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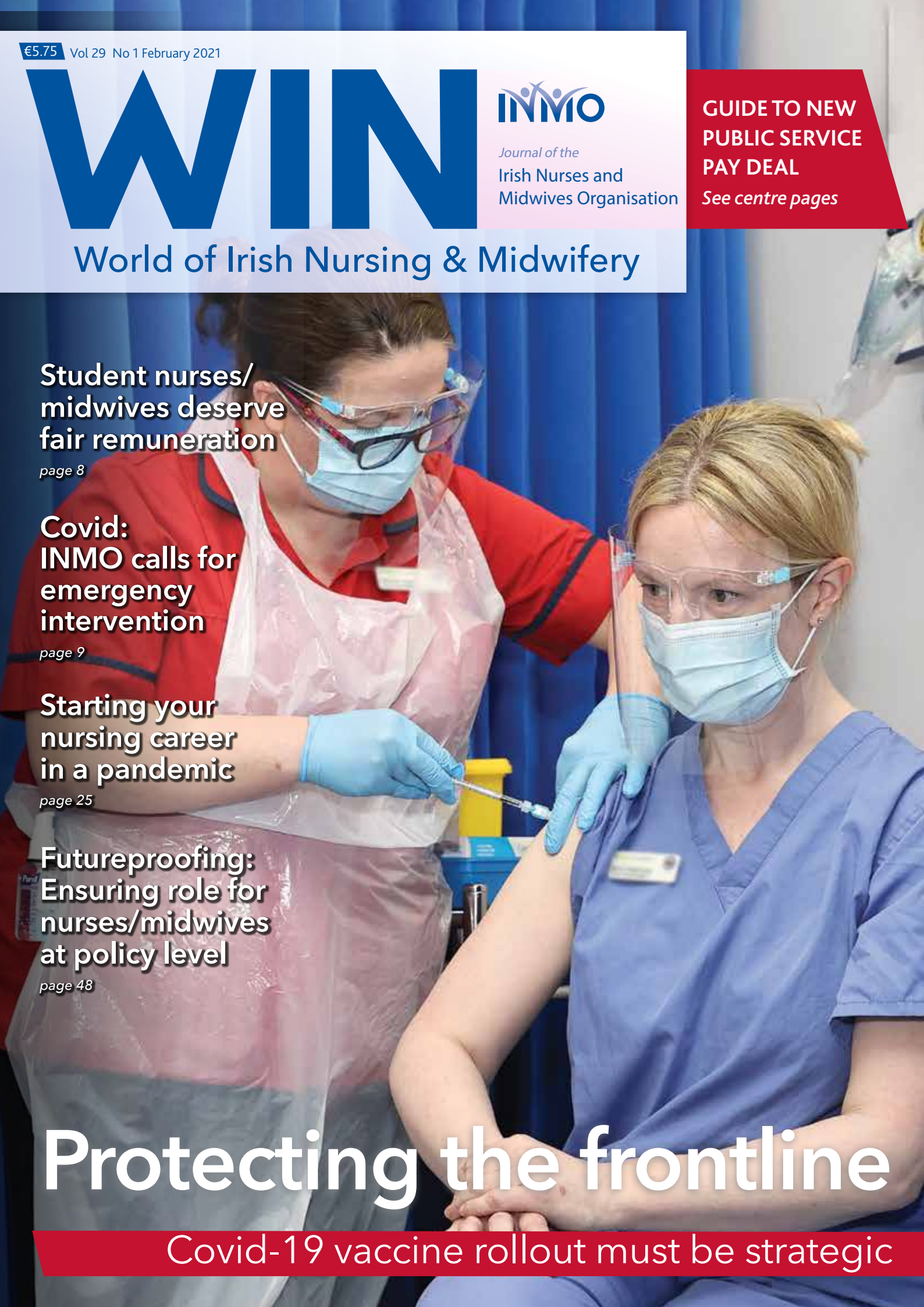
WIN

World of Irish Nursing & Midwifery

INMO
Journal of the
Irish Nurses and
Midwives Organisation

GUIDE TO NEW PUBLIC SERVICE PAY DEAL
See centre pages



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Covid-19 vaccine rollout must be strategic

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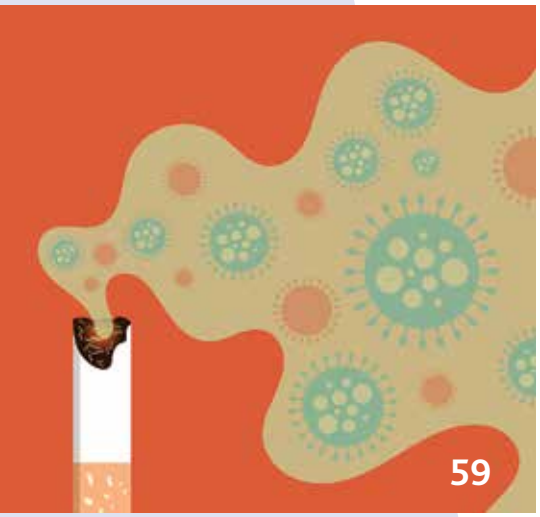

On the cover this month (l-r): *Deborah Cross, CNM3 SACC directorate, surgical area and Bernie Waterhouse, CNM2, Covid ward, St James's Hospital Dublin on December 29, 2020, the day Ireland's first Covid-19 vaccine was delivered. The first recipient was a 79-year-old patient in Dublin, followed by healthcare workers, including an ICU nurse and a Covid ward nurse*

Photo credit: Marc O'Sullivan

NEWS & VIEWS

SPECIAL FOCUS

FEATURES

CLINICAL

LIVING

JOBS & TRAINING

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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.

INMO
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Working Together

The Irish Nurses and Midwives Organisation supports breastfeeding
For more information log onto www.breastfeeding.ie

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A year of challenge and pride

IN THE past 12 months, across the globe, pressure on nursing and midwifery care has been the burning issue. Wave after wave of the pandemic has stretched and strained our capacity to care to the absolute limit and beyond.

The virus threw down a gauntlet, one that was readily picked up by armies of nurses and midwives. They turned up to work, took the virus by the scruff of the neck and fought for the lives of their patients.

As nurses and midwives around the world stood on the front line, their one overriding concern was to provide care – turning up, caring, saving lives and supporting the dying in the absence of their loved ones. All of this continues on an ongoing basis in the most difficult of circumstances.

This was, and remains, a terrifying time. We face fear of workplace infection, fear of bringing the infection home to our families and friends, and serious concerns in our employers' ability to keep us safe.

This fear is real and present, but it has not deterred nurses and midwives from the job at hand. The resolve, bravery, professionalism and the humanity of our nurses and midwives is more apparent than ever, as they provide not only professional care, but crucially the human support and touch that was hitherto provided by visiting family and friends. It has been, and continues to be, simply incredible.

We lead by our actions: the job needed to be done and we got on with it. When this period is over, the responses and actions of various groups will be remembered and remarked upon. This includes decisions made by government, employers and others across our society. When we reflect on our training and our roles, one thing stands out: we should be immensely proud of our professions.

Any reviews of the past year will reflect very well on the contributions of the nursing and midwifery professions. We will continue, united, to fight for the conditions, pay and respect we deserve. Indeed, many of our criticisms are that our roles are not recognised fully, not remunerated fairly and that we are not given the authority to decide how we provide care.

Over the past year, we have readily met the challenge presented to us by the pandemic. On International Nurses Day last May, Ireland's President, Michael D Higgins put it well when he said: "For those who choose to work as nurses and midwives, it means encountering the pain, suffering, fear, anxiety and exhaustion of patients, their families and loved-ones, as well as their joy and relief – the full gamut of human emotions.

"The work nurses do in helping [patients] on that demanding journey is often invaluable, making a frightening and challenging time easier by your compassion and care.

"As we emerge from this crisis, it is vital that we also embed the hard-earned wisdom from the Covid-19 pandemic in whatever form of society and economy emerges. It will require a cognitive transformation in how we regard the state and public expenditure in areas like health, which have often been presented myopically as a cost, a burden.

"We have all gained hard-won wisdom with regard to the value of frontline workers, such as nurses, and those providing essential services across the economy. It would be so regrettable, egregious even, if, through some form of collective amnesia, we as a society were ever to disregard or forget your heroic efforts, and revert to where we were before the pandemic – a society that sometimes failed to value you fully."

This final paragraph from Michael D Higgins underlines the changes that must be realised by government. Those on the frontline must be adequately recognised and valued. We have continued to show up and to deliver on a daily basis. Our work is vital and our worth undeniable.

Phil Ní Sheaghdha
General Secretary, INMO

Irish **Nurses** and **Midwives** Organisation

Working Together

Covid-19

Take care of yourself at this time

Your employer has a responsibility to protect your health, safety and wellbeing at work. Given the extraordinary situation in dealing with the COVID-19 emergency, below are some tips for looking after your own self-care during these times.

Tips

Maintaining your energy levels and personal reserves is a major factor in helping you cope and preventing exhaustion during the current crisis.

Physical Wellbeing

- Maintain a healthy lifestyle: keep hydrated, eat and sleep well, and exercise
- It is important that you take 'at work' breaks
- Don't feel guilty about taking your days off
- Avoid negative coping strategies - excess alcohol, tobacco or other drugs.
- If you are coming off a long shift and do feel too exhausted to drive take a rest before driving and follow the advice of the RSA: pull over in a safe place, sip coffee and sleep for 15 minutes.

Emotional and Psychological Wellbeing

- Your stress levels and psychosocial wellbeing are as important as your physical health
- Remember it is normal to feel sad, stressed, anxious or overwhelmed during a crisis. These feelings are no reflection on your ability to do your job.
- Watch out for signs of stress
- Use strategies that have worked for you in the past to manage stress rather than learning new ones.
- Minimize watching, reading or listening to news about COVID-19 that causes you to feel anxious or distressed.
- Seek information updates, from trusted sources, at certain times of the day rather than a constant stream: www.inmo.ie/Covid19, www.gov.ie/, www.hse.ie

Social Wellbeing

- The support and contact with family, friends and colleagues at this time is vital.
- Some nurses and midwives may have to minimise direct contact with family and friends. If possible, staying connected with your loved ones, for example using video messaging.
- Remember to plan and enjoy contact with family and friends (even if it is virtual).

Support

- Talk to someone you trust or seek assistance from a counsellor
- If you feel you require further support. You can contact the INMO Members 24 Hour Counselling Helpline 1850 670407 or 01 8818047.
- Support is also available from the HSE Employee Assistance and Counselling Services https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/

PPE

- Staff should have the protective and medical equipment they require to do their jobs safely and professionally. If you are experiencing any issues around PPE, **please contact the INMO's PPE freephone hotline on 1800 320 087, or text 087 719 7188.**

Sources: WHO, 2020; RCN, 2020, www.hse.ie

BEFORE LEAVING WORK
Shower if possible and change out of work clothes

ARRIVING HOME
Wipe steering wheel, controls and door handles

AT FRONT DOOR
Pause, Breathe, Reset, Take your time

KNOCK ON DOOR
Open from inside - Step in

PLASTIC BOX AT DOOR
Doff your work/commute shoes, outer clothes/ coat/bag, keys, pens and glasses. Wipe down with damp soapy cloth

PHONE
Kept at work in clear zip lock bag. Empty out of bag into box - wipe phone clean and throw the bag away

WORK BAG
Has to be machine washable - keep in a locker at work and a box by the front door at home

WALK STRAIGHT TO SINK/SHOWER
Don't touch doors, get someone else to open them for you. Wash or shower especially hands, arms and face with soap and hot water

YOU ARE CLEAN
Relax and enjoy your evening

The INMO Representing and Advocating for Nurses & Midwives during the COVID-19 Emergency

Nursing now Ireland

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

NURSES A VOICE TO LEAD

A positive focus with the president

Karen McGowan, INMO president

Looking after each other

I HOPE you all had some form of a break over the festive period and have settled back into lockdown. Nurses and midwives really have sacrificed the most during this pandemic. We are in difficult and stressful times but with vaccinations being rolled out, it gives us hope. Please mind each other mentally as well as physically during this intense time. This month we are discussing the inception of midwifery-led units and specifically we are looking at the Midwifery-Led Unit (MLU) in Drogheda.

Midwifery-Led Unit in Drogheda

THIS month I spoke to Mairead Martin, CMM2 from the MLU in Our Lady of Lourdes Hospital (OLOL), Drogheda. The units were set up in Cavan and Drogheda in 2004 to cover Monaghan, Cavan, Louth, Meath and North Dublin. Ms Martin was there for the first booking on July 4, 2004. She originally worked in the Louth County Hospital maternity unit, but when midwifery services in Louth and Monaghan hospitals closed in 2001 the pilot MidU study was carried out and the MLU was subsequently set up. Some 1,700 women participated in the study which showed midwifery-led care to be as safe as consultant-led services. It showed increased levels of satisfaction in patients and increased job satisfaction in staff. Cost savings were also noted.

A small team of experienced midwives set up the MLU. Working within the guidelines they put women at the centre of the service. Women attending OLOL Drogheda are given the choice of attending the MLU and so far, approximately 4,400 have birthed there. Not all women are eligible for MLU care, but they have seen about 28% of those who attend the hospital.

Ms Martin told us: "It was a real leap of faith into the unknown. The end game is the safe delivery of healthy babies and happy mums. We try and make birth magical."

The ethos is women centred. The service is based around their needs. It gives them choice and helps them achieve their birth aspirations. Everything is driven by safety. They have had overwhelmingly positive responses from those who have attended. The MLU provides over 4,000 antenatal clinic appointments every year and last year it saw over 760 clients. The MLU offers the full continuum of care. Having recently reviewed their guidelines, the unit can now provide care for a greater cohort of women. Increased funding has allowed them carry out a recent refurbishment of the unit too - *see photo above*.

The unit has a new candidate advanced midwifery practitioner and hopes through guideline review and staff education, to facilitate water births and greater care in the home in future. Ms Martin strongly believes all expectant parents should have access to equitable care regardless of where they live. She loves to help train student midwives and enthuse them about the benefits of midwifery-led care.

"When I leave, I want to see people who are just as enthusiastic as I am to keep the service going and progress midwifery care, to keep the heart beating for the women and babies of the North East."

For further details on the above see **www.inmo.ie/President_s_Corner**

Executive Council update

THE Executive Council met twice in emergency session in mid January in relation to the pressures experienced by members as a result of the Covid-19 pandemic. Members spoke of the difficulties encountered, with understaffing and childcare dominating the meeting. A responsive approach is required now as the numbers are at an all-time high. We believe that an escalating protocol is necessary to deal with the pressure we are working through.

We are a workforce of predominately female workers and school closures have impacted hugely on nurses and midwives being available for work. We need to know that this issue is being addressed and that our families are being cared for while we continue to work. The Executive Council recommended a series of safety protocols to the HSE to improve conditions at work.

The Executive Council called on the HSE to deliver on a five-point "emergency intervention" as it is clear from talking to members that the system is overloaded and staff are on their knees *(see page 9)*. At the time of writing a meeting was due to be held with the HSE.

The work of the INMO national health and safety rep Karen Eccles is ongoing and this role now more than ever will be pivotal in changing practice. Such roles need to be embraced and each area of work needs to nominate a representative for their area. They will be supported by the national rep. Health and safety has never been more important for members *(see page 17)*.

The timing of the code of practice for biological agents will strengthen the role as Covid-19 is included in it and now has the force of law behind it.

The 2021 INMO annual delegate conference will take place in an online format. Please bear that in mind as you organise your branch/section AGMs.

Get in touch

You can contact me at INMO HQ at Tel: 01 6640 600, through the president's blog on www.inmo.ie or by email to: president@inmo.ie

Students repeat call for fair deal as government examines obsolete report

IRELAND'S student nurses and midwives have reiterated calls for fair remuneration, as a report on their situation was considered by government, at the time of going to press.

The Collins Report heard testimony in December, but INMO student representatives say that the frontline situation has changed completely since then, as a new wave of the pandemic had taken hold.

At time of going to print, a last-minute decision by the Department of Health saw placements suspended for first to third year students for at least two weeks, while final-year interns would continue to work for low pay (€10.70 per hour).

At a meeting of over 40 INMO student representatives to discuss the suspension, students expressed frustration at being "left up in the air", facing uncertainty over the coming months.

They called on the Minister for Health to return to a scheme similar to that in March, which includes:

- Offers of healthcare assistant (HCA) contracts for all students whose placement is suspended
- Moving interns up to HCW pay in recognition of their increased workloads and risk
- Clarity on what will happen to placements over the coming months.

Nursing and midwifery students strongly criticised the report into their treatment during the pandemic released early last month, which was overseen by education expert Prof Tom Collins, former chair of the Dublin Institute of Technology governing body.

Student representatives said that the report does not reflect the high-Covid risk that student nurses/midwives have been exposed to during placements and internships, nor the work they have been asked to do during the pandemic.

The report does not address any issues for final year interns and proposes a €100 per week temporary grant for those students on placement.

INMO general secretary Phil Ní Sheaghdha said: "There is still time for the Minister to do the right thing. Offer the students contracts as healthcare assistants to boost staffing, and move up interns' pay to reflect their new workloads and risks.

"Our student members tell us they feel left up in the air. Last minute decisions are being made about their placements, with no clear plan in place for the future.

"They are thanked for their work so far, but the thanks ring hollow when their reasonable demands for fair remuneration go unanswered.

"Many students tell us that they want to make a direct contribution to the fight against Covid, and are seeking healthcare assistant contracts while their placements are suspended.

"Our interns rightly feel abandoned. They continue to work for miserly wages, facing increased workloads, huge Covid risks, and weakened support."

