with appropriate antibiotics should continue until the ANC is  $\geq 500 \times 10^9/L$  and the patient is afebrile for at least 48 hours.<sup>1,5,6</sup>

## Chemoprophylaxis

Strategies to minimise the adverse effects of febrile neutropenia focus on the use of colony-stimulating factors (CSFs) to reduce the duration and severity of neutropenia and empirical therapy with antibiotics even in the absence of confirmed infection.<sup>7,8</sup>

Several studies have shown that the primary prophylaxis with granulocyte-CSF administered after the first cycle reduces the risk of febrile neutropenia by at least 50% in solid tumours without significantly affecting tumour response or overall survival.<sup>1</sup> It also reduces the risk of infection and increases survival times due to an ability to increase intensity of chemotherapeutic treatment, eg. dose dense chemotherapy in breast cancer.<sup>9</sup>

Most guidelines recommend the administration of G-CSF prophylactically for all planned cycles of chemotherapy if the risk of febrile neutropenia is  $> 20\%$ . Patients age and comorbidities affect the decision of G-CSF use in the intermediate risk group.<sup>8,10</sup> The risk of febrile neutropenia is maximal during the first course of chemotherapy, therefore primary prophylaxis is recommended for those patients

in the high-risk categories.<sup>7</sup> The most common side effect of G-CSF treatment is bone pain, which is usually managed with non-opioid analgesia.

The use of prophylaxis antibiotics has been traditionally utilised in the prevention of febrile neutropenia in patients treated with chemotherapy. However, the emergence of resistant strains, particularly with the prophylactic use of fluoroquinolones, has led to current National Comprehensive Cancer Network (NCCN) guidelines recommending limiting the use of antibacterial prophylaxis to high risk patients, for example those patients receiving induction chemotherapy for acute leukaemia and patients undergoing allogeneic haematopoietic cell transplantation.

The NCCN also recommends against the use of antibacterial prophylaxis in the prevention of infection in patients receiving standard chemotherapy for most solid tumours and for whom the duration of neutropenia is expected to be short.<sup>4</sup>

The National Early Warning Score/triage tool enables staff to recognise or suspect sepsis and to commence the screening tool as well as contact the appropriate medical team member using the ISBAR communication tool. A doctor must review the patient within 30 minutes, as per national guidelines, and must complete the sepsis screening form. The Sepsis 6 form must also be completed within one hour.<sup>10</sup>

All patients presenting with febrile neutropenia warrant immediate antibiotic therapy with broad spectrum antibiotics once blood cultures have been drawn.<sup>3,4,11</sup> Antibiotic treatment of febrile neutropenia

is broadened or narrowed based on the individual clinical scenarios. It is important to know that immunosuppressed patients may not meet the SIRS criteria with many profoundly neutropenic patients afebrile or hypothermic.<sup>11</sup>

### Tests and investigations

Patients with central vascular access devices (CVAD) must have blood cultures taken from each lumen as well as peripherally. The patient should undergo a comprehensive history and physical exam, taking into consideration comorbidities, chemotherapy regime and date of last treatment, prior infections and potential exposures, and recent antibiotic therapy.

The physical exam should pay particular attention to skin, GI tract and catheter sites. Laboratory tests include a full blood count, lactate, full biochemistry, group and hold. A chest x-ray and ECG should be performed as appropriate, depending on patient's clinical presentation.

Other investigations include urinalysis, throat swab, sputum sample and the swabbing of any wounds or in-dwelling devices. The assessment of urinary output and administration of oxygen is required depending on the patient's clinical condition.

Intravenous fluids should be administered if there is evidence of hypovolaemia and antimicrobials IV as per local guidelines and site of infection. The prompt administration of IV antimicrobials is imperative and should not be delayed while awaiting septic workup results.

Antibiotics should be administered within one hour of presentation with fever.<sup>3,4,11</sup> The early identification of sepsis in order for treatment to be initiated is vital as mortality increases by 7.8% for each hour delay in appropriate antibiotic therapy.<sup>12</sup>

### Hospitalisation

Hospitalisation may not always be necessary. Some low risk patients may be candidates for the outpatient management of fever and neutropenia. Clinical judgement is recommended when determining which patients are suitable for the outpatient management of their neutropenia.

In 2018 the American Society of Clinical Oncology (ASCO) and the Infectious Diseases Society of America (IDSA) updated their guidelines on the outpatient management of fever and neutropenia in patients with cancer. They recommended the utilisation of validated tools such as the Multinational Association of Supportive Care in Cancer (MASCC) and the

Clinical Index of Stable Febrile Neutropenia (CISNE) risk index to aid this decision. These tools use a scoring system to identify patients with cancer and febrile neutropenia at low risk of medical complications.<sup>11</sup>

Most patients respond promptly to empirical antibiotics. Daily assessment of vital sign trends, full blood count and renal function is indicated until the ANC has recovered and the patient is afebrile. Any deterioration in the patient's condition requires more frequent clinical assessment and the input of the microbiology team with regard to the most appropriate antibiotic therapy,<sup>1,3</sup> as well as input from the medical and ICU team.

Education of patients and their care-givers provides them with the knowledge and skills to lower their risk of infection and to promptly recognise and manage their illness if they become unwell.