Speaking about the report, Ms Ní Sheaghdha said: "Student nurses and midwives have been doing incredible work on the frontline. They engaged in this process in good faith and are deeply disappointed in this report.

"The Covid situation has deteriorated rapidly. This report is already obsolete and no longer reflects the risk or work that students face."

Student nurses and midwives had cautiously agreed to engage with the independently verified reviews of their remuneration and conditions, which was proposed by the government.

The two-part review was offered by the Minister for Health in response to the INMO's ongoing campaign for student nurses and midwives to be remunerated for their work during the pandemic.

The first review focused on the immediate short term, and reported back to the Minister in early January.

The second review, to take place in January and February, is to look at longer-term issues beyond the pandemic, with a view to implementation in the next academic year, ie. starting September 2021.

Last-minute decision to suspend student placements

THE INMO is seeking clarity on the Department of Health's last-minute decision to suspend all nursing and midwifery student placements for first to third years for at least two weeks from January 18, 2021.

This decision was announced late on a Saturday evening, with immediate cancellation of placements, many of which had already commenced, for thousands of student nurses and midwives across the country.

The Department claimed the temporary suspension of these student placements would free up clinical placement co-ordinators, practice co-ordinators, as well as nurses and midwives working in other educational and policy development roles, so they can support the HSE at this challenging time.

The students whose placements have been affected will not have to repay this placement time later in order to qualify.

The Department stated that these students will not be offered temporary healthcare assistant (HCA) contracts over this period, as they were earlier in the pandemic.

Student nurse/midwife internship placements are not affected. These fourth-year students will continue with the appropriate education and support infrastructure in place.

Final year students in their internship are continuing to work over this period, but the INMO is seeking that their pay be increased to the HCA grade, as it was in March 2020. The union believes this would better reflect the workload and risk those final-year interns continue to face in hospitals throughout the country.

As we went to press, INMO student representatives were meeting to discuss the plans and set out their reaction.

INMO general secretary Phil Ní Sheaghdha said: "This was a last-minute decision and further clarity is needed. Students have been put in incredibly risky situations with no pay and weakened protections.

"Those interns who are being asked to continue working need to be valued properly."

INMO Executive calls for five-point emergency government intervention

WITH hospitals throughout the country faced with dangerous levels of understaffing combined with increasing numbers of Covid cases, an emergency meeting of the INMO Executive Council last month called for urgent government intervention in the health service as well as "critical emergency" protocols in the HSE to deal with the pandemic.

The INMO called for the following five-point intervention:

- Increased safety standards, including to upgrade the level of PPE in healthcare settings to FFP2 masks, and an end to the policy of allowing asymptomatic close contacts return to work
- Private hospital capacity to be fully nationalised into the public system (since acted upon)
- Childminding provision to allow parents of schoolchildren attend work. This could take the form of partial school reopening for families of healthcare workers (HCWs) or an expansion of after-school care
- HCW vaccination priority to be continued, with a latest date set for when all HCWs will have received the vaccine

INMO president Karen McGowan: *"A new level of crisis demands a new approach"*

- Protections and pay for nursing and midwifery students and interns who faced high Covid risks on no/unacceptably low pay, in many cases without necessary employment rights and protections.

The union pointed to staff rosters "decimated" by Covid absences, surging patient numbers and a lack of childcare for frontline staff. Throughout the pandemic, one in 20 Covid cases has been a nurse or midwife, and more than 2,500 HCWs a week are getting the virus.

INMO president Karen McGowan said: "The staffing situation has reached dire levels in many hospitals. I am getting constant reports from colleagues across the country speaking of wards closing, rosters unfilled, and services under pressure and unmanageable workloads.

"The INMO's Executive Council is evaluating these demands on our members and the personal toll this is taking on them. The government does not seem to understand the severe staffing pressures happening at the moment."

New critical emergency protocol is needed

The INMO Executive Council also called on the HSE to ramp up critical emergency safety protocols, to include measures such as:

- Drastic reductions in footfall throughout hospitals
- Additional PPE provision and requirements
- 24/7 senior management presence across the health service
- Improved daily communications with staff
- Acknowledgement of organisational responsibility for systemic risks over which staff have no control
- Additional engagement with staff representatives such as the INMO.

Ms McGowan said: "A new level of crisis demands a new approach. The HSE needs to upgrade its protocols and safety measures urgently to take account of the rapid growth of this virus. The health service we had just last month is now unrecognisable. Staff on the ground are telling us that a drastic upgrade in safety is needed, to protect workers and patients alike."

INMO general secretary Phil Ní Sheaghdha said: "It is time for the HSE to ramp up safety plans and introduce critical emergency protocols.

"During the nursing and midwifery strike in 2019 we held daily meetings with the HSE and across hospitals to ensure that safety was maintained. We need to adopt the same mindset today.

"We have safety protocols that have been tweaked since March of last year – the level of pandemic we face now means many need a total overhaul or serious upgrade. The EU Biological Agents Directive was adopted in Ireland in November. It requires the HSE to risk assess and adopt its approach to staff safety – this is the ask and the requirement."

HCW vaccination priority must not be overtaken

HEALTHCARE workers (HCW) and long-term care residents must continue to be the absolute first priority groups for vaccination, the INMO has warned.

The government's plan for vaccination priority sees elderly care residents and frontline HCWs receive the vaccine first. This is followed by those aged over 70, along with other HCWs not in direct patient contact. This plan was agreed by government in mid-December to relieve pressure on health service staffing, and in recognition of the disproportionate risks HCWs face from the virus.

In the past two weeks for which data is available, 5,019 HCWs tested positive for the virus. Nearly one-quarter of those cases (23%) were among nurses and midwives.

INMO general secretary Phil Ní Sheaghdha said: "Let me be crystal clear. INMO members have co-operated with redeployment and worked dutifully under increased risks, all in the interest of patient safety. To continue this approach healthcare workers must receive the vaccine as a priority.

"There is a vaccination plan. It is agreed, it is clear, and the government should stick to it. Tens of thousands of HCWs have caught this virus. They did so because – even in the times of extreme pressure – they have turned up to work and provided care. This includes students and interns, who have taken great risks on no or low pay.

"It would be frankly obscene if other groups were being vaccinated while HCWs and the most vulnerable elderly go without. The only thing delaying vaccines for HCWs and the elderly should be supply. Rumours that other groups will be placed ahead of HCWs for vaccination are deeply unhelpful to frontline staff. The government should make clear that it is holding firm and sticking to the plan."

See also IR Update, page 13

Nurses at heart of rollout of Covid-19 vaccines across the country

THE ongoing training and expertise of nurses in delivering the routine childhood and annual vaccination programmes are proving essential in delivering the Covid-19 vaccination programme across the health services, the INMO said as the Covid-19 vaccination programme got underway.

It was a nurse who was called upon to deliver Ireland's first Covid-19 vaccine on December 29 in St James's Hospital, Dublin.

The INMO described it as a "proud day for the profession", which showed that "nursing was at the heart of the vaccination project".

The first recipients were a 79-year-old patient in Dublin, followed by healthcare workers, including an ICU nurse and a Covid ward nurse.

Nurses and midwives have made up one in 20 (5%) of all Covid-19 cases in Ireland.

INMO president and advanced nurse practitioner, Karen McGowan, said: "It was a proud day for our profession. Nurses have been at the front of the Covid fight since the virus first arrived. We are now taking these important steps against this horrible virus.

"Nurses and midwives take our responsibilities incredibly seriously. Having fought so hard against this virus, our training and expertise in vaccination programmes are essential in delivering this programme across the health services.

"We remain very focused on reducing infections from this virus and ultimately eliminating its threat to our lives and livelihoods.

"We are turning a corner, but it is still extremely important that everyone follows public health advice in the coming weeks to avoid our health service being overwhelmed."

INMO general secretary Phil Ní Sheaghdha said: "Nursing is rightly at the heart of the vaccination project. One in 20 Covid cases in Ireland have been nurses or midwives. With all our healthcare colleagues, we have worked beyond exhaustion and at great risk to protect patients.

"Today is rightly a day for celebration, but we think of all our colleagues who are still suffering the effects of the virus.

"Leading the fight against this virus around the world, nursing as a profession has suffered many casualties, alongside the many healthcare workers losing their lives on the frontline. At this time we remember all those brave healthcare workers and their families.

"Full vaccination cannot come quickly enough. This battle is not over but the beginning of the vaccination rollout is a very important step towards that day."

Hospitals avail of existing pool of nurse vaccinators

AS ONE of the first hospitals to begin the rollout of the Covid-19 vaccine, St James's Hospital availed of its existing pool of 110 nurses competent in vaccine administration to commence the roll-out. These nurses then trained their colleagues from other disciplines to administer the vaccine.

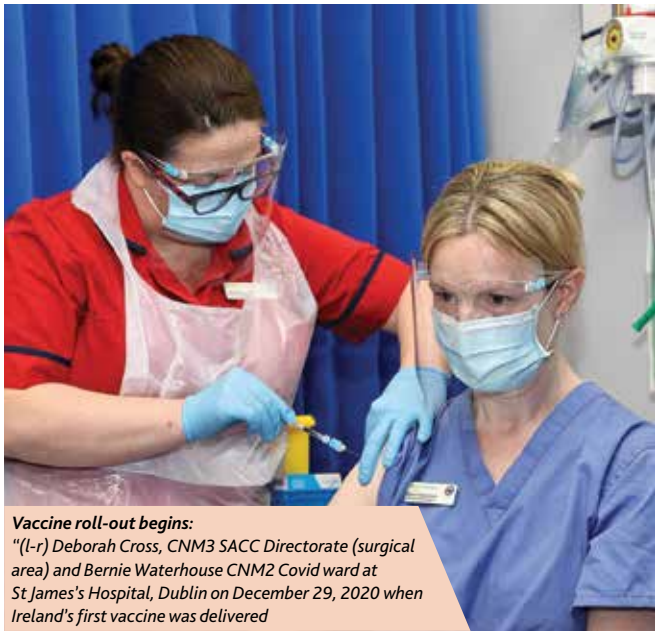
Bernie Waterhouse, CNM2, was the first nurse to receive the vaccine in the country, which was administered by her colleague, Deborah Cross, CNM3. St James's also had the privilege to administer the vaccine to the first patient and first nursing home resident in the Republic of Ireland.

The rollout at St James's was led by director of nursing Sharon Slattery with the day-to-day running of the programme managed by interim assistant director of nursing Grainne McDonell.

Ms Waterhouse said: "I was honoured to be chosen as the first healthcare worker in Ireland to receive the Covid-19 vaccine. I was so happy to receive the vaccine and to be able to see family and friends again without the worry of transmitting the virus to them.

"As I have been working on a Covid-19 ward for eight months my social contacts have been extremely limited for this reason.

"As nurses we have a responsibility to protect ourselves, patients, family, friends and colleagues from Covid-19. In order to control Covid-19 I think that all healthcare workers need to get the vaccine and be leaders and role models for others.



Vaccine roll-out begins: *"(l-r) Deborah Cross, CNM3 SACC Directorate (surgical area) and Bernie Waterhouse CNM2 Covid ward at St James's Hospital, Dublin on December 29, 2020 when Ireland's first vaccine was delivered*

"It is a great step in the right direction in controlling Covid-19. It is a positive end to a difficult and challenging 2020 and a good start to 2021.

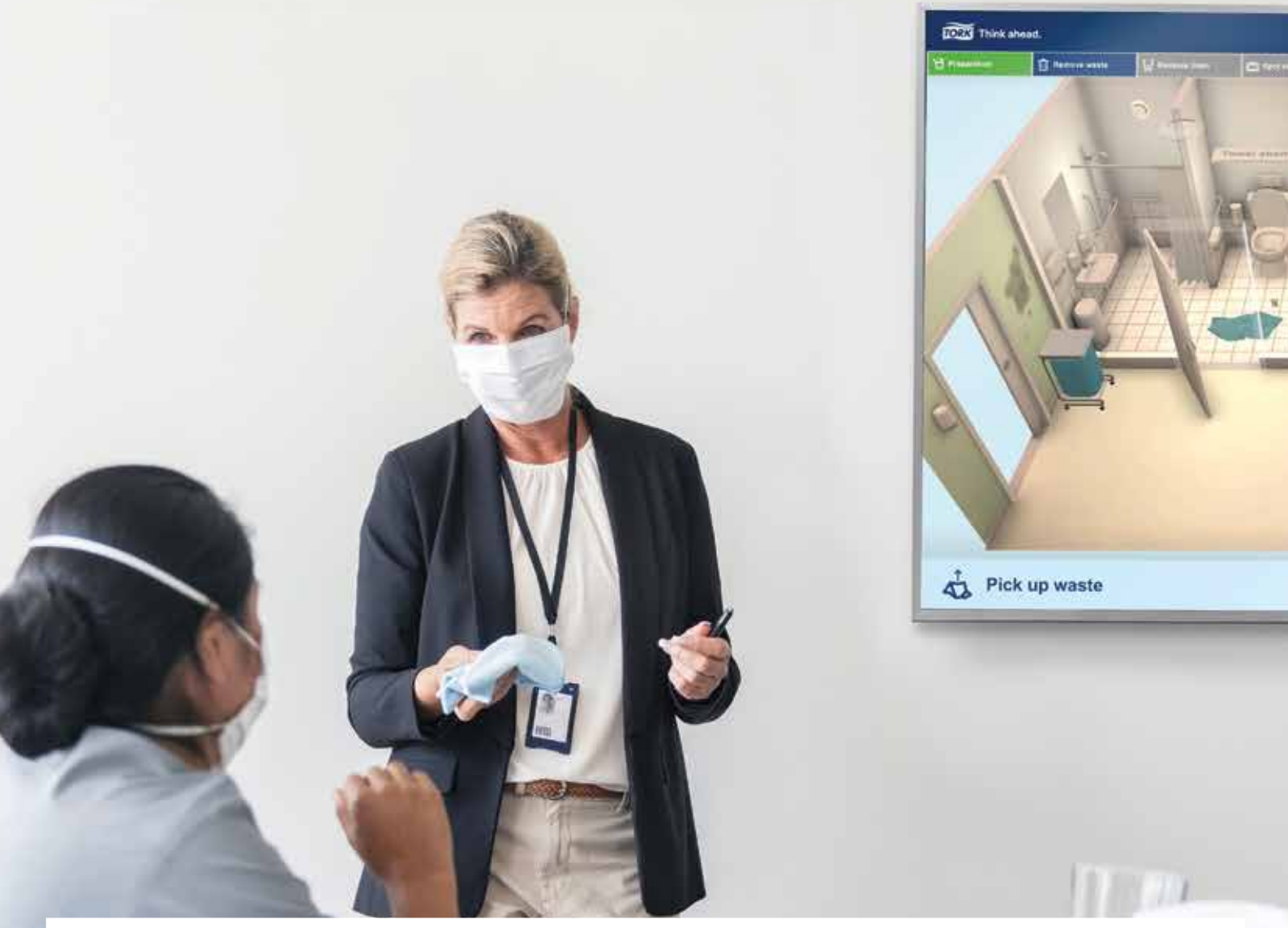
"If people saw what I have seen over the past eight months they would not hesitate in getting the vaccine."

– Mary Rose Carroll, INMO IRO

Guide to new public service pay deal – *see centre pages*

It starts with safe care environments

Prepare your cleaning staff with the right surface cleaning tools



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INMO director of industrial relations Tony Fitzpatrick updates members

New Covid-19 redeployment policy

A REVISED circular and policy on redeployment of staff during Covid-19 infection was agreed with the health sector unions in December 2020. This followed extensive engagement between the HSE and unions and it is important that each section is studied carefully.

The INMO has ensured that there is appropriate engagement and consultation with trade unions on any redeployment situation that may develop because of Covid-19. It should be stressed that the agreed redeployment policy retains terms secured in earlier redeployment policies, despite circulars from the Department of Public Expenditure and Reform which do not grant these entitlements across the public service.

Such enhanced terms in this redeployment policy secured by the health sector trade unions, include, for example: protection of premium payments for nurses and midwives who are redeployed, as well as payment of mileage and subsistence from their normal base.

It should be stressed that redeployment under this policy is strictly limited to Covid-19-related service needs. The rules that apply to redeployment in the Public Service Stability Agreement continue to apply to any redeployment that is not specifically related to Covid-19.

The need to redeploy staff is most obvious during Level 5 of the government Framework arising from high Covid-19 related demands on the health service. However, the HSE needs to be able to respond to adjustments between higher and lower levels and regional/local variations. The policy states that the facility to redeploy staff needs to be retained at all levels during Covid-19 to respond swiftly. However, it will only be invoked in response to Covid-19 service exigencies and for the period required to address the Covid-related service imperative and if employees' scope of practice would allow them to practise in the area to which they are redeployed.

A separate agreement was negotiated in April 2020 on redeployment to private nursing homes, which is voluntary. This is also written into this redeployment agreement.

It is important that members are vigilant and proactive in ensuring that any planning at national or local level as part of emergency plans are prepared with the trade unions to ensure appropriate engagement and consultation.

Where redeployment is necessary, it should be facilitated in the main by the curtailment of non-essential services, to allow the redeployment of those staff to assist in the areas in need.

It is written into the agreement that the "donating site" should not be left short staffed due to a redeployment. For example, in public health nursing, there is a massive child health backlog due to child health visits not being completed for a six-month period. In addition, PHNs have been used in hubs and for swabbing. Therefore, there is a significant workload in their areas, and this must be considered as part of any plan the HSE may develop to redeploy staff.

It is also written into the agreement that HR departments should use retired staff to assist. This is a matter which members could follow up immediately to ensure HR departments are examining the possibility of using retired staff.