The National Cancer Control Programme (NCCP) recommends that all oncology/haematology departments have a comprehensive evidence-based written policy on the management of neutropenia and neutropenic sepsis. This should be available in oncology units, emergency departments and inpatient wards. These policies are essential to ensure a rapid and appropriate therapeutic response to patients who present with febrile neutropenia.<sup>9,13</sup>

### Conclusion

Neutropenia and febrile neutropenia are serious and potentially life-threatening effects of anticancer treatment. The management of febrile neutropenic patients continues to evolve in an effort to reduce the morbidity and mortality and significant cost associated with inpatient management.

In the case study detailed in the previous article the patient had many of the risk factors that increased his risk of developing febrile neutropenia. His chemotherapy regime was in the high-risk category for the development of neutropenia.<sup>14</sup> He had received G-CSF prophylaxis and presented promptly to the oncology unit. He was reviewed and started on meropenem and vancomycin for suspected PICC line infection within the recommended timeline. His condition improved, temperature settled and his ANC recovered after eight days.

Validated tools are available to assess the risk associated with febrile neutropenia. Chemotherapy drugs, dose and schedule administered, as well as the patient's age, advanced cancer,

co-morbidities, previous treatment and prior febrile neutropenia, all impact on the risk of developing febrile neutropenia. Comprehensive international, national and local guidelines exist that enable the prompt recognition and appropriate management of neutropenic patients.

Comprehensive education of patients, care-givers and staff are imperative for the early recognition and prompt treatment with empiric antibiotics and supportive therapies.

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Please refer to the Summary of Product Characteristics (SmPC) before prescribing Pelgraz (pegfilgrastim) 6 mg solution for injection in pre-filled injector. **Presentation:** Each pre-filled injector contains 6 mg of pegfilgrastim\* in 0.6 mL solution for injection. The concentration is 10 mg/mL based on protein only\*\*. \*\*Produced in *Escherichia coli* cells by recombinant DNA technology followed by conjugation with polyethylene glycol (PEG). \*\*The concentration is 20 mg/mL if the PEG moiety is included. **Indications:** Reduction in the duration of neutropenia and the incidence of febrile neutropenia in adult patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes). **Dosage and Administration:** Pelgraz therapy should be initiated and supervised by physicians experienced in oncology and/or haematology. **Posology:** One 6 mg dose (a single pre-filled injector) of Pelgraz is recommended for each chemotherapy cycle, given at least 24 hours after cytotoxic chemotherapy. Safety and efficacy of Pelgraz in children and adolescents has not yet been established and no recommendation on a posology can be made. No dose change is recommended in patients with renal impairment, including those with end-stage renal disease. **Method of administration:** Pelgraz is for subcutaneous use. The injections should be given subcutaneously into the thigh, abdomen or upper arm. See SmPC for instructions on handling of the medicinal product before administration. **Contraindications:** Hypersensitivity to pegfilgrastim or any of the excipients in Pelgraz. **Warnings and precautions:** To improve the traceability of biological medicinal products, the trade name of the administered product should be clearly recorded. The long-term effects of pegfilgrastim have not been established in acute myeloid leukaemia (AML); therefore, it should be used with caution in this patient population. Granulocyte-colony stimulating factor (G-CSF) can promote growth of myeloid cells *in vitro* and similar effects may be seen on some non-myeloid cells *in vitro*. The safety and efficacy of pegfilgrastim have not been investigated in patients with myelodysplastic syndrome, chronic myelogenous leukaemia, and in patients with secondary AML; therefore, it should not be used in such patients. Particular care should be taken to distinguish the diagnosis of blast transformation of chronic myeloid leukaemia from AML. The safety and efficacy of pegfilgrastim administration in *de novo* AML patients aged < 55 years with cytogenetics t(15;17) have not been established. The safety and efficacy of pegfilgrastim have not been investigated in patients receiving high dose chemotherapy. This medicinal product should not be used to increase the dose of cytotoxic chemotherapy beyond established dose regimens. Pulmonary adverse reactions, in particular interstitial pneumonia, have been reported after G-CSF administration. Patients with a recent history of pulmonary infiltrates or pneumonia may be at higher risk. The onset of pulmonary signs such as cough, fever, and dyspnoea in association with radiological signs of pulmonary infiltrates, and deterioration in pulmonary function along with increased neutrophil count may be preliminary signs of Adult Respiratory Distress Syndrome (ARDS). In such circumstances pegfilgrastim should be discontinued at the discretion of the physician and the appropriate treatment given.

Glomerulonephritis has been reported in patients receiving filgrastim and pegfilgrastim. Generally, glomerulonephritis resolved after dose reduction or withdrawal of filgrastim and pegfilgrastim. Urinalysis monitoring is recommended. Capillary leak syndrome has been reported after G-CSF administration and is characterised by hypotension, hypoalbuminaemia, oedema and haemoconcentration. Patients who develop symptoms of capillary leak syndrome should be closely monitored and receive standard symptomatic treatment, which may include a need for intensive care. Generally asymptomatic cases of splenomegaly and cases of splenic rupture, including some fatal cases, have been reported following administration of pegfilgrastim. Spleen size should be carefully monitored (e.g. clinical examination, ultrasound). A diagnosis of splenic rupture should be considered in patients reporting left upper abdominal pain or shoulder tip pain. Treatment with pegfilgrastim alone does not preclude thrombocytopenia and anaemia because full dose myelosuppressive chemotherapy is maintained on the prescribed schedule. Regular monitoring of platelet count and haematocrit is recommended. Special care should be taken when administering single or combination chemotherapeutic medicinal products which are known to cause severe thrombocytopenia. Sickle cell crises have been associated with the use of pegfilgrastim in patients with sickle cell trait or sickle cell disease. Therefore, use caution when prescribing pegfilgrastim in patients with sickle cell trait or sickle cell disease, monitor appropriate clinical parameters and laboratory status and be attentive to the possible association of this medicinal product with splenic enlargement and vasoocclusive crisis. White blood cell (WBC) counts of  $100 \times 10^9 / L$  or greater have been observed in less than 1% of patients receiving pegfilgrastim. No adverse reactions directly attributable to this degree of leukocytosis have been reported. Such elevation in WBCs is transient, typically seen 24 to 48 hours after administration and is consistent with the pharmacodynamic effects of this medicinal product. Consistent with the clinical effects and the potential for leukocytosis, a WBC count should be performed at regular intervals during therapy. If leukocyte counts exceed  $50 \times 10^9 / L$  after the expected nadir, this medicinal product should be discontinued immediately. Hypersensitivity, including anaphylactic reactions, have been reported with pegfilgrastim. Permanently discontinue pegfilgrastim in patients with clinically significant hypersensitivity. Do not administer pegfilgrastim to patients with a history of hypersensitivity to pegfilgrastim or filgrastim. If a serious allergic reaction occurs, appropriate therapy should be administered, with close patient follow-up over several days. Stevens-Johnson syndrome (SJS), which can be life-threatening or fatal, has been reported rarely in association with pegfilgrastim treatment. If the patient has developed SJS with the use of pegfilgrastim, treatment must not be restarted at any time. As with all therapeutic proteins, there is a potential for immunogenicity. Rates of generation of antibodies against pegfilgrastim is generally low. Binding antibodies do occur as expected with all biologics; however, they have not been associated with neutralising activity at present. Aortitis has been reported after filgrastim or pegfilgrastim administration in healthy subjects and in cancer patients. The symptoms experienced included fever, abdominal pain, malaise, back pain and increased

inflammatory markers (e.g. C-reactive protein and WBC count). In most cases aortitis was diagnosed by CT scan and generally resolved after withdrawal of filgrastim or pegfilgrastim. The safety and efficacy of Pelgraz for the mobilisation of blood progenitor cells in patients or healthy donors has not been adequately evaluated. Increased haematopoietic activity of the bone marrow in response to growth factor therapy has been associated with transient positive bone-imaging findings. This should be considered in each unit volume, which is equivalent to 30 mg per 6 mg dose. Pelgraz contains less than 1 mmol (23 mg) sodium per 6 mg dose, that is to say essentially 'sodium-free'. The needle cover contains dry natural rubber (a derivative of latex), which may cause allergic reactions. **Pregnancy and Lactation:** Pegfilgrastim is not recommended during pregnancy and in women of childbearing potential not using contraception. A decision must be made whether to discontinue breastfeeding or to discontinue/abstain from pegfilgrastim therapy taking into account the benefit of breastfeeding for the child and the benefit of therapy for the woman. **Adverse Events include: Adverse events which could be considered serious include: Common:** Thrombocytopenia. **Uncommon:** Sickle cell crisis, capillary leak syndrome, glomerulonephritis, hypersensitivity reactions (including angioedema, dyspnoea, anaphylaxis), splenic rupture (including some fatal cases), Sweet's syndrome (acute febrile dermatosis), pulmonary adverse reactions including interstitial pneumonia, pulmonary oedema and pulmonary fibrosis have been reported. **Uncommon:** cases have resulted in respiratory failure or ARDS which may be fatal. **Rare:** Aortitis, pulmonary haemorrhage, Stevens-Johnson syndrome. **Other Very Common adverse events:** Headache, nausea, bone pain. **Other Common adverse events:** Leukocytosis, musculoskeletal pain (myalgia, arthralgia, pain in extremity, back pain, musculoskeletal pain, neck pain), injection site pain, non-cardiac chest pain. See SmPC for details of other adverse events. **Shelf Life:** 3 years. Store in a refrigerator (2°C – 8°C). Pelgraz may be exposed to room temperature (not above 25°C ± 2°C) for a maximum single period of up to 72 hours. Pelgraz left at room temperature for more than 72 hours should be discarded. Do not freeze. Accidental exposure to freezing temperatures for a single period of less than 24 hours does not adversely affect the stability of Pelgraz. Keep the container in the outer carton in order to protect from light. **Pack Size:** One pre-filled injector with one alcohol swab, in a blistered packaging. **Marketing Authorisation Number:** EU/1/18/1313/002. **Marketing Authorisation Holder (MAH):** Accord Healthcare S.L.U. World Trade Centre, Moll de Barcelona, s/n, Edifici Est, 6a planta, Barcelona, 08039 Spain. **Legal Category:** POM. Full prescribing information including the SmPC is available on request from Accord Healthcare Ireland Ltd, Euro House, Little Island, Co. Cork, Tel: 021-4619040 or [www.accord-healthcare.ie/products](http://www.accord-healthcare.ie/products). **Adverse reactions can be reported to Medical Information at Accord-UK Ltd. via E-mail:** [medinfo@accord-healthcare.com](mailto:medinfo@accord-healthcare.com) or **Tel:** +44(0)1271385257. **Date of Generation of API:** December 2019. IE-01454

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May 2020. IE-01429



# Research update: Dermatology

## WIN takes a look at some recent Irish research into atopic dermatitis

NEW research led by scientists from Trinity College Dublin and Children's Health Ireland, Crumlin, offers hope for the improved treatment of infants with eczema. The research showed that corticosteroid treatments reduced disease severity and normalised immune dysregulation.