Employees may be required to work different hours or in a different location, however, when engaging at local level with the HSE on specific redeployments, it is important that individuals put forward any issues around childcare or caring responsibilities. For example, if a person normally works 8am to 4pm and is being requested to work long days, any need for childcare after 4pm would have to be factored in and accommodated.

It is important that HCWs have an opportunity to rest and recharge. Therefore, if there are attempts to cancel annual leave due to redeployment, you should factor that in with your discussions and engagement with HR. Under the Organisation of Working Time Act, appropriate notice is required on cancellation of annual leave.

The redeployment policy states: "Cancellation of annual and discretionary leave will be considered by the national crisis management team and engagement and consultation will take place with the unions".

Ongoing talks to address Level 5 childcare issues

THE INMO has secured agreement that nurses and midwives who are unable to make alternative childcare arrangements can be designated as working from home and will be paid as normal.

Members do not need to take annual or any other type of leave to cover childcare while schools and childcare facilities are closed due to the pandemic. Circular 02/2021 issued on January 11, 2021 clearly outlines the need for employer flexibility and allows healthcare workers (HCWs) to be designated as working from home and paid accordingly.

The INMO is continuing to seek for schools to open for the children of HCWs and other essential workers, as has occurred in other jurisdictions, and that additional childcare supports be provided to HCWs for childminding to allow them to attend work.

The government and public health decision not to reopen schools on January 6, 2021, resulted in many calls from members on their ability to present for work without appropriate childcare arrangements being in place. Childcare facilities have remained open for essential workers, which is an improvement on the situation that existed in March 2020. However, the INMO has highlighted that a number of childcare services indicated they have difficulty in remaining open due to decreased numbers in attendance. The INMO and other unions have written on behalf of all HCWs to the ministers concerned. The union also met with the Department of health and the Department of Children and Youth Affairs several times last month to secure supports for any additional childminding costs.

Covid vaccine rollout for HCWs

THE commencement of the Covid-19 Vaccination Programme rollout has been marred by controversy, which has been well documented. The INMO fought to ensure healthcare workers (HCWs) are vaccinated in parallel with long-term care services.

By January 17, 2021, 70,000 HCWs were vaccinated however it is unacceptable that all Covid-facing nurses and midwives have not being vaccinated.

The main restraint on the rollout of the vaccine is supply, but the HSE has informed the unions that they should receive 40,000 per week throughout January. The aim is that long-term care facilities will be completed by January 24 and the remaining patient-facing HCWs are then the priority. Second dose administration will also commence.

The INMO has ensured with the other unions that Covid-facing frontline HCWs will get priority in tandem with people over 65 and staff of long-term care facilities. In addition, the INMO has secured that all vaccination teams have the option of availing of the vaccination prior to vaccinating others. Under the government's vaccine rollout strategy, the plan is to have all front-line HCWs completed by February 2021, dependent on availability of vaccines.

On January 11, the INMO secured that a priority and sequence protocol be implemented. This will now be strictly adhered to, ensuring that frontline nurses and midwives are vaccinated.

Training and education

There is an extensive education programme to follow to become a vaccinator. Two webinars were run in early January and this information is available on **HSELand.ie**. There is a specific module for the Pfizer vaccine and indeed for each of the six vaccines if approved. In addition, training on anaphylaxis management must also be completed.

Ireland is fortunate to have nurses and midwives highly skilled in vaccination. This expertise is in evidence in PHNs/CRGNs/schools immunisation teams, practice nurses who deliver the national immunisation programmes, and occupational health nurses who carry out occupational immunisation and peer vaccination.

While nurses and midwives have stepped up in the vaccination rollout, the issue of allocation and supply of vaccine has left a lot to be desired.

Sequence for vaccination of HCWs

Sequence group 1 (provisional vaccine allocation group 2 frontline HCWs)
HCWs whose work involves direct physical contact with people who use healthcare services (frontline HCWs)

Sequence group 1a HCWs who are working in a congregated care setting (unit/ward/service) where there is current active transmission of Covid-19

Sequence group 1b HCWs who deal with unscheduled care patients on a daily basis in an uncontrolled environment (for example paramedics and others who respond to emergency calls to deliver healthcare to non-triaged individuals in non-healthcare settings)

Sequence group 1c HCWs who deal with unscheduled care patients in a semi-controlled environment on a daily basis (for example patient-facing staff who the INMO continues to engage with the HSE in regard to a manpower and workforce plan for mass vaccination programme, work in Covid-19 assessment hubs or who work in or are called to attend to patients in an ED or similar setting)

Sequence group 1d HCWs who deal with unscheduled care patients in a controlled environment on a daily basis (for example patient-facing staff who work in in-patient/residential care areas that provide care for unscheduled care patients and community settings providing walk-in access for patients)

Sequence group 1e HCWs who occasionally deal with unscheduled care patients (for example GPs/practice nurses who mainly see patients by appointment but who may from time to time need to see urgent unscheduled patients or hospital staff who are occasionally called to attend to people in an ED)

Sequence group 1f HCWs who deal with scheduled care patients in an uncontrolled environment on a daily basis (for example delivery of care by appointment in a patient/service user's home)

Sequence group 1g HCWs who deal with scheduled care patients in a controlled setting on a daily basis (for example deliver scheduled care by appointment in a clinic, GP surgery or hospital)

Sequence group 1h All other priority 1 HCWs

Sequence group 2 (provisional vaccine allocation group 2 frontline HCWs)
HCWs whose work does not involve direct contact with people but does involve contact with potentially infectious blood or body fluids or human remains in a controlled environment. If HCWs have to deal with infectious material in uncontrolled environment such workers should be considered as sequence category 1c).

Sequence group 3 (provisional vaccine allocation group 4) Other HCWs not in direct patient contact

Vote for action in South Doc

INMO members in South Doc Kerry Telephone Triage Services have voted overwhelmingly in favour of industrial action in support of nurse colleagues who have had their incremental progression suspended since 2018. A date for action has yet to be agreed and will take cognisance of Covid restrictions. As always, INMO members remain available to meet with management.

– Mary Power, assistant director of IR

Long-term acting up

A RECENT Labour Court hearing awarded a member €15,000 due to the member being left in a higher acting post for over five years. The INMO argued the HSE breached its own guidance on this issue, which states a worker should be in a higher acting post for no more than 12 months. At the 12-month stage, the HSE should proceed to fill the higher post. The outcome to this claim is one of a number of similar successful cases taken by the INMO for members left in long-term higher acting posts.

– Joe Hoolan, INMO IRO

Equity of pay for out of hours on-call

THE Labour Court heard a claim in October on behalf of members who were compelled by their contract of employment with the Daughters of Charity Services to undertake on-call outside of their contracted hours of work.

Four nurse managers provided the service but two were paid 50% less for being on-call. The employer had refused to voluntarily attend at the Labour Court following failure to reach agreement at the Workplace Relations Commission.

The INMO had no other option but to refer the matter under a section 20 referral process to the Labour Court the outcome of which is binding. The employer argued at the Court hearing against the claim citing it was cost increasing and that paying the two claimants 50% less than their other two colleagues was fair and reasonable.

The Labour Court in the decision issued in December found in favour of the INMO claim by awarding equity of pay from November 2020 onwards.

– Mary Fogarty, assistant director of IR

Canteen closed without agreement

THE UHLG took the decision to close the hospital canteen in Ennis General Hospital for a 16-week period of refurbishment on December 28 without consultation and agreement with the INMO.

While arrangements had been put in place for the patients, the needs of staff, especially those who work 13-hour shifts and travel long distances to work daily were left incomplete with only soup and sandwiches, one microwave for all staff and other concerns regarding the temporary facilities.

Following representations from many members, the INMO contacted both HR and the appropriate manager and eventually received confirmation that all staff concerns were being addressed, including the provision of a hot meal service and an upgrade in the facilities.

It was unacceptable to omit the requirements of staff and their entitlement to be consulted via the INMO on the change necessitated by the refurbishments.

– Mary Fogarty, assistant director of IR

Cork Community RGN secures caseload allowance

THE INMO secured payment of the caseload allowance for a community RGN over short periods of time when our member covered for an absent public health nurse. In this case, our member received almost €1,000 in arrears.

The INMO has secured payment of the caseload allowance across the Cork region for members who have been covering a vacant PHN post, be it for a long or short period of time.

INMO IRO Liam Conway for the region said: "Community RGNs should apply for the caseload allowance when they are carrying the PHN caseload when a post is vacant. The allowance is substantial and payable inclusive of further allowances such as the specialist qualification allowance."

Settlement follows delayed dignity at work case

THE INMO represented a member through the HSE grievance procedure which ended up at third party with a referral to adjudication services. This was due to the failure of the employer to proceed with a 'dignity at work' complaint and subsequent investigation in a timely manner. During this time, the INMO member suffered considerable stress and was on sick leave.

The union secured a significant settlement for the member ahead of the hearing which was welcomed following the protracted process.

"The HSE has a duty to the employee as the employer to investigate dignity at work issues in a timely and effective manner. Protracted or delayed processes fail to serve either party," said INMO IRO Liam Conway.

Termination of inpatient services in Carrick-on-Suir

DISCUSSIONS have commenced with management in South East Community Healthcare (SECH) following a decision to terminate inpatient services at St Brigid's District Hospital, Carrick on Suir.

This decision has been opposed by the INMO and other unions who have put forward a proposal, on behalf of all staff, that with the required modifications, the inpatient service should continue onsite. However, the SECH has to date rejected this proposal.

The iNMO is continuing to engage with management on the proposed closure of inpatient services, with regard to the reassignment of nurses and securing agreement on their terms and conditions of employment.

– Mary Fogarty, assistant director of IR

Letterkenny UH reaches crisis point

INMO calls for Major Emergency Plan in face of ambulance queue

FACED with the prospect of having to assess patients in ambulances queuing up outside Letterkenny University Hospital on January 10, 2021, INMO members immediately took action to mitigate adverse outcomes by reporting their concerns and alerting the union.

Most patients had respiratory symptoms and were considered to potentially have Covid-19. The ED and Respiratory Receiving Unit (RRU) were already overcrowded due to a lack of capacity at the hospital and staff were told to prepare for assessing the patients in ambulances.

Members had serious concerns about the potential for delayed care, missed care and associated adverse outcomes, and they reported their concerns via the Q-pulse system and to senior management. They also filled out INMO disclaimers as a precaution.

When the situation was reported to the INMO, the union contacted senior management and sought that the HSE Major Emergency Plan was invoked. Across the border in Northern Ireland a similar emergency approach was being taken in South West Hospital, Enniskillen due to high Covid-19 infection rates and depleted staffing levels there.

With ambulances queueing up outside Letterkenny University Hospital due to lack of capacity, the INMO called for the HSE Major Emergency Plan to be invoked

In Letterkenny UH 170 staff were out in total due to Covid-19 self-isolating or restricting movement; 48 of these were nurses and midwives. The medical 7 ward was closed due to unavailability of staff which constituted a loss of 20 beds. Surgical 2 was also closed to admissions.

Following INMO intervention, management arranged for extra staffing to open 11 beds on medical 7 to relieve the pressure on the ED and RRU. An emergency meeting was arranged between management and the INMO on January 11 and the INMO voiced the concerns of members.

Elective surgeries and non-essential appointments continue to be cancelled at Letterkenny UH. The INMO has sought that Saolta University Health Care Group redoubles its efforts to speed up the recruitment processes in the North West and insists there should be a zero-tolerance approach to nursing and midwifery vacancies.

Management agreed that school closures had created difficulties for members in arranging childcare and this would result in a further depleted workforce. They agreed to raise these concerns with the HSE nationally in support of the INMO's claim for better childcare arrangements for nurses and midwives.

In light of the difficulties in Letterkenny UH, and the pressures placed on staff in December such that staff were struggling to get breaks, management agreed that all nurses and midwives working in the hospital will receive one hour per day worked as time back in annual leave for the month of December 2020. This will be done on a pro rata basis and normal annual leave rules will apply. The annual leave should be taken within a three-month period, however, if this is not possible it may be carried over.

Local INMO representatives have developed an effective network in Letterkenny UH to assist their colleagues in these extremely challenging times. While conditions remain difficult in Letterkenny, nurses and midwives at the front line must be supported in their endeavours to protect the public.

– Neal Donohoe, INMO IRO

Ireland's hospitals under "extreme" pressure

AS COVID-19 cases surged last month, Ireland's hospitals were put under "extreme" pressure. Frontline INMO members across the country contacted the union with concerns about the major increase in the number of patients presenting, along with high levels of staff out on Covid leave or for self-isolation.

For example, members in Cork University Hospital, contacted the INMO to report that the hospital had:

- Over 100 nurses out for Covid reasons, including ICU
- One ward closed, as there were only four nurses available to staff it
- No additional available ICU/critical care beds at that point.

INMO general secretary Phil Ní Sheaghdha said: "What we were hearing from members across the country was deeply disturbing. The progress we made on keeping case numbers down was completely undone. Covid was creating more patients while also depleting staffing. It's a vicious combination. Staff are far more experienced than they were at the start of this pandemic, but the sheer numbers were difficult to cope with.

"Frontline staff are running three services in parallel – a Covid health service, a non-Covid health service, and a mass vaccination scheme. This can only work if pressure on our hospitals is eased.

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RESEARCH AWARD 2021

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HOW TO APPLY:

Entrants must be fully paid up members of the INMO and in membership for a minimum period of one year from January 2020.

Entrants can apply online at www.inmoprofessional.ie
The closing date for applications is Friday, April 9, 2021.

For more information visit:
www.inmo.ie and www.inmoprofessional.ie

The INMO is working to ensure the safety, health and welfare of every nurse and midwife in their workplace, writes deputy general secretary **Dave Hughes**

Health and safety first for 2021

INMO branches and sections at their AGMs this year are asked to appoint a health and safety liaison officer. This is an essential element in developing the union structure for effectively dealing with the safety, health and welfare of nurses and midwives in their workplace.

The Safety, Health and Welfare at Work Act 2005 recognises the responsibility of employers to provide a safe place of work. It also establishes a legal right for the workforce to appoint its own safety, health and welfare at work representatives who the employer must afford time, training and recognition of their right to represent colleagues in matters of safety, health and welfare.

Nurses and midwives and other health professionals tend to think about safety from the point of view of their patients. This is understandable and worthy and is not replaced by the Safety Health and Welfare at Work Act. The Act recognises the need to legally protect the safety of workers at work and not merely leave it to the goodwill of their employer.

The reality is that without the law and worker involvement in its enforcement, the necessary protections against accidents and illness at work cannot be guaranteed. Safe patient care can only be delivered by nurses and midwives who themselves are healthy and protected from illness and injury. No person employed as a nurse or midwife should suffer ill health or injury because they are delivering care to others.

The INMO Executive Council has established a clear strategy to increase the number of safety, health and welfare at work representatives and, more importantly, to put them in a position where they can work with their employer in improving and ensuring a safe system of work. Branch health and safety liaison officers themselves will not necessarily be safety and health representatives but will be responsible for assisting the nationally appointed safety, health and welfare representative, Karen Eccles, in delivering two representatives in each health workplace and a dedicated safety, health and welfare at work representative in each emergency department.

The right to hold such positions is enshrined in national agreements with the INMO from 2017. The strategy aims to ensure that they are in place and afforded the representation rights due to them under law. The national safety and health representative will report into the Executive Council's health and safety strategy group who will oversee the development of the policy.

The pandemic has seen more than 18,000 healthcare workers fall victim to Covid-19 to date. One-third of these come from within the ranks of nurses and midwives, with the other largest group coming from the ranks of healthcare assistant. This, by any standard, is an extraordinarily high level of infection and calls into question the HSE's occupational health strategy.

The impact of losing such high numbers of staff for lengthy periods of illness, along with close contacts who also work in the health service, has weighed heavily on the ability to deliver care to the community during the pandemic.

Covid-19 is now comprehended by the code of practice for dealing with releases of biological agents.

The HSE has developed the necessary code for the health service which follows the legislation and the INMO is determined that the additional legal protections which now apply to nurses and midwives exposed to patients with Covid-19 are properly protected.

The EU Biological Agents Regulations require that certain hygiene measures are in place. Employees must not eat or drink in any area where there is a risk of contamination from biological agents. Employees must be provided with suitable washing and toilet facilities to prevent contamination or re-contamination. Employers must consider the appropriate use of skin antiseptics and put in place clear procedures, such as written standard operating procedures. Suitable individual protective equipment must be provided, managed, cleaned or disposed of to prevent contamination.

Where there is a risk to safety and health, an appropriate health surveillance programme must be in place and any issues arising from the programme must be acted on.

The regulations also detail matters on keeping individual employee's health and medical records. Under regulation 13 where there is a risk to the health and safety of employees due to work with a biological agent, employers are required to have emergency procedures and plans in place. This is in addition to the general requirement for emergency plans and procedures under Sections 8 and 11 of the 2005 Act.

Vaccination

SARS-CoV- 2 (Covid 19) has been classified as a category 3 biological hazard by the EU. Where the risk assessment shows that there is a risk to the health and safety of employees due to working with or exposure to a biological agent for which an effective vaccine is available, the employer must offer vaccination, free of charge to employees.

In offering vaccination, schedule 4 of the biological agents regulations must be adhered to about advising employees of the benefits and drawbacks of both vaccination and non-vaccination and the preparation of vaccination certificates. Vaccination should only be seen as a useful supplement to the correct use of safe working procedures and instruction, information and training and should not replace them.

The risk assessment should consider non-responders to vaccination or employees who do not wish to avail of vaccination as additional control measures may be required. There may be instances, based on the risk assessment, that if someone is not vaccinated that they would not be regarded as safe to perform certain work tasks.

Vaccinations must be carried out/supervised by a responsible medical practitioner, as they will know when vaccination is not advisable. For example, certain vaccines must not be given to pregnant women.

Vaccinations must be in accordance with the *Immunisation Guidelines for Ireland* available on the Health Service Executive National Immunisation Office website at: **www.hse.ie**

NEW

INMO Professional

Nursing now Ireland

Care of the Older Person Section Webinar

Tuesday, 23 March 2021

Online from 11am - 2pm

Coronavirus COVID-19 Public Health Advice

Whilst these events are currently planned as follows, the most current Public Health Advice will be fully adhered to. We appreciate your understanding should the dates or format of this conference change.

The National Care of the Older Person Section is pleased to bring you this online seminar, offering you the opportunity to listen to experts and further develop your coping strategies, resilience and skills during these difficult times.

Topics on the day will include the following, and there will be an opportunity for a Questions & Answers session.

Theme 1 – Covid-19

- Results of the INMO psychological impacts of Covid-19 questionnaire
- Vaccinations update

Theme 2 – Clinical Updates

- Falls & Frailty
- Chronic Wounds
- Importance of Nutrition in the care of the older person

Theme 3 – End of Life Care

- What to say, if anything

BOOKING YOUR PLACE IS ESSENTIAL

You will require a **Link** which we will send you by email in order to join the online seminar.

Book online at www.inmoprofessional.ie

or **contact linda.doyle@inmo.ie / 01 6640641.**
No cost for INMO members; €70 for non members.

Update

National Care of the Older Person Section

THE National Care of the Older Person Section is delighted to announce that it will be hosting its annual conference on Tuesday, March 26.

Given the ongoing public health restrictions, this will be an online event. See *opposite page* for more details and further details will be posted online at **www.inmoprofessional.ie**.

Some of the topics that will be covered include: falls and frailty; chronic wounds; the importance of nutrition in the care of the older person, and end of life care – including what to say, if anything, to the patient and their family.

There will also be a focus on Covid-19 and the findings of the INMO's psychological impact of Covid-19 survey, as well as vaccination updates.

Section AGMs

Many national sections held their annual general meeting (AGM) in January, with the remaining due to take place this month, in line with organisational requirements.

Please ensure you check **www.inmo.ie** for your section's AGM date.

For any queries about any of the above, please contact jean.carroll@inmo.ie

INMO webinar hears from public health experts

INMO Professional's inaugural public health and community nursing webinar took place in late November last year, with more than 140 PHNs and community RGNs in attendance virtually.

Central to this webinar was the panel discussion, the theme of which was 'celebrating the past, the present and the future of public health and community nursing'.

Participating in the discussion were: Prof Amanda Phelan, professor in community nursing at TCD; Eilish Fitzgerald, INMO first-vice president; Dr Crystal Oldman, CEO of the Queen's Nursing Institute; Geraldine Shaw, nursing and midwifery services director, ONMSD; and Virginia Pye, national lead for public health nursing, ONMSD.

Pictured at the webinar were PHN Section chair Liz Balfe (left), who also chaired the morning session of the webinar, and Eilish Fitzgerald, INMO first-vice president (right)

Among the topics covered were perinatal mental health, working with marginalised groups and caring for people in direct provision.

Other workshops were run on wound care, self-care, breastfeeding and the children's nursing strategy. The event was well received and received positive feedback.

To view this and other webinars hosted by INMO Professional, please visit **www.inmoprofessional.ie/Home/OnlineResources**

Busy agenda at recent online DON/ADON Section masterclass

The Directors and Assistant Directors Section masterclass took place on November 12, 2020 and heard from national and international experts.

The Department of Health's chief nursing officer Rachel Kenna spoke on the future direction of nursing and midwifery, while Edward Matthews, INMO director of professional and regulatory services, delivered a legal and professional overview of nursing and midwifery leadership in Ireland.

A workshop on 'digital advances' was hosted by Loreto Grogan, HSE national clinical information officer, and Sheila McClelland, chief executive of NMBI, spoke on the new 'My NMBI' ICT system.

Howard Catton, chief executive of the International Council of Nurses, also spoke on the *State of the World's Nursing* report.

ICN chief executive Howard Catton (pictured above) addressed the participants at the webinar

Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann

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Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Still unwell 14 days after Covid-19 leave

Q. I am a staff nurse working in the HSE I have been recently diagnosed with Covid-19. I am currently on Special Leave with Pay for Covid-19 (SLWP). I realise that the period of self-isolation/ illness would be for approximately 14 days. However, should the illness exceed the 14 days what is my entitlement to pay.

When Special Leave with Pay for Covid-19 (SLWP) was introduced in March 2020 it was understood that, based on public health advice at the time, the period of self-isolation/illness would be for approximately 14 days. As the Covid-19 pandemic has evolved it is now understood that in some cases the recovery time for employees who contract Covid-19 can last longer. Following a review of the existing arrangements for public servants, the following new provisions for SLWP will come into effect from January 1, 2021 in relation to employees who have contracted Covid-19/have a positive test. These new arrangements will apply to current cases and new cases that arise from January 1, 2021.

SLWP will continue to apply to employees who have been advised to self-isolate and are displaying symptoms of Covid-19 or who have a diagnosis of Covid-19. From January 1, 2021, in instances where an employee has a medical diagnosis/confirmed case of Covid-19, SLWP may continue for up to 28 days if necessary and where it is supported by a positive test for Covid-19 and ongoing medical certification.

SLWP may be extended beyond 28 days for certified Covid-19-related illness in circumstances where a manager determines that all of the following four criteria are met:

- An employee had been in the work premises at any time during the 14 days prior to commencing the self-isolation period of a positive case of Covid-19. Work premises include any location, outside the home, an employer requires an employee to attend as part of their work role, including community settings and home visits. Attendance at the work premises/on site must have been known to and/or approved by the manager in advance
- The employee provides their employer with medical evidence of a positive Covid-19 test, including the date of this test
- In accordance with the employer's standard management referral process, the Occupational Health Physician (OHP) confirms that the employee is medically unfit to resume work. How this will work in practice in Section 38 organisations will be based on the normal arrangements that apply for medical referrals to determine an employee's fitness to resume work or otherwise during sickness absence
- The OHP confirms that the employee's absence relates primarily to ongoing Covid-19 illness, and that they are accessing medical care. The employee will be required at all times to comply with their employer's HR policies and procedures governing sickness absence, such as the organisation's Managing Attendance Policy and Rehabilitation Policy, and to co-operate with medical referrals by the employer.[1]

An employee who remains unwell after 28 days and does not meet the criteria set out above will then be placed on the normal sick leave scheme. It is important to state that while on Covid-19 leave nurses and midwives continue to receive, basic pay plus allowances and premiums.

Reference
1. HR Circular 073/2020 Application of Special Leave with Pay for Covid-19 to employees who have contracted Covid-19 – New 28-day limit and special provisions for continuation of payment beyond 28 days. HSE, Dec 30, 2020

Covid-19 and childcare

Q. I am a lone parent with three children who are of primary school age. I am concerned that due to the schools not reopening, it will not be possible for me to attend work. I have no one to mind my children as my childminder is not in an available category. Will I have to take annual leave to provide childcare?

The answer to your question is no, annual leave should not be used for this purpose. The INMO engaged with the HSE between Christmas and the New Year in the run-up to schools not reopening on January 6, 2021. These meetings resulted in HSE Circular 02/2021, which records the requirement for employers and employees to be flexible and innovative in terms of ensuring that essential healthcare employees can continue to attend onsite during this time and manage their childcare responsibilities where necessary. There are a number of options to be explored with your line manager, including a possibility of opposite shift rotation, a longer working day or shifts that allow for more days at home, a combination of shorter days during the week with longer days at weekends etc. These are set out in appendix 1 of HSE Circular 02/2021.

However, where all alternative options have been explored and none have been found to be feasible, the essential healthcare worker may be facilitated to work from home and can be allocated different duties outside of their normal role, that can be carried out remotely and support service needs. Employees who find themselves in this scenario are available for duty and will continue to be paid pending assignment of duties. This provision allows HCWs to work from home and care for their children and be available for work and paid as normal. Therefore, you should, not use annual leave for these proposes. The INMO continues to pursue additional supports in regards to childcare with the Departments of Health, Education and Children and Youth Affairs.

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Spotlight on: Liz Balfe

Nursing now Ireland

'We need people to speak on our behalf and support us'

LIZ Balfe is a public health nurse in the busy Corduff Primary Care Centre in Dublin 15 (CHO9). It is a busy, ethnically diverse area suffering a certain amount of social deprivation, with a large youth population. She is part of a team of five public health nurses who care for the community from the cradle to the grave. Due to the housing crisis she deals with many families who have multiple generations living in one home.

The workload of a public health nurse is broad and varied and this is the reality for Ms Balfe. With her team she carries out primary checks post-delivery, new born blood spot screens, maternal care post delivery and assistance with breastfeeding. The team also supports healthy eating for mothers and babies, healthy sleep habits and encourages them to mind their mental health while ensuring the children meet their developmental milestones.

"We're very conscious of postnatal depression and tell mums that its okay to not feel okay. People from minority ethnic groups can feel huge isolation because their families aren't here to help with the new baby. There's often a language barrier too."

For the wider population in the area the team offers health promotion, administers insulin, wound care and accepts referrals from the acute sector and GP services. The team also promotes immunisations and has a specialised team that works with childhood immunisations in local schools. The PHNs look after children with life limiting conditions and help people apply for home care packages or resources they need in the home. They also play an important role in complex discharges from hospital as part of a multidisciplinary team. They provide weekend cover at a local health centre and do home visits on weekends too if necessary.

"The hospitals won't visit homes to assess clients' needs before discharge so we have to be their voice and advocate for what they need. Funding for home-care packages is very stretched but care at home is the way forward and is much safer. We always promote HSE guidelines and never give opinion because it's far too dangerous. We have been educated to help our clients and that's what we do," she said.

Ms Balfe went into nursing 10 years ago as a mature student having worked in several different areas including The Hospice Foundation. She always wanted to be a nurse and qualified from Trinity College before starting work in Tallaght University Hospital where she remained for five years.

Ms Balfe became interested in public health nursing out of a desire to follow up on patients' needs and went back to UCD to train as a PHN. She joined the INMO when she began working and firmly believes in the strength of the union.

"When the embargo was in place we really needed the union on our side. When you're a nurse you need someone to advocate for you. We advocate for our clients, but we need people to speak on our behalf and support us in our workplaces."

Ms Balfe believes that community care is the way forward and wants to see Sláintecare put into action and to ensure the PHN role does not get lost in the transition.

"The public health nurse, in my eyes, is an advanced nurse practitioner and this role needs to be recognised. Our roles shouldn't be lost or replaced, we should be supported. Developing community nursing is the way forward. We hold huge responsibility for babies and mothers and the health of the community," she said.

Safe staffing levels and parity with other allied health professionals are crucial for the streamlining of the health service in Ms Balfe's view. She advocates that nurses should be paid and respected to reflect the work that they do and the training they have undertaken.

"On a hospital ward there are huge responsibilities bestowed upon the newly qualified nurse, including drug administration. While they are highly qualified to carry out this work I feel the ratio of patients to nurses needs to be investigated. Other disciplines have one patient at a time and they're held in higher esteem. We need to change that hierarchy. It's not the fault of the other disciplines. The funding is just not there for us and attitudes need to change," she said.

Liz Balfe: *"I am the leader of my caseload and I will advocate for my clients. I am their voice"*

Ms Balfe favours the transformational leadership model as it focuses on inspiring others, trusting and empowering people. She fears a certain amount of resistance to Sláintecare because people often fear change but insists that PHNs can play a vital role in bringing their clients on board and making the transition easy for them.

"I am a manager of my caseload but first and foremost I am a leader and I will advocate for my clients. I am their voice. Implementing change takes time and that's why transformational leadership will allow us to make these changes with our clients while still being able to respond to their needs," she said.

This article is part of our Nursing Now series. Nursing Now is a worldwide campaign that aims to achieve recognition of nurses' contribution to healthcare, gender equality, the economy and wider society. The aim of the campaign is to improve health globally by raising the profile of nurses worldwide and influencing policymakers and supporting nurses to lead, learn and build a global movement. For more information visit ***www.nursingnowireland.ie*** *All interviews are carried out by Freda Hughes. You can contact her at: Freda.hughes@inmo.ie*

Introducing Executive Council members

Kathryn Courtney

Palliative clinical nurse specialist, Marymount Hospital, Cork

SECOND-vice president Kathryn Courtney works in Marymount Hospice in Cork, covering Bantry General Hospital and the West Cork community care area. Having originally thought she would go into teaching, Ms Courtney was encouraged by a friend to become a nurse, so she enrolled in a pre-nursing course before completing her training at the Mercy Hospital in Cork. She has worked as an agency nurse in Dublin and as a palliative care nurse in Australia. When she returned to Ireland, Ms Courtney worked in Tallaght University Hospital before moving to the Harold's Cross Palliative Care Centre. She also studied at the University of Limerick and University College Cork.

Ms Courtney believes trade union membership is essential for nurses and midwives: "All nurses should be part of a union, whether newly qualified or 30 years in the service. A union provides support, legal and professional advice and collective bargaining. Without a union we might not have the degree programme, nor would we have so many nurses on representative bodies."

One of Ms Courtney's priorities on the Executive Council is to ensure the gains made since the 2019 industrial action are realised for Section 39 organisations. She also acknowledges the contribution healthcare workers have made in fighting the pandemic.

"Nurses and midwives have worked exceptionally hard to manage patient care. It has been hard for nurses and midwives, and heartbreaking in some situations, when they've been the only person present when someone dies. I thank our colleagues for the assistance and support they have given to people throughout the pandemic, often having to adapt their workload dramatically. All INMO members should be proud of the contribution we have made."

Eilish Fitzgerald

PHN, South Lee, Cork City

A PHN for more than 20 years, first-vice president Eilish Fitzgerald has worked in many positions in public health nursing, including in the roll-out of a meningitis vaccination programme in 2000.

Maximising nursing and midwifery contributions, according to Ms Fitzgerald, requires that they are included in policy and decision-making.

"Nurses are instrumental in rolling out the Covid-19 vaccine so our voices need to be heard. Midwifery has also really stepped up to the mark recently with partners not allowed to attend births and clinics."

Ms Fitzgerald's priorities on the Executive Council include the implementation of Sláintecare, the safe staffing framework and the Labour Court recommendations from the INMO's 2019 industrial action.

Ms Fitzgerald is passionate about workplace health and safety, and has been campaigning for Covid-19 to be classified as an occupational hazard. She feels there is a need for greater respect for the professions in order to sustain the workforce into the future.

"Investing to improve conditions, training and leadership skills for the professions can deliver a triple impact in improving people's health, empowering a majority female workforce and strengthening local economies.

"We have kept the service going through this pandemic. Some services were curtailed, and those staff moved into swabbing and contact tracing. We all worked differently. We got used to new practices and PPE. Our PHNs did trojan work in continuing to deliver a service to the community. We had to fight for PPE for PHNs at the start and the union really pushed the importance of mask wearing from the beginning."

Melissa Plunkett

Midwifery student, UCD

MELISSA Plunkett is the student rep on the Executive Council. She is in her fourth year of training as a direct-entry midwife in UCD and is on internship at the National Maternity Hospital.

Midwifery was something Ms Plunkett considered as an interesting career but it wasn't until she had her own children that she realised just how amazing the profession is.

Ms Plunkett works closely with the INMO student and new graduate officer, Catherine O'Connor. Together they share important information with students across the country.

"I've realised how essential social media is for communicating with students. The INMO Youth Forums are also a great way for students to get together, stay informed and organise."

Ms Plunkett says the universities should have a dedicated slot for trade unions to come and speak to students.

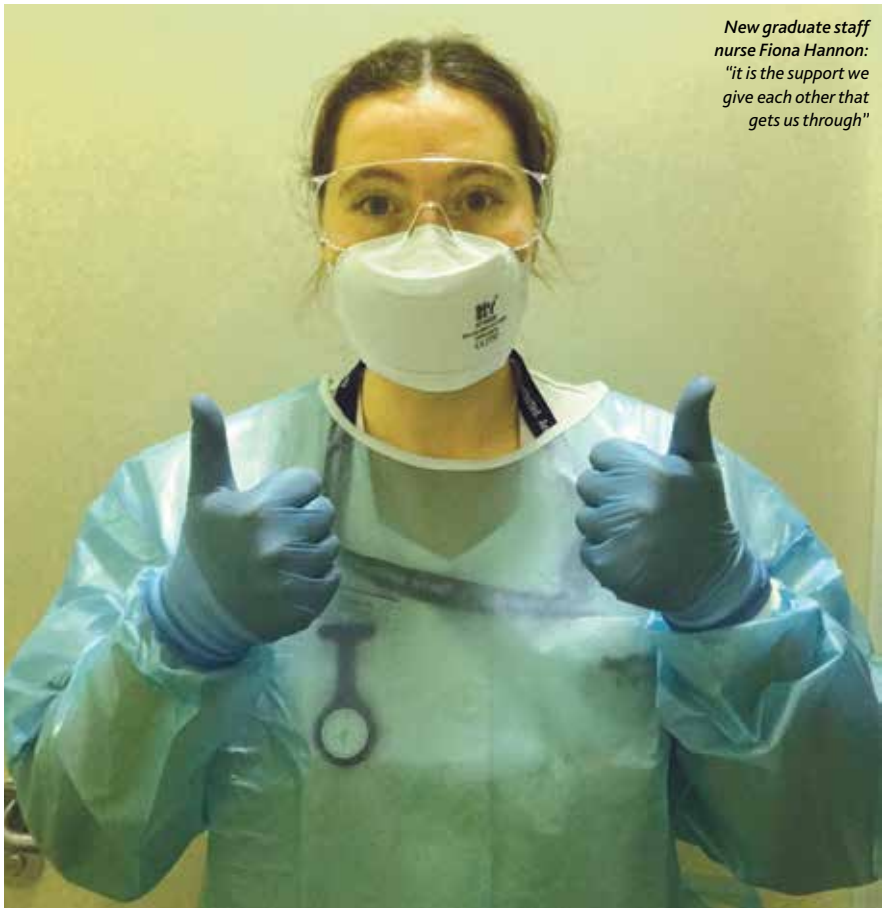
"You wouldn't drive a car without insurance; practising as a nurse or midwife without being a union member is just the same. It provides great support and is a hub for information on both individual and collective issues."