Eczema, also known as atopic dermatitis, is the most common persistent inflammatory disease of early childhood. Some 60% of cases begin during the first year of life, while 85% begin before a child reaches five years of age. It is caused by a combination of genetic and environmental factors, but the exact mechanisms underlying the development and progression of the disease are not fully understood.

Atopic dermatitis is the most common chronic inflammatory skin disease and is associated with a significant burden of disease and cost of treatment.<sup>1</sup> The condition is associated with multiple atopic comorbidities including food allergy, asthma, allergic rhinitis and eosinophilic oesophagitis. There is also emerging evidence of additional comorbidities, including neuropsychiatric and metabolic morbidity.<sup>2,3,4</sup>

The authors of the new study noted that atopic dermatitis is highly heterogeneous in clinical presentation, treatment response, disease trajectory and associated atopic comorbidities. Immune biomarkers are dysregulated in skin and peripheral blood.

As atopic dermatitis usually presents in infancy, the researchers believed that a better understanding of early-life mechanisms and responses to first-line treatments was important. They reported that to date, very few studies have examined skin and peripheral biomarkers in infants with atopic dermatitis. While several recent studies have demonstrated, using tape stripping and a variety of analytical methodologies, non-invasive biomarkers derived from the stratum corneum can give significant insights into immune dysregulation at the skin surface,

and that these biomarkers have a different profile from those of the peripheral blood component.<sup>5-10</sup>

Increased local and systemic inflammation is evident in infants with eczema but it is not clear what effect standard treatment with topical corticosteroids (creams, gels, ointments containing corticosteroids) has on inflammation within this patient group.

In this study, a team led by Dr Maeve McAleer, paediatric dermatologist at CHI Crumlin and Prof Alan Irvine, professor of dermatology at TCD's School of Medicine, set out to investigate responses six weeks of real-life topical corticosteroid therapy on treatment-naïve infants with respect to skin barrier function and stratum corneum and peripheral blood-derived biomarkers.

They recruited 74 treatment infants (< 12 months of age) with moderate to severe eczema, through the atopic dermatitis clinic at CHI, Crumlin. Using minimally invasive skin tape stripping, skin samples were collected before and after a six-week course of treatment with topical corticosteroids. Blood samples were also collected at both time points.

The study found that topical corticosteroid therapy predictably led to improvement in disease severity. Levels of immune markers in the skin and in the peripheral blood showed significant change from baseline, though most did not reach healthy control levels. The most prominent change from baseline in the stratum corneum was in markers of innate immune activation, interleukin (IL)-18, IL-8 and IL-1a and the Th2 chemokines C-C motif chemokine (CCL)17 and CCL22. In blood, the largest changes were in Th2-skewed biomarkers: CCL17, IL-13, CCL22, IL-5 and CCL26.

Transepidermal water loss decreased after therapy; no significant changes from baseline were found for natural moisturising factor.

In short, topical corticosteroid therapy led to an improvement in disease severity,

and treatment normalised systemic immune dysregulation in infants with eczema. Following treatment, altered skin and blood cytokine profiles approached levels seen in children without eczema.

Moreover, the results suggest that local inflammation within the skin is responsible for immune dysregulation in infants with eczema.

Commenting on the findings, Prof Irvine said: "Our study shows that inflammatory signals from the skin of children with eczema leak into the system and are circulating widely. Treating the skin inflammation reduces the levels of these inflammatory signals in the blood. Collectively, these findings help to shape our understanding of the systemic effects of eczema."

The research was recently published in the *British Journal of Dermatology*.

– doi: 10.1111/bjd.19703

– Alison Moore

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# Finding common ground

DOUBT, insecurity and hope – these are the three things Tommy Tiernan has in common with every guest he interviews for *The Tommy Tiernan Show*. So says the man himself in his introduction to *Winging It*, a selection of transcripts from 21 interviews from the show so far.

Fans of the show will be familiar with its unique format – the chat is improvised and the host doesn't know who he'll be talking to until they sit down in front of him. For this format to work, Tiernan says he must trust the questions that enter his head and embrace the spontaneity of the chat, much like we all do in everyday conversation. By doing this, Tiernan is able to raise topics that guests might choose to avoid in a pre-prepared interview and tackle 'big issues' in an authentic and empathetic fashion (although Tiernan says some guests have come in with their guard up).

In one of the interviews featured in the book, Joanne McNally talks about her struggles with anorexia and bulimia. In another, Bob Geldof describes his experiences of grief. Christy Dignam talks about



death and addiction and sings *Ave Maria*, an experience that Tiernan says left him feeling "altered".

In each chat, Tiernan says he looks for common ground with the guest. Before his conversation with Adam Clayton, he

says he was afraid that he'd only ask questions the U2 bass player had already been asked a thousand times before. Then Clayton admitted to being nervous. Tiernan says this admission helped him find their common ground – doubt, insecurity and hope.

Other entries are just as enjoyable – Tiernan's chat with Michael D Higgins reads like two pals catching up, while his interviews with senator Lynn Ruane and musician Róisín Murphy (two guests Tiernan didn't recognise) work just as well despite the lack of familiarity. Through his getting to know them, the reader gets to know them. Paul McGrath is another highlight.

In the introduction, Tiernan says the interviews lose nothing for being committed to print. If anything, they grow in resonance in the "quiet of a book" as he puts it. No ums and ahs, no dead air, just people and their stories.