Student pay and allowances are high on Ms Plunkett's list of priorities and she wants students to be respected for the essential services they continue to provide during the Covid-19 pandemic.

"Any student who has been working on the wards during this pandemic can see their value. Even if it doesn't feel like other people are valuing them at the moment, they should feel proud of themselves. Students were often the ones to hold the hand of somebody as they died or who would speak to families of patients."

Entering the lion's den

Freda Hughes spoke to Fiona Hannon about what it is like to qualify and start your nursing career during a pandemic



New graduate staff nurse Fiona Hannon: "it is the support we give each other that gets us through"

FIONA Hannon is a new graduate working on the trauma floor in Cork University Hospital (CUH). She trained in University College Cork and did her internship in CUH. After she finished her placement in September 2020, she started working there as a staff nurse soon after.

Initially Covid-19 cases were quite low. They have Covid and non-Covid pathways set up and ask everyone attending the hospital if they have been swabbed. All staff wear PPE all the time and were trained up in how to properly take this on and off at the beginning of the pandemic.

"I knew the hospital well as I had done my internship there but starting as a staff nurse was a massive step-up. We were given a lot of responsibility right away. It's a strange feeling to realise you are the nurse in charge. When we were training we learned a lot about the nursing side of things but working on the ward has taught me a lot more about managing caseloads and the administrative side of nursing," she said.

Ms Hannon was on placement in CUH throughout the pandemic too. She was on a ward that's normally a step-down cardiac ward but it became the cardiothoracic ward because it was being used for Covid-19 patients. It was a medical ward that had turned surgical so her training was useful as she had performed some of the procedures quite recently. "We had to step up and we were asked to do a lot of work that was outside our scope so we had to say to the (qualified) nurses, no we can't do that yet. The wards were so short staffed and at one point I was looking after a six-bed ward by myself due to staff shortages. I would just go to the nurse in charge to get drugs co-signed. It was scary at the time but it really benefited me when I qualified because it reflected the reality I would be going into," she explained.

Ms Hannon said the nursing skills she learned while training were obviously useful, but that returning to work in the hospital where she trained has also been really valuable. She was able to hit the ground running, she knew where everything was and how the wards operated.

Throughout both her placement and work since qualified there, she said that the wards were always at full capacity. As soon as a bed was cleared they would start preparing it for the next patient. She told us it was good to know what she was doing and feel confident at such a hectic and unprecedented time.

"Burnout was a key word when we were in college. I didn't think I would be burned out for ages but some days I really did feel like I was close to that. I was in the hospital so often. I didn't have a lot of days off together. However, it has lit a fire and I know that this is my passion. This is where I see myself and this is where I do the best work I can," she told *WIN*.

Short staffing is pushing the hospital to the limits but everyone tries to help out where they see others in need. Ms Hannon is passionate about patient care but while making sure patients' vital signs are monitored, administering their drugs and antibiotics are always prioritised; changing beds and taking time with patients can fall to the wayside when a ward is really short staffed. Students and healthcare assistants often filled these gaps and Ms Hannon has a message for those students who are beginning their placements.

"When we went into our fourth-year placements we didn't know the Covid pandemic was coming but people going into it now are doing it despite that risk to themselves and their families.

"People coming on to placements now will be dealing with wards that are so short staffed they are going to have to take on a lot of responsibility. I would say to them, don't be afraid to ask questions. There's always someone to ask. And I'd say, best of luck. It does fly – it absolutely flew for me. We couldn't believe it when we were out the other side of our placements. So enjoy it. Enjoy your last bit of time as a student and always ask questions.

"Covid-19 has given us crazy times. We're still going through it and it is the support we give each other that gets us through."

New clinical study highlights how different baby wipe products can impact skin integrity of infants.

The Baby Skin Integrity Comparison Survey (BaSICS) reveals babies cleansed with WaterWipes had a lower incidence and a shorter duration of nappy rash compared to other leading brands.

The BaSICS study of 698 mothers, showed babies cleansed with WaterWipes (brand three in the study; with the fewest ingredients) are less likely to get moderate to severe nappy rash, and if they do, it lasts fewer days compared to other leading brands. The other brands in the study are marketed as mild and gentle enough for newborn skin but contain additional ingredients compared to WaterWipes.

Midwifery-led 'real-world' study

The clinical study, conducted by the University of Salford in Greater Manchester (UK) has been published in Pediatrics and Neonatology[1] and is the first research of its kind to reveal that different formulations of baby wipes can impact the skin integrity of newborns.

The innovative midwifery-led 'real-world' study compares the incidence and duration of nappy rash on infants with different leading brands of baby wipes. The study showed that mothers using WaterWipes on their babies' skin had a lower incidence of nappy rash* (19%), compared to those cleansed with brand one (25%) or brand two (30%). For each day of nappy rash* experienced by the WaterWipes babies, the rash would have lasted approximately 50% longer had mothers used the other brands - 1.69 days with brand two ($p<0.001$) and 1.48 days with brand one ($p=0.002$).

Lower incidence of nappy rash

"The **BaSICS study** is the first research indicating that a baby wipe product may be a determinant of infant skin integrity in the first eight-weeks of life," says Professor Penny Cook, Professor in Public Health from the University of Salford. "These findings indicate that the baby wipe with the fewest ingredients has the lowest incidence and shortest duration of moderate nappy rash*."

Experimental study design

The mothers who completed the study were divided into three groups. Each group was allocated at random a different brand of baby wipe marketed specifically as being mild and gentle enough for newborn skin. All mothers received the same brand of disposable nappies and researchers involved in the analysis of the data were blind to the baby wipe brand. Skin integrity was graded from one (no rash) to five (severe rash) and moderate to severe nappy rash was identified as three or above.

"This real-world study utilised a prospective experimental design model of mothers as co-researchers," says Dr Fiona MacVane Phipps, Senior Research Fellow - Midwifery (now retired) from the University of Salford. "The mothers' observations were recorded, via a user-friendly app on their smartphone, enabling them to report nappy rash daily, using reference diagrams for the assessment of nappy rash on a five-point scale. This allowed mothers to reflect daily on their baby's skin condition and cleaning routines using real-time methods of data collection - known to be more accurate than retrospective methods. This resulted in a set of nappy rash data that, to our knowledge, is the most comprehensive to date for younger infants. The study had a 97% completion rate and robust sample size; with mothers from a diverse mix of ethnicities and socioeconomic backgrounds."

Safety and efficacy of wipes on newborn skin

Nappy rash is one of the most common skin complaints in infants. Healthcare professionals have historically recommended cloth and water or cotton wool and water for cleaning babies' newborn skin; however, recent studies highlight the safety and efficacy of using baby wipes to help decrease skin irritation,[2],[3] with parents reporting greater convenience over cotton wool and water.[3]

"Infant skin has a less effective skin barrier function compared to that of older children and adults," says Dr Jeanne Lythgoe, Senior Midwifery Lecturer and Co-investigator from the University of Salford. "The epidermis and stratum corneum are thinner, meaning babies' skin is more susceptible to permeability and dryness. As a result, their skin is far more delicate and vulnerable; requiring special care and protection."

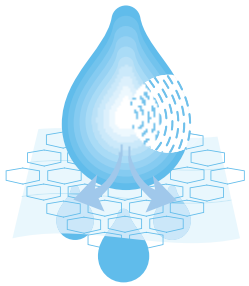
WaterWipes - purer than cotton wool and water

WaterWipes, the world's purest baby wipes, are a non-medicated baby wipe containing just two ingredients - 99.9% ultra-pure water and a drop of fruit extract to help maintain skin integrity. Following a review of scientific literature, a team of independent experts at the Skin Health Alliance has validated that WaterWipes are purer than cotton wool and water.

WaterWipes are purer than cotton wool and water*

Cotton wool and water*

Water
Impurities and other minerals
Cotton wool
Detergents and impurities



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7 step purification process removes impurities, softens & purifies the water
Fruit Extract helps maintain skn integrity

To find out more about WaterWipes and the BaSICS study please visit
www.waterwipes.com/uk/en/health-care/resources/clinical-study-different-baby-wipes

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A Self-SWOT analysis can help in transitioning from student to staff nurse/midwife during challenging times for the health service due to Covid-19, write **Brian Cunningham** and **Bróna Mooney**

Facing into your new career with confidence

THE Covid-19 pandemic has changed all our lives. We are now living through an unparalleled public health emergency, and across Ireland nurses and midwives form the front and last line of defence as the battle against Covid-19 rages on and the race to vaccinate the population begins.

The pandemic has significantly impacted the experience of transitioning from student to registered nurse/midwife. Even without the added burden of Covid-19, nursing/midwifery students are frequently ill prepared for the increased demands placed on them as they transition to registered nurse/midwife.[1] Newly qualified nurses and midwives' expectations of professional life are often not in line with reality. Described by Kramer as "reality shock", this can result in "role performance stress, moral distress, discouragement and disillusionment" during the first year of graduate nurse/midwife practice.[2,3]

Self-SWOT analysis

It is important for newly qualified nurses and midwives to identify their personal and professional developmental needs as well as examine and identify their personal strengths and weaknesses. The Self-SWOT analysis model by Addams and Allred[4] originally developed for businesses, can be applied to identify personal strengths, learning needs and opportunities, and factors that may help or hinder professional development.

The Self-SWOT analysis model suggests exploring personal strengths under four domains: skills, education, experience, and character traits.[4]

I will now reflect on my personal experience of transition using the Self-SWOT analysis model to identify my learning needs.

For several years prior to commencing my general nursing degree programme, I volunteered as an emergency medical technician and worked with clients with intellectual disabilities. I developed many skills during this period, including communication, organisational, problem-solving and leadership skills.

These skills, traits, education and experience have been invaluable as they have allowed me to build rapport easily with patients and healthcare staff during my undergraduate nursing programme. These personal strengths enabled me to provide person-centred care as a member of the multidisciplinary team in planning and providing patient care.

The Self-SWOT analysis model assisted me in recognising several personal learning needs. More specifically, the model guides the user to identify their individual learning needs in relation to education, skills acquisition and clinical experience with cognisance to their personal character traits. Using the Gibbs Reflective Cycle,[5] I identified my first learning need as a lack of confidence, which falls under the domain of 'experience'.

Nursing and midwifery students regularly have insecurities about transitioning to registered nurse/midwife status because of lacking professional confidence. This may arise from a deficit in clinical experiences during their undergraduate studies,[6] or other contributing factors such as the internalisation of feelings of self-doubt, which is known as the 'imposter phenomenon' often experienced by final year students.[7]

The second learning need I recognised was for increased professional autonomy. There needs to be a careful balance of control and autonomy between preceptors and students, whereby the preceptor has responsibility for the student's practice but still allows the student to develop appropriately.[8] This can be achieved by the preceptor encouraging students to take on more responsibility, but still offering guidance if needed.[9]

Anxiety management was the final learning need I identified. This contributes to the two previous learning objectives under the scope of character traits in the Self-SWOT analysis. Nursing/midwifery by their nature are stressful and challenging, particularly for internship students.[10] The Covid-19 pandemic has aggravated these challenges.

Following the identification of my

learning objectives to increase my self-confidence, autonomy and to reduce anxiety levels, I formulated a personal development plan to achieve my learning objectives.

Personal development plan

Personal development plans positively affect performance, particularly when used for continuous professional development (CPD).[11] The NMBI Scope of Nursing and Midwifery Practice Framework suggests reflective practice as a valuable form of CPD.[12] Open, accurate self-reflection is vital as it clarifies strengths and learning needs from past experiences.[13] Reflective diaries can provide a beneficial framework for CPD. These diaries promote self-exploration, which is a core tenet of how newly qualified nurses/midwives formulate their experiences and grow in self-confidence.[14] On a personal level, I used a reflective journal to document my own perceptions and practices during my internship rotation, which further served to identify my learning needs, set goals and was a source of self-encouragement and positive feedback as I worked in attaining my goals.

Autonomous nursing/midwifery care is synonymous with nurses/midwives' experience level and the confidence to implement evidence-based patient care. Newly qualified nurses and midwives require support from senior colleagues and management to develop as autonomous agents.[15] It is essential that new graduate nurses and midwives adopt suitable coping mechanisms during the early transition period to develop their decision-making capabilities and enhance their self-confidence and autonomy.

Preceptors form a vital source of support and encouragement for nursing/midwifery students during the transitionary period, enabling them to acquire clinical competence, critical decision-making skills, and prioritisation of care which can significantly improve the rates of retention in newly qualified nurses and midwives.[16]

There are several factors that can help or hinder internship students during the transition period to registered nurse/midwife. Understaffing, increasingly complex patients, Covid-19, academic challenges and expanding roles are some of the causes of increasing demands on nursing and midwifery students.[17] A systematic review by Galbraith and Brown[18] advocates for the use of combined strategies for effective stress reduction, such as the adoption of mindfulness-based stress reduction and physical exercise for reducing anxiety and depression in nursing/midwifery students.[19,20] I actively engaged in both strategies which proved helpful in improving self-confidence and managing my anxieties during the process of transition to qualified nurse.

As a result of the Covid-19 pandemic, there is unprecedented pressure on health systems worldwide, bringing with it the challenges of unthinkable decision-making and hazardous work environments while nursing/midwifery students are attempting to manage their own personal, physical and psychological needs.[21]

Throughout the pandemic many hospitals have reported high levels of understaffing and lack of resources, both of which have impacted on the learning experience of final-year nursing/midwifery students throughout Ireland by limiting their supportive learning opportunities while on clinical placement. To mitigate the deficits in experience, additional support structures are needed to ease the transition process to graduate nurse/midwife. Mentorship is seen as vital in retention of newly qualified nurses/midwives.[22] In Ireland, there is a need to implement post-registration mentorship that will facilitate and support this period of socialisation while students transition to qualified status. This will also facilitate the development of values aligned with the organisation, which may serve to reduce the pressure experienced by new graduates and increase retention.

Conclusion

The Covid-19 pandemic has highlighted the sheer resilience, bravery, determination and compassion of nurses and midwives across Ireland. The journey from student to registered nurse/midwife during a pandemic has been an extraordinarily anxious and uncertain time for students. Health organisations and educational providers have a duty of care to ensure the psychological and physical safety of nursing/midwifery students and newly qualified staff, who continue to step-up-to the fight against the Covid-19 pandemic.

On a personal level, the Self-SWOT analysis model assisted in analysing my personal strengths and learning needs, and the use of a personal development plan enabled me to improve self-confidence, consolidate learning, increase autonomy, and manage anxieties while transitioning to registered nurse.

Brian Cunningham is a registered general nurse at Portiuncula Hospital. Second author Bróna Mooney is a nurse lecturer at the National University of Ireland, Galway

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NEW ONLINE LEGAL PROGRAMME

INMO Professional

Preliminary Proceedings Committee and Interim Suspensions, Deprivation of Liberty and Legal Considerations of Social Media

Wednesday, 24 March 2021

Online from 10am - 1pm

Fee: €30 INMO members; €65 non members | Awaiting CEUs

This short online course will give nurses and midwives a greater understanding of the key considerations and legal aspects of social media use, the many benefits and also many risks, Deprivation of Liberty and also an insight into the operation of the Preliminary Proceedings Committee (PPC) of the Nursing and Midwifery Board of Ireland (NMBI) - the PPC of the NMBI considers complaints referred to it under the Nurses and Midwives Act 2021. This programme will be facilitated by David Miskell, RGN, LLB, Dip, MSc, Professional and Regulatory Services Officer, INMO.

Learning Outcomes:

- Understand the implications of social media and the professional obligations of nurses and midwives when online.
- Understand the key issues relating to the deprivation of liberty and current legal developments in this area.
- Understand the functioning of the preliminary proceedings committee and the process associated with interim suspensions.

BOOKING YOUR PLACE IS ESSENTIAL
www.inmoprofessional.ie • education@inmo.ie • 01 6640641/18

INMO Professional Cornmarket

Retirement Planning Webinar

Thursday, 10 June 2021

Online from 2pm - 3.30pm

Fee: FREE for INMO members; €20 non members

BOOKING YOUR PLACE IS ESSENTIAL
www.inmoprofessional.ie • education@inmo.ie • 01 6640641/18

Online Training – to meet your specific needs

Keep your staff knowledge and skills up-to-date

This versatile interactive training which can be delivered virtually is ideal for employers who wish to keep their staff knowledge and skills up-to-date. You choose the training which will then be modified to meet the needs of your group, for example it can be broken into two days/different times. All of our training is provided by highly skilled, expert facilitators. At the end of the training each nurse/midwife will be emailed a digital certificate of participation with allocated Continuous Education Units (CEUs). Our fees are based on "per day" rather than "per person".