– Max Ryan

*Winging It*. Published by Penguin Ireland. RRP €21.99  
ISBN: 9781844885060



## CROSSWORD Competition



**Across**

- 1 One's stock of words and phrases (10)
- 6 Unable to feel (4)
- 10 Loans arranged in a drawing room (5)
- 11 Pain in the stomach? 'Tis gratis, perhaps (9)
- 12 Town in Meath (7)
- 15 Unrehearsed, 'off the cuff' (2,3)
- 17 Covered a cake (4)
- 18 The largest continent (4)
- 19 Digit found in the fourth umbrella (5)
- 21 The world's fastest cat (7)
- 23 Part of the immune system will inform about a hundred (1-4)
- 24 Type of sword (4)
- 25 Hawaiian island seen in Samoa? Humbug! (4)
- 26 Earn, deserve (5)
- 28 Wherein dramatic surgery is performed? (7)
- 33 Give Romeo change for one who frequents the cinema (5-4)
- 34 The county town of Tyrone (5)
- 35 Vended (4)
- 36 Some manager wed the enemy of poachers (4,6)

**Down**

- 1 Singlet or in America, a waistcoat (4)
- 2 Nine laced up a flower (9)
- 3 Iconic beach in Sydney (5)
- 4 In accordance with the law (5)
- 5 Ploy (4)
- 7 Up to a certain time (5)
- 8 African primates - or shrubs that belong in a nursery? (4,6)
- 9 Width (7)
- 13 Engrave with acid (4)
- 14 Go to a restaurant to show Enid up (unconscious, that) (4,3)
- 16 No spam item is changed for seasonal shows (10)
- 20 With this, one has dominance over one's adversary (5,4)
- 21 & 29d Might this nag you to dry garments indoors? (7-5)
- 22 Skin complaint characterised by pimples (4)
- 27 Competitor, opponent (5)
- 29 See 21 down
- 30 Pleasant smell (5)
- 31 Couch (4)
- 32 Slender (4)

1	2	3	4	5	6	7	8
					9		
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26	27			28	29	30	
			31				32
33					34		
35			36				

**March crossword solution**

- Across:** 1 Apprentice 6 Slip  
10 Aired 11 Buddy-tape  
12 Whippet 15 Ennis 17&23 Alma mater 18 Duet 19 Roach 21 Cellist  
24 Tuna 25 Ankh 26 Added  
28 Obesity 33 Perpetual 34 Ibiza  
35 Elsa 36 Department
- Down:** 1 Ajax 2 Parchment 3 End up 4&32 Table salt 5 Cads 7&9 Learn by heart 8 Press ahead 13 Pane 14 Tally-ho 16 Adam's apple 20 Aquitaine 21 Cradled 22 Sake 27 Dares 29 Balsa 30&31 Saint Jude

**The winner of the March crossword is:**  
**Margaret Cox,**  
**Bagenalstown, Co Carlow**

You can now email your entry to us at [nursing@medmedia.ie](mailto:nursing@medmedia.ie) by taking a photo of the completed crossword with your details included. Please include 'crossword competition in the subject field. Closing date: Tuesday, April 20, 2021  
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Ireland first country to offer HS wound dressings through public health service

IRELAND has become the first country in the world to offer hidradenitis suppurativa (HS) patients a specific wound dressing through its public health service.

From the beginning of April 2021, HidraWear wound dressings will be available to eligible HS patients living in Ireland through their healthcare provider.

HS is a chronic, inflammatory skin disease with no cure that affects tens of thousands of people in Ireland and millions worldwide.

Patients with HS experience recurrent and painful boils, abscesses and lesions and debilitating pain. The condition can compromise patients' quality of life, preventing them from maintaining relationships, jobs or even completing day-to-day tasks.

One of the main challenges for people with HS is daily wound care. HS lesions and wounds are painful and prone to

a high volume of exudate. Traditional dressings leak, fall off or cause skin damage, causing the patient pain, distress, embarrassment and anxiety. These new dressings are designed to secure dressing retention in difficult-to-dress areas, such as the armpits. The dressing can also retain large amounts of wound exudate.

The dressings' fluid-repellent backing prevents external contamination of the wound and provides comfort and security to patients, enabling them to self-manage their wound care effectively.

Suzanne Moloney, CEO and founder of HidraMed Solutions, has lived with HS since she the age of 13 years.

"Being able to help patients with support from the HSE is a huge step towards greatly improving our quality of life," said Ms Moloney.

Misdiagnosis is common in HS, with

recent studies showing that on average it takes over seven years for a HS patient to receive a proper diagnosis. Dr Barry McGrath from Limerick was misdiagnosed until his 30s, having started showing symptoms in his teens.

"There is a belief that this is a rare disease," said Dr McGrath, who manages Hidradenitis Suppurativa Ireland, an online community of HS patients in Ireland. "Whereas the real truth is that people are suffering silently and with little support because of a lack of HS understanding among health professionals."

Anyone who believes they might be experiencing HS symptoms is encouraged to speak to their healthcare provider or alternatively reach out to the Irish Skin Foundation for advice.

World HS Week 2021 will take place from June 7-12.



## ARAG LEGAL

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If you are asked for your insurer on the call, simply indicate that you are covered by the scheme as INMO union member. You do not need a separate insurance package to access the service.

Legal Advice & Domestic Assistance Helpline

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Counselling Helpline

**1850 670 407** or (01) 881 8047



Irish Nurses and Midwives Organisation  
Working Together

[www.arag.ie](http://www.arag.ie)



# Former NMBI president Anne Carrigy appointed to HSE Board

FORMER NMBI president Anne Carrigy has been appointed to the board of the HSE following a public appointment services campaign for additional board members.

Welcoming Ms Carrigy's appointment, as well as that of fellow appointee Brendan Whelan, Health Minister Stephen Donnelly said: "I am delighted to welcome Anne Carrigy and Brendan Whelan to the HSE board. Both will take up challenging but important positions at this time.

"The board is central to strengthening governance and contributes to enhanc-

ing the oversight and performance of the HSE. The pandemic is our focus and by ensuring the full capacity of the HSE board, I am ensuring that they will be in the best possible position to tackle the challenges of reform and re-organisation that will accelerate in the coming months and years."

Having specialised in intensive care, Ms Carrigy moved into nursing management as director of nursing at Mater Misericordiae University Hospital before joining the HSE as director of the serious incident management team. She sub-

sequently became national lead, acute hospital services with the HSE.

Ms Carrigy has previously served on national and international boards and committees, including as president of the NMBI and the European Federation of Nursing Professions. She has also served on the Medical Council of Ireland, on the board of HIQA and on the governing body of Letterkenny Institute of Technology.

Ms Carrigy was appointed under the provision requiring the candidate to have practised as a member of a health profession.

## ICN warns of nursing exodus due to pandemic

NEARLY one in five national nursing associations (NNAs) have reported an increase in the number of nurses leaving the profession, according to an ICN survey.

According to the ICN, 90% of its associations are somewhat or extremely concerned that heavy workloads, insufficient resources, burnout and stress are the factors that are driving that exodus.

ICN president Annette Kennedy said: "I am deeply concerned about the state of the nursing profession, the mental and physical trauma nurses have endured over the past year and the many who may suffer post-traumatic stress.

### Experience gap

The ICN has warned that even if governments invest in training new nurses now, it will take at least three years for them to become registered nurses, meaning they will be novices who will need time to replace the more experienced nurses who are currently leaving.

Ms Kennedy said: "The strain that nurses are under is unacceptable. It is no surprise that so many are feeling the pressure and deciding that they can no longer continue in the jobs they love. When dedicated and experienced nurses call time on their profession, it is a clear indication that something is seriously wrong. Nurses cannot be expected to continue if they are overworked and undervalued."

## Irish Thoracic Society expresses concern about potential rise in TB numbers

THE Irish Thoracic Society is calling on the government to take action to combat the health, social and economic impact of tuberculosis (TB) and to bring Irish TB services in line with European standards.

The society has joined a global call for accelerated efforts to end TB by 2030 and to mitigate the toll that Covid-19 is taking on TB services worldwide.

Ahead of World TB Day in March, the society outlined five actions that it says the Irish government should take, including the appointment of a national TB controller, a national TB screening programme for high-risk groups, investment in contact tracing and surveillance activities and an education and awareness programme for healthcare professionals and the public.

As the world continues its battle against Covid-19, TB remains one of the world's deadliest infectious diseases and is the ninth leading cause of death worldwide, with nearly 4,000 people dying of TB daily.

Global efforts to combat TB have saved an estimated 63 million lives since 2000. In Ireland, 267 cases of TB were notified to the Health Protection Surveillance Centre in 2019.

Covid-19 continues to divert medical resources and attention away from providing life-saving diagnosis, medicine and care to people suffering from TB world-

wide. In addition, drug-resistant and multi-drug resistant TB pose a significant threat



to gains made, making the fight against TB ever more complex and challenging.

According to Dr Marcus Butler, consultant respiratory physician and vice president of the Irish Thoracic Society, Ireland's TB services are struggling to protect those most susceptible to contracting TB, eg. homeless people and migrants.

"Sub-standard and overcrowded living conditions, poor nutrition, drug and alcohol misuse, as well as a weakened immune system due to other illnesses are all factors associated with increased risk of acquiring TB. Covid-19 has worsened these conditions for many, while bringing many more below the poverty line for the first time," said Dr Butler.

"The likelihood of rising TB cases as a result of the pandemic comes against the backdrop of increased pressure on health services, re-allocation of staffing resources and reduced numbers of people presenting with their symptoms due to Covid-19 restrictions.

"All of these factors are storing up an unprecedented TB crisis for a resource-starved service on top of an already complex and demanding, albeit largely hidden, public health threat."

# Healthcare Workers and Preventing Facial Pressure Injuries<sup>1</sup>



WaterWipes® is proud to have been part of a clinical trial to determine the impact of a specially designed care bundle for frontline healthcare workers wearing full PPE, which resulted in a reduction of skin injuries from 29% to 8%.

WaterWipes® are 100% **biodegradable**<sup>2</sup>, and continue to be made with just two ingredients, 99.9% water and a drop of fruit extract.



<sup>1</sup> Moore Z, et al. Facial pressure injuries and the COVID-19 pandemic: skin protection care to enhance staff safety in an acute hospital setting. J Wound Care. 2021;30(3)

<sup>2</sup> Within 12 weeks in an industrial setting/plant in accordance with EN13432. Wipe material.

# Avoiding PPE facial pressure injuries

A RECENT study has found that a new 'care bundle' can reduce the incidence of facial pressure injuries in frontline COVID-19 healthcare workers caused by the prolonged wearing of personal protective equipment (PPE).

The study, led by researchers from RCSI University of Medicine and Health Sciences Skin Wounds and Trauma (SWaT) Research Centre, is published in the current issue of the *Journal of Wound Care*.