To discuss in more details email marian.godley@inmo.ie or T: 01 6640642

INMO EDUCATION PROGRAMMES

INMO Professional

Continuing professional development for nurses and midwives

New online courses for 2021, in response to Covid-19

Wellness Morning Retreat *(free to INMO members)*

Thursday, March 18, 10am-1pm

INMO Professional would like to invite you to join this online wellness retreat, which is mindfully designed for all our members experiencing stress from working in unprecedented times in hospitals and other clinical settings. These practices will support you in minimising compassion fatigue, while nurturing your body, mind and spirit. This session is informed by the mindfulness-based stress reduction (MBSR) programme developed by Dr Jon Kabat Zinn in the US in 1979. This is primarily an experiential session and attendance is free for INMO members. For non-members, the price is €65. Booking is essential – log on to **www.inmoprofessional.ie** or call Tel: 01 6640641/18

2021 Online Courses – Special Offer

As our online programmes continue to prove popular, we continue to develop new courses for our members. We also offer the following members-only discount rate: book three programmes and get the fourth programme free (value €30). To avail of this special offer or discuss, please email education@inmo.ie or call 01 6640641/18 prior to booking online. All programmes are category 1 approved by the NMBI and are delivered by expert facilitators. To view an extensive list of all the programmes we offer, visit **www.inmoprofessional.ie**

Training Delivery and Evaluation *(now online)*

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

With the uncertainty surrounding the duration of social distancing measures, this five-day programme will be delivered online on the following dates in 2021:

- March 9, 10, and 11; April 20 and 21 (course full)
- May 4, 5, 6, 25 and 26 (course full)

Everyone booked on the training has been contacted and advised that we are moving online. We hope to run this programme in September/October, details of which will be available in the next issue of *WIN*. Email marian.godley@inmo.ie if you have any queries about this programme.

Steve Pitman
Head of Education and Professional Development

AS WE head into the new year, the predominant issue for nurses and midwives remains the Covid-19 pandemic. The surge in infection rates in January has placed greater demands on the health service.

To stem the spread of the virus and ensure the viability of healthcare provision in Ireland, vaccinations need to be delivered quickly to healthcare workers and vulnerable groups before being administered to the wider population. Issues of childcare, care of dependants, Covid-related sickness and the physical and mental exhaustion experienced by nurses, midwives and healthcare workers are key issues that need to be monitored and acted upon to ameliorate the impact on the healthcare workforce.

NMBI updates

The Nursing and Midwiferey Board of Ireland (NMBI) has received a significant number of calls regarding the MyNMBI system and payment of the annual retention fee. The INMO has offered feedback to the NMBI and advocated on behalf of members. The NMBI has announced that the retention fee payment deadline has now been extended to February 28, 2021. The NMBI has a number of online resources to assist you in completing the required information, which can be found at **www.nmbi.ie** – If you are experiencing difficulties with the system, email regservices@nmbi.ie for assistance.

An update to the NMBI Code of Professional Conduct and Ethics is expected over the coming months. The update will primarily address changes to legislation that have occurred since 2014.

CJ Coleman Award

The CJ Coleman Award, which recognises research conducted by nurses and midwives in Ireland, has been launched for 2021. The award of €1,000 is open to INMO members who have completed a research study or project, with the award winner to be announced at the 2021 INMO annual delegate conference. The closing date for applications is April 9, 2021. To apply, visit **www.inmo.ie** or **www.inmoprofessional.ie**

Midwifery and nursing festivals

The INMO is supporting the midwifery and nursing festivals, taking place online on February 9 and 10 respectively. The events are free to attend and links can be found on the INMO website.

INMO 2020 celebration booklet

INMO Professional has developed an online booklet that recognise and celebrates the role of nurses and midwives during the International Year of the Nurse and Midwife in 2020. The booklet is also a record of the courage that nurses and midwives have shown during the Covid-19 pandemic, and can be downloaded from **www.inmo.ie** or **www.inmoprofessional.ie**

INMO Professional online courses

INMO Professional continues to develop online course for members. These hugely popular courses are delivered by experienced trainers and practitioners and cover a wide range of clinical and professional topics. New courses that have been recently developed include:

- Preliminary Proceedings Committee and Interim Suspensions, Deprivation of Liberty and Legal Considerations of Social Media
- Fundamentals of Pain Management
- Introduction to Positive Behaviour Support
- Medication Management Best Practice 2020 – Guidance for Nurses and Midwives
- Leading Strategy and Strategic Planning
- Health Psychology for Nurses and Midwives
- The Sociology of Health and Illness.

INMO Professional is also offering a free wellness retreat on March 18. This retreat has been designed for INMO members experiencing stress from working in unprecedented times in hospitals and other clinical settings. These practices will support you in minimising compassion fatigue, while nurturing your body, mind and spirit.

If you are interested in booking a place on a course, visit **www.inmoprofessional.ie**

INMO section conferences

A number of section and branch AGMs will be taking place in February. If you would like to learn more about INMO sections or become more involved, please contact section development officer Jean Carroll by email to jean.carroll@inmo.ie

On-site Education

INMO Professional offers an extensive range of on-site programmes facilitated by expert practitioners. If you are interested in booking CPD courses for your organisation, contact at email: marian.godley@inmo.ie or at Tel: 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 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

INMO Professional

Online Education Programmes

Tel: 01 6640641/18
Email: education@inmo.ie

All of the following programmes are category 1 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

Keep your CPD up to date • Extensive range of programmes • NMBI category 1 approved • Digital certification provided

Feb 4 **Introduction to Diabetes Management for Nurses and Midwives**

This programme aims to enhance and develop the knowledge and skills required by nurses and midwives to support the management of people with diabetes. Topics will include the classification and diagnosis of diabetes, current pharmacological approaches to glycaemic management, short and long term complications of diabetes and practical skills required for diabetes self-management such as blood glucose monitoring, injection technique, sick day rules, footcare examination and advice.

Feb 9 **Best practice for Clinical Audit for Nurses and Midwives**

This programme equips nurses and midwives with the necessary skills to plan and implement a clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care for patients and improved quality service. 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.

Feb 10 **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 thus preventing medication errors and near misses. The programme will cover key topics such as: the key 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 Medication Administration (2020) and HIQA requirements for medication management.

Feb 11 **Overview of the National Standards for Residential Services for Children and Adults with Disabilities**

This programme provides an overview of the national standards and regulations for designated centres for adults and children with a disability (HIQA, 2013). The course will equip nurses with the knowledge of these standards and regulations as well as the different types of inspections carried out and how inspectors make judgments about compliance. This knowledge will assist nurses in implementing standards and regulations and prepare for inspections.

Feb 16 **Introduction to Treating and Preventing Pressure Ulcers**

This short online course will advise participants and discuss the causes of pressure ulcers. Topics covered on the day include causes of pressure ulcers, risk assessment and prevention of pressure ulcers. Following this course, participants should be able to identify the factors that place a person at risk of developing pressure ulcers. They will also have an understanding of the key principles of preventing ulcers and be able to take action to prevent pressure ulcers in the clinical environment and have an understanding of the key principles of the SSKIN Bundle and how to implement it in the clinical environment.

Feb 17 **Competency-based Interview Preparation for Nurses and Midwives**

This short online programme will assist participants for a competency-based interview, enabling candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have previously reacted to and handled similar workplace situations. It will explore preparation, presentation and performance during the interview and will briefly focus on CV preparation. This session will help you to identify your strengths and gain the confidence to deal with awkward interview questions.

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.

Feb 18 **Introduction to Positive Behaviour Support**

This workshop introduces participants to the model of positive behaviour support and outlines the benefits and considerations of its utilisation from a practical and applied standpoint. This programme is designed specifically for management and frontline staff who work in situations where there is potential for exposure to challenging behaviours. The fee for this programme is €60 INMO members; €130 non-members. This programme is category 1 approved by NMBI and awarded 6 CEUs.

Feb 22 **Fundamentals of Pain Management**

This pain management programme for nurses and midwives will promote critical thinking and safe and systematic approaches 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 wellbeing.

Feb 23 **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.

Feb 24 **Understanding and Developing Care Plans for Nurses and Midwives**

This short 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 given practical tips on how to prepare for and carry out a comprehensive assessment, enabling them to develop a person-centred care plan.

Feb 25 **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.

Mar 2 **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.

Mar 3 **Chronic Obstructive Pulmonary Disease (COPD) – Getting the Basics Right**

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD 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 COPD utilising current best practice.

Mar 9 **Training Delivery and Evaluation** – *moves online*

This five-day training module will commence on March 9 and will run over the following days: March 9, 10 and 11 and April 20 and 2. The programme is now completely booked up. With the uncertainty surrounding social distancing measures, this programme will now be delivered online. Everyone booked on this programme has been contacted in relation to this. To get in touch, please email marian.godley@inmo.ie

Mar 9 **Improve Your Academic Writing and Research Skills**

This course is designed for those undertaking third-level academic programmes. It will assist participants in completing their written assignments. The objective of the course is to help prepare the student for academic study which requires efficient literature searching, research critique and accurate referencing skills. On the day there will also be a question and answer session to help you with any of your queries.

Mar 10 **Delegation Principles and Practices**

This short programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with health care assistants. It explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task. Guidance will be provided on the assessment of a delegate's experience and role, and how best to match appropriate clinical supervision to a specific delegated function. The professional, legal and quality of care issues involved when deciding to delegate a function will also be explored.

Irish Nurses and Midwives Organisation
Working Together

BUILDING MOMENTUM

Briefing for INMO members on the new public sector agreement

Key points of the agreement:

- 1% increase in pay and allowances in October 2021 (minimum €500)
- 1% increase in pay and allowances in October 2022 (minimum €500)
- Restoration of cuts for those on salaries over €70k in July 2021
- Process for restoration of hours back to 37.5 per week
- Overtime rates increased back to what they were pre-2013, in July 2021
- Fund for the managerial grade increase of 3.28% as confirmed by the Expert Review Group on Nursing and Midwifery

What is this about?

The current public sector pay agreement has expired. The INMO – as part of the Irish Congress of Trade Unions – has negotiated proposals for a new agreement. Talks finished in December and union members across the public sector are now voting.

The government were reluctant to engage on pay issues with us, due to the economic uncertainty, rising unemployment, and the economic effects of Brexit.

The trade unions argued that while pay from the last recession has only just been restored, there is still unfinished business when it comes to hours and overtime rates. For nurses and midwives, we have outstanding issues with pay for managerial grades, following the 2019 strike settlement.

INMO members employed in the public sector – as part of the wider public sector workforce – will vote whether to accept or reject this agreement.

What does the INMO recommend?

The INMO Executive Council and the INMO negotiation team recommend that you vote to accept the proposals. On balance the Executive Council believe that the progress on hours and the completion of implementation of the strike settlement merit acceptance in the current circumstances.

How long does this agreement last?

This agreement, if passed, will last for two years, running from 1st January 2021 until 31st December 2022. This is shorter than usual. If ratified, the INMO expects that negotiations on the successor agreement would begin in early summer 2022.

PAY:

How does the agreement affect basic pay?

For those with a basic salary under €70,000:

1st October 2021: Basic pay will increase by 1% or by €500 a year – whichever is higher. The €500 minimum means that those on lower incomes see a larger percentage increase.

1st October 2022: As above, basic pay will increase by 1% or by €500 a year – whichever is higher.

Pay restoration for those earning under €70,000 was completed in 2020. Those with basic salaries above €70,000 that were previously reduced will see their pay restored by 1st July 2021. If this remaining pay restoration is worth less than 1% each year, they will get a full 1% pay increase each year.

What about premium pay and allowances?

Premium pay (for night, weekend, or public holiday work) is based on your basic salary. Each time your basic salary increases, so too will the premium pay. Each 1% increase in basic pay means a 1% increase in premium pay too.

Fixed allowances will also increase by 1% each year. The location allowance would go from €2,347 today to €2,370 in 2021 and to €2,394 in 2022. The qualification allowance would go from €3,525 today to €3,560 in 2021 and to €3,596 in 2022.

Allowances apply to Staff Nurse and Midwives, Enhanced Practice Nurses and Midwives, CNM/CMM 1 and CNM/CMM2, PHN, and CNS/CMS grades.

What about overtime?

Overtime rates were cut in 2013. This agreement would increase them back to the level they were previously at. This would mean an increase in the overtime rates. Most members would see overtime rates for weekday, day shifts increase by 20%. The changes are below.

Overtime type	Current system	Restored system (Proposal)
Monday – Friday Between start of day duty and midnight.	Either time and a half at a low increment or time and a quarter.	Time and a half, at your full increment.
Monday – Friday Midnight to start of day duty.	Double time.	Double time.
Saturday	First four hours: either time and a half at a low increment or time and a quarter. Hours after that paid double.	First four hours: time and a half, at your full increment. Hours after that paid double.

What about pay for management grades?

Management grades will benefit from the increases set out above, but also have outstanding increases due from the strike settlement. In addition, those grades on higher salaries (over €70k) in 2013 had their salaries reduced. The final payment of restoration of their salary will be take place from July 2021. For the grades concerned this will yield at least a 1% increase.

In the 2019 strike settlement, pay increases were frontloaded for staff nurses and midwives, by the creation of the enhanced practice salary scale.

An expert independent review looked at the increases that should be considered for the management grades, based on the increases secured for staff nurses. That review recommended the level be set at 3.28%. This pay increase for management grades is facilitated by using the "sectoral bargaining fund". This is a new fund set up under the agreement to deal with outstanding issues and claims, such as nurse/midwife management pay.

Exactly how this would be done would be agreed between unions and management before the end of March 2021, with payment in February 2022. This payment would be in addition to the 1% increases set out above.

CONDITIONS:

What about working hours?

In the 2013 agreement during the recession, working hours were increased from 37.5 hours a week to 39. This was a major issue in these negotiations and an issue which the government refused to change their position on over recent years.

However, agreement was secured that hours will be reduced (without negatively affecting your pay) back to 37.5 per week. An independent body, with union representatives, will decide how this should be done. It will be established in March 2021, reporting back before the end of the year. It will also be tasked with determining where replacement is required and where it is not.

A fund of €150m has been set aside to achieve this aim. This is to ensure an equitable and fair system of returning to the pre-2013 hours and to ensure grades that need replacement are not disadvantaged.

These changes would be rolled out before the end of 2022.

What about the annual retention fee?

All nurses and midwives are registered professionals and must pay an annual retention fee to the NMBI to stay registered. This is currently €100 a year. The government have tried to increase this substantially, but it has been agreed that the fee will be capped at €100 and no increases permitted should this agreement be accepted.

What about pensions?

For those who joined the public service before 1st January 2013:

If the agreement passes, pension payments will be mainly adjusted in line with pay increases for staff. This is the same as now. Simply put, pay increases in this agreement will be reflected in your pension.

There are a small number of cases, however, where pensions reductions were less than the pay reduction for the grade one retired from and this will be taken into account in any adjustment.

For those who joined the public service on or after 1st January 2013:

Pensions for this group (the single public pension scheme) are not adjusted by this pay deal. Instead, they are increased annually in line with inflation, measured by the consumer price index.

Will the proposals lead to more outsourcing?

No. Strong protections against outsourcing remain in place. The government sought measures that would have increased the risk of outsourcing and privatisation, but this was resisted in negotiations.

The final text retains existing safeguards. These include requirements on employers to present a "business case" if they want to outsource a service or part of a service, and a requirement to consult with staff representatives. Crucially, employers are forbidden to include savings for outsourcing labour costs in any business case – meaning that weaker wages and employment rights cannot be used to make the case for privatisation or outsourcing.

What about redeployment?

The agreement does not affect the existing redeployment protections. We have also retained the geographical limit on redeployment of 45km.

Is there a "no strike" clause in the agreement?

Every public sector pay agreement includes restrictions on industrial action in matters covered by this agreement, and this one is no different. This agreement sets out detailed dispute resolution mechanisms, including an "industrial peace" clause.

What if the economic situation changes?

Like the outgoing agreement, this new proposal says that the terms of the agreement may be reviewed "where the underlying assumptions of the agreement need to be revisited". The government initially proposed that this was only in the case of a worsening economic situation, but this was deleted. This creates the opportunity to seek a review of the package if the economic situation improves beyond expectations.

What else is in the agreement for healthcare workers?

At the INMO's insistence, the agreement also contains specific commitments in the health sector.
These include:

- Implementation of the Sláintecare health service reforms
- Acting on the health service Capacity Review 2018
- Continued implementation of the Safe Staffing Framework for nursing and midwifery
- Other strategies aimed at a single-tier, high-quality health service.

PROCESS:

What happens if the agreement is rejected?

If the proposals are rejected, there will be no public service agreement in place after 31st December 2020. That means that existing protections, which restrict management's ability to impose workplace and other changes without discussion or agreement, would cease to be in place, as would the protections against outsourcing that currently exist. Also, the proposed improvements on pay, hours, and other issues would be off the table.

What happens next?

On 21 January 2021, the INMO Executive decided to recommend that you vote to accept the agreement. There will be a national ballot of paid up INMO members employed in the public sector (including section 38 agencies). INMO members will be voting as part of the wider public sector in aggregate, our vote will form part of this overall result.

Due to COVID-19, the INMO will be organising Q&A sessions and voting online. Further details will issue on our website and via email.

It is vitally important that you have your correct email address registered with the union. If you are not receiving our weekly update emails, this may mean that your email is not registered with us. Please contact the INMO immediately if this is the case.

Once balloting is complete, the INMO will submit the full results to ICTU in mid-February.

The INMO strongly encourages members to attend online Q&A sessions if they wish to know more or have any questions.