The research took place among healthcare workers in a large acute hospital in Ireland over a two-month period. In the study approximately 300 frontline staff were provided with a care bundle, which was designed in line with international best practice and consisted of face cleansing material (WaterWipes), moisturising balm (Eucerin Aquaphor), and protective tape (Mepitac Tape).

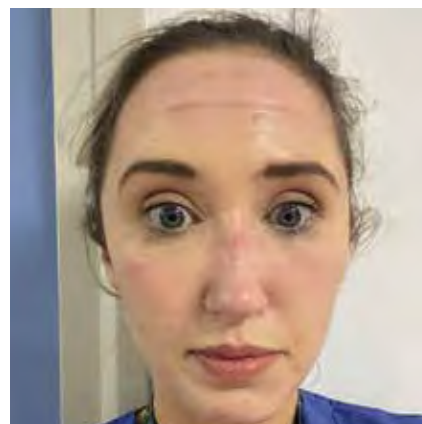
Results showed that prior to using the care bundle 29% of respondents developed a facial pressure injury, whereas after using the care bundle only 8% of respondents developed such an injury. The analysis

revealed that when using the care bundle, staff were almost five times less likely to develop a facial pressure injury. In a secondary finding, respondents reported the bundle as easy to use, safe and effective.

Prof Zena Moore, director of the SWaT Research Centre and head of RCSI School of Nursing and Midwifery, was lead researcher on the study.

Prof Moore said: "We are acutely aware of the facial injuries, such as pressure ulcers, bruises and skin tears that healthcare workers are experiencing due to the prolonged wearing of protective equipment during the pandemic and especially the wearing of medical face masks. These injuries can be painful for staff and injuries in some cases can put them at increased risk of infection.

"This study is the first of its kind carried out at the height of the pandemic in an effort to help mitigate the occurrence of facial pressure injuries. The results tell us that when skincare is prioritised, and a systematic preventative care bundle approach is adopted, there are clear benefits for the frontline workers and the



Natalie McEvoy, clinical research nurse in anaesthesia and critical care at RCSI, showing the facial injuries she experienced after wearing PPE for a prolonged period

workplaces involved."

The research was carried out by researchers from the SWaT Research Centre at RCSI in collaboration with skin care companies, WaterWipes and Beiersdorf. Both WaterWipes and Beiersdorf contributed in-kind products including cleansing wipes and moisturiser respectively. Fleming Medical in Limerick, Ireland, distributed the tape.



Irish Nurses and Midwives Organisation  
Working Together

## NURSE REPRESENTATIVE TRAINING Dates for 2021



INMO are delighted to announce that training for new and existing nurse representatives will now take place online. The aim of this training is to provide members with the skills, knowledge, and confidence to represent members in the workplace.

Current arrangements exist for affiliates of the Irish Congress of Trade Unions to receive time off to attend such training for members.

### BASIC TRAINING

(for those who have not previously received any training in their role)

- **MAY - 18th, 19th & 20th**
- **SEPTEMBER - 1st, 2nd & 3rd**

### ADVANCED TRAINING

(for those who have completed the basic training course)

- **JUNE - 15th, 16th & 17th**

For further details please contact Martina on [martina.dunne@inmo.ie](mailto:martina.dunne@inmo.ie).

All meetings and conferences listed below will take place online

## April

### Tuesday 13

Radiology Nurses Section meeting. 7.30pm via Zoom

### Wednesday 14

Operating Department Nurses Section meeting. 7pm

### Tuesday 20

Care of the Older Person Section meeting. 2pm via Zoom

### Thursday 22

Retired Nurses Section meeting. 11am via Zoom

### Thursday 22

Assistant Directors Section meeting. 2pm via Zoom

### Saturday 24

Public Health Nurses Section meeting. 11am

### Monday 26

National Children's Nurses Section meeting. 11am via Zoom

### Tuesday 27

Telephone Triage Section meeting. 11am via Zoom

## May

### Tuesday 11

Clinical Placement Co-ordinators Section webinar

### Thursday 13

Student Allocation Liaison Officers Networking Group meeting. 12pm via Microsoft Teams



## INMO Membership Fees 2021

A Registered nurse/midwife (including part-time/temporary nurses/midwives in prolonged employment)	€299
B Short-time/Relief This fee applies only to nurses/midwives who provide very short term relief duties (ie. holiday or sick duty relief)	€228
C Private nursing homes	€228
D Affiliate members (employed in third-level institutes)	€116
E Associate members (not working)	€75
F Retired associate members	€25
G Student nurse members	No Fee

## Condolences

- ❖ INMO members and staff were deeply saddened by the untimely passing of nurse Josephine Ubas. Josephine worked in St Vincent's University Hospital where she was an INMO rep. She previously worked in Beaumont Hospital and established great friendships in both hospitals. Her tireless work on behalf of her colleagues and her profession was inspirational and her loss will be felt by all who met her. We extend our deepest sympathies to her partner, Dermot, her mother Josefina and all of her family in her native Philippines.
- ❖ The INMO extends its deepest sympathies to the family and friends of Bernadette Carpenter who worked in the Mater Hospital, Dublin. Ms Carpenter was a pioneer in advocating for the advanced nurse practitioner role throughout her career and was loved by the many colleagues whose lives she touched. May she rest in peace.
- ❖ Everyone at the INMO wishes to extend their deepest sympathy to Lisa Moyles from the INMO media team on the recent passing of her father, Padraic Cawley. We extend our sincere condolences to her mother Bernadette and brothers Darren and Aidan. *Ar dheis Dé go raibh a h'anam.*
- ❖ The Cavan Branch of the INMO wishes to extend deepest sympathy to Louise Henry on the sudden passing of her husband, Ciaran. The Branch also offers its sympathy to our retired member, Bernie Mckenna, who also lost her husband, Dominic, after a long illness. May they both rest in peace.