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

Mar 11 **Risk Management and Incident Reporting**

This new online programme outlines the core principles of best practice in managing risk, underpinned by the philosophy and care needs. At the end of the session, participants will be enabled to: understand key terms and definitions 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 and maintenance of a risk register and complete accurate records of incidents for incident reporting. Ultimately, this programme promotes best practice with risk management and patient safety.

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

This short online course is aimed at nurses and midwives who would like to develop valuable, lifelong information-seeking skills to get the most up-to-date information for clinical practice, reflection or policy development. This course will assist participants who are undertaking academic programmes. It will help participants to identify appropriate information resources for nursing and midwifery, understand how to limit, broaden and save results as necessary and also help them to retrieve full-text items from a reading list or search.

Mar 18 **Morning Retreat informed by Mindfulness-based stress reduction (MBSR) practices**

INMO Professional would like to invite you to join this online wellness retreat, which is mindfully designed for all our members experiencing stress from working in unprecedented times in hospitals and other clinical settings. These practices will support you in minimising compassion fatigue, while nurturing your body, mind and spirit. This session is informed by the mindfulness-based stress reduction (MBSR) programme developed by Dr Jon Kabat Zinn in the US in 1979. This is primarily an experiential session and attendance is free for INMO members.

Mar 23 **Falls Reduction, Assessment and Review**

The short online programme is 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.

Mar 24 **Introduction to Oncology: Terminology and Patient Pathways**

This short programme is aimed at nursing staff with an interest in oncology or working with cancer patients. As good communication with patients and families is crucial in oncology, keeping up to date with terminology is a challenge. This course will increase your confidence in this regard, making you more efficient. The programme will give you increased understanding of the language of oncology in order to improve fluency with patients and colleagues. It will also provide increased insight into the oncology journey.

Mar 24 **Preliminary Proceedings Committee and Interim Suspensions, Deprivation of Liberty and Legal Considerations of Social Media**

For more information on this special online legal programme, see *page 30* or visit **www.inmoprofessional.ie**

Mar 25 **Navigating Your Way through Conflict**

This course will help participants develop the insight and skills necessary to successfully navigate their way through conflict situations and reach satisfactory solutions. In many ways, workplaces are perfect breeding grounds for conflict. As well as our skills, we bring our individual needs, goals, 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 a myriad of negative outcomes with dire consequences for wellbeing. This course will cover unpicking conflict, causes, hot buttons and emotional illiteracy, our responses and strategies for successful conflict management, leading to a better working environment.

Mar 30 **Paediatric Asthma – Understanding the Basics**

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for children and their families 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 child with asthma utilising current best practice.

Mar 30 **Understanding and Managing Burnout for Nurses and Midwives**

Burnout is related to a decrease in occupational well-being and an increase in absenteeism, turnover and illness. Burnout can be prevented by focusing on engagement, organisational assessment and early detection. They focus of this programme will be on the causes, definitions, measurements and interventions that can create a more positive, fulfilling and engaging workplace.

Mar 31 **Nursing Patients with Disorders of the Renal System – An Introduction**

This online short course aims to meet the needs of nurses who care for renal patients/clients. It will focus on developing your competency in the assessment and management of patients with both acute and chronic disorders of the renal system. It will assist in implementing evidence based practice while caring for this cohort of patients. At the end of the training participants will obtain general knowledge to enable them to provide adequate care of a renal patient within any treatment modality.

Apr 7 **Leading Strategy and Strategic Planning**

This new online programme is for nurse and midwifery managers to be effective in their roles as leaders and managers in healthcare delivery. Strategy and strategic planning can solve problems as well as well as spark ideas. By the end of this training, participants will be given the necessary knowledge and understanding of: the definition and role of strategy; the strategic planning process and instrumental leadership.

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

Restrictive Practice in the Residential Care 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 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 short online 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. This session will help you to identify your strengths and gain the confidence to deal with awkward interview questions.

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

This programme equips nurses and midwives with the necessary skills to plan and implement a clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care for patients and improved quality service. 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 short online programme is to identify key managerial and leadership competencies for front line nursing/midwifery managers and to explore how these are applied in practice. The programme will include management theory, effective leadership and team working as well as delegation and clinical supervision.

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 metal 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.

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

The aim of this course 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.

INMO Professional

New Online Courses

Online from 10am - 1pm

All courses are Category 1 approved by NMBI

Fundamentals of Pain Management

Monday, 22 February 2021

3 CEUs

This short online programme for nurses and midwives will promote critical thinking and a safe and systematic approach in the assessment and management of pain. It will demonstrate how to recognise and differentiate patient's 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, well-being and recovery from illness, injury and surgery.

Understanding Epilepsy for Nurses & Midwives

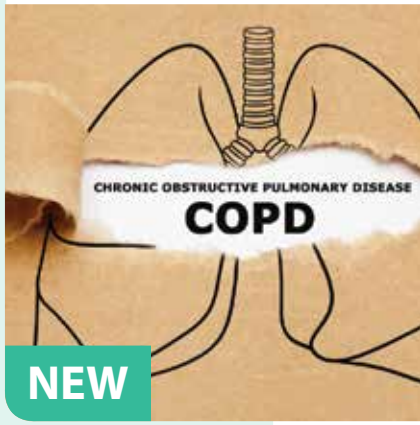
Thursday, 25 February 2021

3 CEUs

This programme will provide participants with a good foundation on which to build their knowledge and care when dealing with an epilepsy patient. A person with epilepsy often has comorbid conditions and must carefully manage their epilepsy and comorbid diseases, as well as navigate how their life is affected by their diseases. The management of patients with complex medical conditions, including epilepsy, is increasingly being overseen by nurses. 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.

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

Wednesday, 3 March 2021



3 CEUs

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD 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 COPD utilising current best practice.

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

BOOKING YOUR PLACE IS ESSENTIAL

Tel: 01 6640641/18 or go to www.inmoprofessional.ie

The future of nursing and midwifery

This month the library staff present a selection of reports, research and review articles along with other important resources relating to sustaining the future of nursing and midwifery

Key national reports

- Department of Health (DoH). Framework for safe nurse staffing and skill mix in general and specialist adult hospital medical and surgical care settings in Ireland. 2017
- DoH. National maternity strategy – creating a better future together 2016-2026. 2016
- DoH. A policy on the development of graduate to advanced nursing and midwifery practice. 2020

Key international reports

- World Health Organization. State of the world's nursing report: investing in education, jobs and leadership and leadership. 2020
- World Health Organization. State of the world's midwifery report (Due to be published in early 2021)
- National Academy of Medicine. The future of nursing 2020-2030: a consensus study from the National Academy of Medicine. 2020
- World Health Organization. The future of nursing and midwifery workforce in the context of the Sustainable Development Goals and universal health coverage: Report of the Seventh Global Forum for Government Chief Nurses and Midwives. WHO 2017

Covid-19

- International Council of Nurses (ICN). Covid-19 and the international supply of nurses: report for the International Council of Nurses. ICN 2020
- Rosa EW et al. Rapid Investment in nursing to strengthen the global Covid-19 response. 2020. Int J Nurs Stud
- Hassmiller S. Health equity and the future of nursing, post Covid-19. Health Affairs Blog 2020. doi: 10.1377/hblog20200928.163103
- Morin KH. Nursing education after Covid-19: Same or different? Journal of Clinical Nursing. 2020. https://doi.org/10.1111/jocn.15322

Workforce

- World Health Organization. Global strategy on human resources for health: Workforce 2030. WHO 2020
- Buchan J et al. Making progress towards health workforce sustainability in the WHO European Region. WHO. 2015. World Health Organization: Copenhagen
- McIntosh B. The future of midwifery practice and roles. Br J Midwifery 2012; 20(2): 122-127

Recruitment and retention

- Mills J et al. Retaining early career registered nurses: a case study. BMC Nursing. 2016; 15:57 DOI 10.1186/s12912-016-0177-z
- Drennan VM et al. Retaining nurses in metropolitan areas: insights from senior nurse and human resource managers. J Nurs Manag 2016; 24(8): 1041-1048
- Humphries N et al. Emigration is a matter of self-preservation. The working conditions are killing us slowly: qualitative insights into health professional emigration from Ireland. Human Resources for Health 2015; 13:35. doi 10.1186/s12960-015-0022-6

Resilience

- Crowther S et al. Sustainability and resilience in midwifery: A discussion paper. Midwifery 2016; 40: 40-48

Nursing role

- The changing role of nursing. Eurohealth: Quarterly of the European Observatory on Health Systems and Policies. Special Edition

Leadership

- Brown A. The next generation of clinical leaders; future proofing preparation. J Nurs Manag. 24(5): 569-570

Nursing education

- O'Brien B et al Mind the Gap: The need for future proofing of nursing in the Republic of Ireland to secure the educators and researchers of the next generation. J Nurs Manag 2019; 27(5):869-870. doi: 10.1111/jonm.12769
- Aubeeluck A et al. The unconscious bias that's keeping men out of nursing. Nursing Standard. 2017; 32 (13): 18-20. doi: 10.7748/ns.32.13.18.s17

Key international resources

Nursing Now

The aim of the Nursing Now Ireland campaign is to raise the profile, role and contribution of nurses and midwives. For more details, visit **www.nursingnowireland.ie**

International Confederation of Midwives (ICM)

International Day of the Midwife (IDM) – the ICM provides a toolkit each year to mark the IDM. Previous toolkits and information on this year's theme can be found at **www.internationalmidwives.org**

International Council of Nurses (ICN)

International Nurses Day (IND) – the 2021 theme for IND is 'A Vision for Future Healthcare,' a subtheme of the 2020 theme – 'Nurses: A Voice to Lead'. For more information on this year's theme, visit **www.icn.ch/what-we-do/campaigns/international-nurses-day**

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

Online – Introduction to Effective Library Search Skills

Next course dates: Tuesday, March 16, 2021

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.

Interns – know your rights

Catherine O'Connor discusses the rights and entitlements of student nurses and midwives in the workplace

AS FOURTH years begin their rostered internships this semester, it is important to understand how your rights and entitlements differ to when you were on your supernumerary clinical placements. As nursing and midwifery interns, you remain students but you are also now considered employees. As such, there are some points you should be aware of.

While supernumerary placements are typically 35 hours per week, internship placements are calculated as an average of 35 hours of clinical placement with a minimum of four hours of protected reflective time (PRT) per week, in line with HSE HR Circular 030/2009 and the 2014 Labour Relations Commission agreement. PRT is paid time, however there is some variation in how it is delivered between areas and sometimes this is calculated as an average, eg. having a day of structured reflection with CPCs could count as PRT for multiple weeks of placement.

In terms of break entitlements, all employees are entitled to breaks as outlined in the Organisation of Working Time Act 1997, which can be accessed via the INMO information office. You are entitled to a 15-minute break once you have worked up to 4.5 hours, and a 30-minute break once you have worked up to six hours, which may include the first break.

Premium pay entitlements

Many internship students wonder about premium pay entitlements. Premium rates of pay apply where employees work unsociable hours. Internship students should have access to premium hours in line with their staff nurse/midwife colleagues on a *pro rata* basis. A nurse or midwife who works a five-over-seven roster (liable to work weekends), and is scheduled to work on Saturday, is entitled to a premium payment of €15.30. This is a fixed amount and is payable irrespective of the number of hours worked.

Sunday and public holiday premiums are both calculated as time plus time, ie. double time, for each hour worked. Night duty premium is calculated as time plus one-quarter per hour worked between midnight and 7am. For hours worked between 8pm and midnight, the rate of pay is calculated at time plus one-sixth per hour worked. For hours worked between 6pm to 8pm (twilight rate), nursing or midwifery students are paid at a rate of time plus one-sixth.

Tax credits and sick leave

As you are now employees in your clinical areas, it is important to make sure you are paying the correct amount of tax. This can be done by visiting **revenue.ie** and clicking on the 'myAccount' button in the top right-hand corner, followed by 'register now'. This will bring you through the steps of registering with Revenue and will allow you to apply for tax credits.

Should you fall ill during your internship, you need to refer to your local sick leave policy, which will outline the steps you need to follow.

Interns may be granted up to eight weeks of paid sick leave during their internship, provided they comply with the sick leave policy in their area, as per the HSE HR Circular 030/2009. The hours required to be worked back in order to meet the NMBI mandatory requirements will be paid.

Call for INMO student reps

As we start a new semester, it is essential that each class has an INMO student rep to keep in touch with me. If your group does not have an INMO student rep, please discuss this among yourselves and nominate one rep per discipline, or per placement area if you are spread across multiple sites. It is worth noting that INMO student reps are distinct from student union reps as the INMO is the professional body representing nurses and midwives dealing with workplace-related matters.

Being a rep does not mean taking on a body of work and solving your class's problems by yourself; a rep is someone who relays the collective issues of their group to me so that I can either address these issues myself or bring them to the attention of senior management so that your voice can be represented at national negotiations. If you are interested in learning more, please do not hesitate to contact me by email: catherine.oconnor@inmo.ie

Preceptor of the Year Award

I am delighted to announce that nominations for the annual Preceptor of the Year Award, sponsored by Cornmarket Group Financial Services, are now open. This award recognises an INMO member who has inspired and motivated a student to reach their full potential. The member chosen as Preceptor of the Year will be presented with their award at the annual delegate conference in May. The deadline for nominations is April 1, 2021. You can nominate your preceptor at **www.inmo.ie/Preceptor_of_the_Year**

Catherine O'Connor is the INMO's student and new graduate officer. If you have a question for her, please email: catherine.oconnor@inmo.ie

Legal guidance on scope of practice and code of ethics

In an emergency such as Covid-19, nurses and midwives may be asked to work in unfamiliar contexts, but professional principles are as relevant as ever, writes **Edward Mathews**

THE current practice environment presents so many challenges to nurses and midwives that it would be difficult, if not impossible, to address all of the issues that are arising. Knowing the pressures that our members are facing, the INMO Executive Council sought acknowledgement from the Nursing and Midwifery Board of Ireland (NMBI) in relation to the current circumstances. The Executive Council also sought security for members that should any issue be raised in relation to their practice, the current context would be considered. This has been secured from the NMBI.

Additionally, I would like to reflect on important issues relating to practice in the current environment, and important considerations and protections.

Practice, the scope and the code

One area of concern for our members currently is that they may be called on to work in unfamiliar settings or care in unfamiliar circumstances. There are few exact answers for these concerns, however we have seen statements from the NMBI in relation to the Scope of Practice.

The NMBI has encouraged nurses and midwives to assist where they can, to avail of updates or upskilling to maximise their contribution, and to refer to the Scope of Practice guidance in practice-related decision-making. These are all important observations, yet many members might still be concerned if they are asked to practise in unfamiliar areas.

While this is a time of emergency, it is not the time for abandonment of professional principles. The Code of Professional Conduct and Ethics and the Scope of Practice guidance remain as relevant as ever. Yes, we may be able to extend our knowledge through upskilling and refresher training and yes, we may be able to make enhanced contributions as a result, but we cannot and must not provide care for which we are not competent. Organisations must understand this and nurses and midwives must be supported organisationally and by their managers to ensure the maintenance of professional principles at all times.

While there could be tasks in a given area that we cannot safely carry out, there may well be other nursing and midwifery services that we can provide safely. Therefore, when asked to work in an unfamiliar area, we need to consider our knowledge, skills and associated competencies. However, we need to do so in a holistic way – acknowledge that which we can do, refrain from that which we cannot do safely, and communicate constantly with colleagues and managers to contribute safely and effectively. We must also bear delegation in mind and only delegate where we can do so safely in the context of the Scope and Code.

As professionals, we make too many contextual decisions to give an exact answer for every scenario. However, in short:

- Organisations and individual managers must support nurses and midwives to maintain professional principles at all times, and must respect a professional's decision in relation to the limitations of their Scope of Practice
- With upskilling and updating, we may be able to provide care in alternative settings
- If asked to practise in heretofore unfamiliar settings, Scope and Code considerations such as knowledge, skills, competence, responsibility and accountability remain relevant and should always be considered
- In considering our Scope and Code, we have an obligation to refrain from acting if it is not in the best interests of the patient
- In considering our Scope and Code, we also know that in a given area we may have a contribution we can make, but that there are areas where we are not competent. We must identify our limitations, make them known to the manager and make a record of this. We may still have a role to play in those areas, but a more limited role, and yet in some areas our competence may be so limited that we have no effective or safe role we can play. This must be respected
- We can sometimes safely provide care in an area if we are adequately and proximately supported by more senior or experienced colleagues from our professions or from another medical profession. Again, record-keeping will be important here, including limitations acknowledged, advice or instructions received and guidance sought
- If called on to delegate, we must only do so safely in the context of the Scope guidance, which considers the competence of the person we are delegating to and our ability to supervise that person
- Record-keeping is essential. Take care to make adequate notes to reflect instructions received, your observations, actions, decisions, rationale for your decisions, advice sought, advice provided or

concerns raised. Also, if there are structural or other challenges in the practice environment, these should be recorded
- Overall, we remain responsible and accountable professionals who have an important contribution to make, but we must make that contribution within the context of professional principles.