[www.nurse2nurse.ie](http://www.nurse2nurse.ie)

# WIN Recruitment & Training

Mailed directly to Irish nurses and midwives every month

Acceptance of individual advertisements does not imply endorsement by the publishers or the Irish Nurses and Midwives Organisation

## WIN

Don't forget to mention *World of Irish Nursing and Midwifery* when replying to advertisements

Next issue: May 2021  
Advertisement booking  
deadline:

Monday, April 19  
Tel: 01 271 0218  
email: [leon.ellison@medmedia.ie](mailto:leon.ellison@medmedia.ie)

## Irish Nurses Rest Association

A Committee of Management representing the Guild of Catholic Nurses of Ireland, the Irish Nurses and Midwives Organisation, the Association of Irish Nurse Managers and Director of Public Health Nursing exists to administer the funds of the Irish Nurses Rest Association.

It is open for applications from nurses in need of convalescence or a holiday for a limited period who are unable to defray all expenses that they may incur, or for the provision of grants to defray any other expenses incurred in purchase of a wheelchair or other necessary medical aids.

Please send applications to:  
Ms Margaret Philbin, Rotunda Hospital, Dublin 1.  
email: [mphilbin@rotunda.ie](mailto:mphilbin@rotunda.ie)



## ICN Congress

Nursing Around the World

2-4 November 2021

# NURSING AROUND THE WORLD

The virtual meeting place of the world's nurses



[www.icncongress2021.org](http://www.icncongress2021.org)

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## Are you involved in nurse and midwifery education?

If so, do you want to join the nurse and midwifery education section?

Contact [membership@inmo.ie](mailto:membership@inmo.ie) to align to the section.



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# 5 Day PROGRAMME

Sept - Tues 28 Day 1  
Wed 29 Day 2  
Thurs 30 Day 3  
Oct - Tues 12 Day 4  
Wed 13 Day 5

9.30am to 5.00pm

**30** NMBI  
CEUs

Module 6N3326 - QQI Level 6  
Category 1 Approved by NMBI

# Training, Delivery and Evaluation

SEPT / OCT 2021

This five-day course "Training Delivery and Evaluation" 6N3326 award will equip the nurse/midwife with the knowledge, skills and confidence to plan, deliver and assess learning and evaluate training provision. This course would suit every nurse/midwife working with student nurses in a clinical learning environment and also in centres of nurse education.

A wide range of training methods, including role-play, small group work, case studies, action learning and forums will be used to enhance the learning process. The course aims to foster and share the rich and diverse knowledge and skills of participants whilst providing them with the expertise and confidence to impart their knowledge effectively.

The course is delivered over five days from 9.30am to 5.00pm each day.

This training will lead to QQI level 6 component certificate in Training, Delivery and Evaluation (formally Train the Trainer FETAC 6) and it carries 15 ECTS (European Credit Transfer and Accumulation System). Throughout the programme, trainer support is also available for each nurse/midwife attending the course.

This programme is also category 1 approved by the Nursing and Midwifery Board of Ireland (NMBI) and awarded 30 continuing education units (CEUs).

## HOW TO BOOK

A non-refundable deposit of €100\* must be made to reserve a place. \*Payment in full must be made prior to **Friday, 3 September 2021.**



**INMO Members**

**€550**

before Friday,  
20 August 2021

after this date

€625 INMO members  
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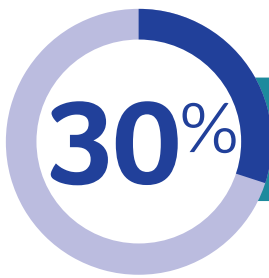
**EARLY BIRD  
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**FOR MORE INFORMATION CONTACT:**

**Tel: 01 6640642 | Email: [education@inmo.ie](mailto:education@inmo.ie)**

Please note: This training is due to take place online, pending further review closer to the time and government's guidelines.



of infants experience symptoms of regurgitation<sup>1</sup>

# WHY MEDICATE? TRY NUTRITION FIRST.

For bottle-fed infants with frequent regurgitation

## ESPGHAN\*

March 2018

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the feeding history.

REDUCE

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a thickened formula.



Clinically proven to reduce infant regurgitation episodes by **78%**<sup>2</sup>

**Aptamil Anti-Reflux** is a thickened formula for the dietary management of reflux and regurgitation in bottlefed infants

**AVAILABLE IN RETAIL AND PHARMACY OUTLETS**

\* European Society for Pediatric Gastroenterology, Hepatology, and Nutrition

References: 1. Vandenplas Y et al., *J Pediatr Gastroenterol Nutr* 2015; 61(5): 531–537. 2. Wenzl TG et al. *Pediatrics* 2003;111:e355–9.

**IMPORTANT NOTICE:** Aptamil Anti Reflux is a food for special medical purposes for the dietary management of frequent reflux and regurgitation. It should only be used under medical supervision, after full consideration of the feeding options available including breastfeeding. This product should not be used in combination with antacids or other thickeners and is not suitable for premature infants. Suitable for use as the sole source of nutrition for infants from birth and as part of a balanced diet from 6 months.

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