Future directions in nursing and midwifery regulation

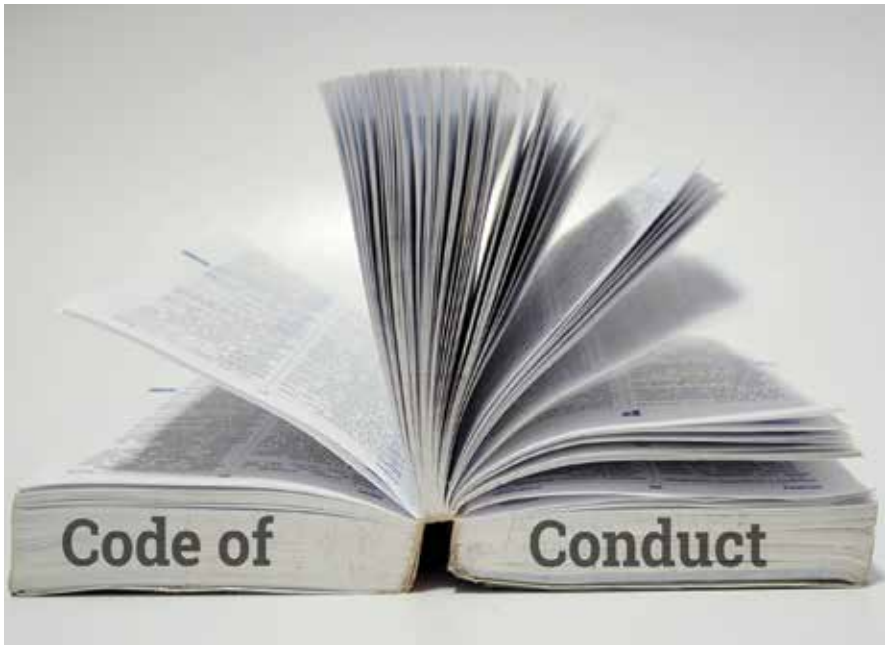
The Regulated Professionals (Health and Social Care) (Amendment) Act 2020 has become law. When it was at Bill stage, this legislation was the subject of extensive submissions and lobbying on the part of the INMO in relation to registration and fitness to practise. The 2020 Act amends the governing statutes for all regulated healthcare professionals in Ireland and makes a number of amendments to the Nurses and Midwives Act 2011. Most of the changes, which are of relevance to our ongoing work, relate to matters of registration and fitness to practise.

In terms of registration, the new legislation will allow the NMBI to send annual renewal notifications via email, rather than by post as is legally required currently.

In addition, registrants will now be required to make an annual declaration at the renewal of registration, which will require a registrant to disclose any pending or ongoing proceedings of a disciplinary or criminal nature in Ireland or abroad. In the context of disciplinary matters, this refers to professional disciplinary proceedings, as opposed to employer disciplinary proceedings.

In relation to fitness to practise, there are wide-ranging changes, most of which are quite welcome. There is wide-scale reform of the initial screening and investigation of complaints, which is now undertaken entirely at meetings of the Preliminary Proceedings Committee. These changes should allow for a much greater speed in the deliberation of complaints, as well as the elimination of frivolous and vexatious complaints. They should also allow for the possibility of dealing with complaints at the preliminary stage by consenting to be the subject of a warning and/or to undertake to do certain things, eg. education.

There will now be a provision, unless it is contrary to the public interests, to allow nurses or midwives who are the subject of a complaint that is progressing to a fitness to practise inquiry to voluntarily remove their registration. This is a positive development, as we encounter retirees, or those approaching retirement, who are subject to a complaint and simply do not wish to go through the trauma of an inquiry. As such, this amendment is welcome.



Fitness to practise inquiries will now be heard by a three-person panel, as opposed to a five-person panel. One member of the panel will be a nurse or midwife, when a nurse or midwife is dealing with the complaint. The other two members will be from outside the professions. This is a welcome development as it should expedite the scheduling of inquiries.

A negative development, although one that requires further comment, is the extension of the presumptive publication of the outcome of fitness to practise inquiries to those inquiries where the very low-level sanctions of advice and admonishment are imposed. Up to the amendment of the Act, there was no publication where these two sanctions were imposed. However, the original proposal in the Bill was that all sanctions would be published and that all sanctions would require the confirmation of the High Court.

We have been successful in ensuring that, although in cases imposing advice or admonishment, there may now be publication. It is still at the NMBI's discretion to publish or not if it is in the public interest to do so. This is an essential caveat that did not exist in the original Bill and was only secured through the activities of the INMO. This will allow us to protect our members who are unwell and are facing fitness to practise processes, as we will be able to use medical evidence to argue against publication.

Although the legislation is enacted, it has yet to be commenced and will likely take effect later this year.

Annual retention fee system

The experience in relation to the new system introduced by the NMBI has been extremely difficult for our members, particularly in relation to delay, time taken and inability to access support. Many members have contacted us and each representation we have received has been communicated directly to the director of registration at the NMBI. We have engaged with the NMBI concerning these problems and, in particular, we have sought:
- Additional support services to assist nurses and midwives in the process
- An extension of the date for completion to February 28 at the earliest, and to reassess the situation thereafter
- An independent review of the commissioning and roll-out of the new system considering the incredible difficulties experienced.

To date we have secured the additional supports and the extension of the date for completion and we are monitoring the situation very closely.

Overall, considering the pressures faced, we are supporting members and will continue to support members who feel they are being pushed to a place where their professional principles are being challenged to the extent that their safety – as well as their patients' safety – is being compromised.

Edward Mathews is INMO director of professional and regulatory services

Quality & Safety

A column by Maureen Flynn

New HSE quality improvement e-learning module

IN THIS month's column, we present the HSE National Quality Improvement team's new e-learning module on quality improvement (QI). This introduces all healthcare staff to the core concepts of QI and encourages us to think about how we all can play a role in improving the quality of the service we provide.

Introducing the QI module

The role of the HSE National Quality Improvement team is to work across all levels of health and social care to champion, partner, demonstrate and enable sustainable QI.

The first step in this process is to educate and support nurses, midwives and other healthcare staff to develop the knowledge and skills required to do this.

Who is it for?

The short e-learning module was co-designed by representatives from the National Quality Improvement team, staff working in frontline services (including nurses and midwives) and a patient who has been involved in many quality improvement projects. The module can be used by anyone who wants to learn about QI and is beginning their QI education and development journey.

What does it cover?

The module encourages the learner to think about a high-quality service in their everyday life and then relate their expectations and experiences back to the healthcare service that they provide. The module covers the following:

- Defining what is meant by 'quality' and 'quality improvement' in healthcare
- The QI link with the Health Information and Quality Authority (HIQA) *National Standards for Safer Better Healthcare*
- A video of the national director for QI explaining the importance of QI in healthcare
- Introduces the learner to the *Framework for Improving Quality*[1] and some QI methods, as well as explaining how they can be applied to support any improvement initiative
- A talk from a staff member who relays her experience of attending a QI education programme that helped her to develop the skills necessary to implement an improvement project that reduced opioid medication errors in her workplace
- A talk from a patient named Christine, who discusses the importance of improving and taking collective ownership of our health service.

How can I access the module?

This 20-minute e-learning programme is hosted on HSELand, the HSE's online learning and development portal, which can be accessed through the search function or under the categories 'clinical' and 'business skills'.

HSEland features more than 170 online learning programmes for clinical and non-clinical staff and can be accessed at **www.hseland.ie**

Learners will be awarded a certificate of completion by HSELand, which can be used as part of a continuing professional development portfolio.

Get involved

At your next team meeting, you might like to talk about QI and share details of the e-learning programme. You might also like to talk to your nurse or midwife manager when you meet to discuss your professional development.

What next?

This e-learning module encourages the learner to think about QI opportunities in their own workplace or service area and guides them in seeking support or further learning and development. There are many local QI supports already in place and the e-learning module encourages the learner to explore those relating to their own area. In addition, the National QI team is currently designing a number of follow-up e-learning modules and QI programmes for those who wish to further develop their QI knowledge and skills. The team hopes to make these available in 2021.

A key message in this module is to not wait for someone else to make an improvement. If you have an improvement idea, talk to someone about it, listen to patients or service users, learn to use some key QI tools and start improving your service.

Further information

For more details about the module, visit the National Quality Improvement website at **www.qualityimprovement.ie**

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

Acknowledgement: Thank you to my National QI team colleagues, the School of QI team and all of those featured in the e-learning programme. A particular thank you to Veronica Hanlon for leading the development of the module and for assistance in preparing this column

Reference
1. HSE 2016. Framework for Improving Quality. https://www.hse.ie/eng/about/who/qid/framework-for-quality-improvement/framework-for-improving-quality-2016.pdf

INMO Professional

RCM i-learn

THE ROYAL COLLEGE OF MIDWIVES

Continuity of carer

A new article from RCM i-learn addresses the importance of continuity of midwifery carer for women and their babies

THIS i-learn article has been designed for midwives who want to understand more about a maternity model based around midwifery continuity of carer.

The article provides easy-to-understand summaries of current research on this topic. It also includes interactive resources to bust some common myths, as well as lessons from the frontline to help us learn from earlier successes and failures in running sustainable continuity models. The module will take approximately 40 minutes to complete.

Learning outcomes

This article should assist you in knowing how to:

- Define 'midwifery continuity of carer'
- Describe what a midwifery continuity model of care should look like
- Share ideas with your colleagues about how midwifery continuity of carer can be implemented in a way that works for midwives and how it can support workers, as well as women and their families.

Why is continuity of carer important?

High-quality trials spanning more than three decades have shown the positive impact that continuity of midwifery carer has on a variety of outcomes for women and babies. These trials have been systematically reviewed by Sandall et al, most recently in 2016.[1]

The strong evidence base for continuity of midwifery carer, especially when referring to the reduction of preterm births and baby loss before 24 weeks, makes the model not only the gold standard for quality of care, but also for safety. In fact, preterm birth represents the greatest contributor to perinatal morbidity and mortality and continuity models have been proven to reduce its prevalence by 24%.[2]

Midwifery continuity of carer

The key research evidence about continuity of carer is gathered together in Sandall's Cochrane Review on Midwifery-led Continuity Models of Care.[3] The

Cochrane review authors give the following definition of continuity: "One of the models is called 'the midwife-led continuity model'. This is where the midwife is the lead professional starting from the initial 'booking' appointment, up to and including the early days of parenting. Midwife-led continuity models provide care from the same midwife or team of midwives during the pregnancy, birth and the early parenting period, and many women value this."

Does it make a difference?

Continuity of midwifery carer throughout the antenatal, intrapartum and postnatal period has been shown to provide a range of benefits to women and babies without any adverse outcomes. The strong body of evidence on midwifery continuity of carer comes from a large number of high-quality randomised controlled trials and has also been summarised in a Cochrane review of 15 trials involving 17,674 women. The review showed that women who received continuity of midwifery care had significant benefits with no identified adverse outcomes when compared with women receiving shared or medically led care.

Midwife burnout

Many midwives have lots of questions and worries about whether continuity could work for them. Many hear the words 'continuity' or 'caseload' and think of heavy on-call commitments.

Research carried out for the RCM has identified a number of factors that midwives say cause stress and burnout:[3]

- Lack of control over their work
- Micro-management
- Poor relationships with colleagues
- Poor relationships with families they work with.

By developing small teams that are more self-managing, it is possible to reduce or overcome these factors, as demonstrated by qualitative studies of midwifery continuity models and teams.

References

1.Sandell et al. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2016, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub5

2.Anon. The unfinished agenda of preterm births. Lancet. 2016; 338-2323

3. Sandell J. The contribution of continuity of midwifery care to high quality maternity care. Royal College of Midwives. 2015

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** or email the INMO library at library@inmo.ie for further information

Futureproofing our professions

To retain and nurture the nursing and midwifery workforce, the health service must recognise the significant contribution of nurses and midwives and involve them at policy level, writes **Steve Pitman**

COVID-19 remains the biggest challenge facing nurses and midwives in 2021. The increase in the level of infection, hospital admissions and ICU admissions has placed huge pressure on nurses, midwives and all frontline workers. Ensuring safety in the workplace, access to resources and support for nurses and midwives coping with the virus's impact remain the priorities. The roll-out of the vaccination programme provides a pathway to managing and controlling the virus over the coming months.

This article reflects on the future developments of nursing in Ireland and explores the key issues post-Covid-19, the nursing workforce, education and a range of other issues. While the focus of the article is on nursing, many of the issues are common to midwifery.

Aftermath

After the pandemic the health service will need to deal with the consequences of the scars left on healthcare workers. The INMO survey on the psychological impact of Covid-19 found that 61% of participants considered leaving the nursing and midwifery professions because of their experience during the pandemic. This survey was an indication that the long-term physical and psychological effects of the pandemic will be felt for some time after the virus has subsided.

Health services will need to ensure that resources are committed to ensuring supports are in place to help healthcare workers deal with the consequence of caring during the pandemic. Compassion, care and commitment are the core values of nursing and midwifery in Ireland. These values need to be seen to apply, not only to the patient, but also to those caring for them who have braved the worst of the pandemic.

Nursing workforce

Workforce shortages and safe staffing will remain central issues for the professions over the next decade. The WHO State of the World's Nursing 2020 report states there will be a shortage of 5.6 million nurses across the globe by 2030. This shortage is compounded by the estimated 4.7 million nurses who will retire before 2030.[1] The shortage will be experienced primarily in Asia, Africa and the Eastern Mediterranean but will challenge countries in Europe and America. Global competition to recruit nurses will make it increasingly difficult to attract nurses from outside Ireland.

Improving working conditions and reducing work demands are fundamental to retaining the valuable and sought-after nursing resource. Pay will continue to be a recurring issue closely associated with housing, cost of living, commuting and workplace parking. The issues for promotional grades following the strike are still outstanding and need to be urgently addressed. The reduction of working hours to the pre-austerity 37.5 hours is an unresolved issue and should be considered as a priority.

Safe nurse staffing and skill mix remain the most important issues. Implementing the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings*[2] needs to be resourced and implemented across the country. Commitments to extending the framework for use in the emergency care setting and general non-acute care setting need to be progressed and extended to all nursing care settings.

The establishment of the role of chief nursing officer at the Department of Health was an important development for nursing and midwifery. It ensured that the professions had a voice at the policy and strategy level of healthcare. However, there remains a need for this voice to be fully heard.

The pandemic highlights that despite nurses and midwives being the largest professional group caring for patients in intensive care, hospitals, nursing homes and the community, they had no voice on the National Public Health Emergency Team (NPHET), the body that provides direction and expert advice on Covid-19.

NPHET has a range of experts including a medical officer, deputy medical officers, along with other medical, policy and academic members, but currently no nursing or midwifery representative. These professions offer specific expertise and direct experience that could make an important and valuable contribution to the national health emergency planning. It is crucial that nursing and midwifery leadership posts are created at a policy level and that they are part of the wider healthcare strategic and policy making process.

Education

The establishment of the pre-registration nursing degree programme almost 20 years ago was fundamental to the advancements and evolution of the profession in Ireland. Undergraduate degree education has facilitated the expansion of the role of nurses and enabled them to practise to the full scope of their role. There can be no doubt that undergraduate level-8-degree education should continue to underpin the preparation for entry onto the professional register into the future.

The Covid-19 pandemic has raised questions about the role of student nurses and their relationship between the higher education institutions and the public health service. In the main, the issues that have been highlighted reflect the specific circumstances presented by Covid-19. However, it also may have exposed limitations within the current structure that have only become evident when the system is under pressure.

It may be timely after two decades to reflect on the current structure of the degree programme to ensure that it still meets the changing needs of society and healthcare in Ireland. Different models of professional education at degree level have been introduced in other countries. An example is the nursing degree apprenticeship (equivalent to EFQ level 8) programmes that have been developed in the UK and offered by nine universities in England.

Students studying on the degree apprenticeship programme are treated as employees and paid a wage. This type of programme does have intuitive appeal as nursing is inherently a practice-based profession that is underpinned by critical thinking and evidence-based practice. The importance of the degree-level education of nurses cannot be underestimated in its contribution to building the profession in Ireland. The degree apprenticeship model is just one example of innovation in nursing education.

Staff nurses

HSE data shows that staff nurses and midwives represent almost 67% (WTE) of the health service's nursing and midwifery workforce. The staff nurse grade is the mainstay of the nursing profession in Ireland, involved in direct interaction with patients and the delivery of clinical care. Nurses are held in high regard within society and are considered the most trusted people by 97% of the Veracity Index 2020.[3]

The practice of nurses is complex and highly skilled but often intangible and difficult to quantify. However difficult it is to fully define nursing care, there can be no doubt that patients know when they have experienced good nursing care. Often practice that can appear on the surface as simplistic or mundane is, in reality, the product of a deliberate, complex and holistic nursing assessment that draws on a breadth of knowledge and experience that is adapted to a given situation.

It can often be difficult for others to appreciate the full contribution of the nurse beyond observable tasks. This reductionist view separates care into discrete elements focusing on the task and not the needs of the individual.

Nurses must be alert to attempts to undervalue the essence of nursing care through the introduction of increasing numbers of care support staff. This could be seen as a quick fix to recruitment and retention challenges but could ultimately impact on the experience of care and care outcomes.

Specialist and advanced practice

The report on graduate development to advanced practice provided clarity to developing specialist and advanced practice.[4] As of November 2020, there were 2,288 WTE clinical nurse/midwife specialists and advanced nurse/midwife practitioners employed by the HSE.

The annotation of the clinical nurse/midwife specialist role onto the NMBI register will provide further recognition of the role beyond the employment contract. Further investment and financial support is required to enable nurses to meet level-9 requirements for clinical specialist posts.

The number of advanced nurse/midwife practitioner posts continues to grow. The target is to create approximately 750 posts or 2% of the nursing/midwifery workforce. The commitment to fund these posts was won by nurses and midwives as part of the INMO strike settlement in 2019. The continued commitment and resourcing of advanced practice posts must be assured to enable the development of health services that are fully responsive to the needs of the population.

Nurses will be vital to the successful implementation of Sláintecare. The role of both advanced and specialist posts will enable the development of community health hubs and enable crossover between the community and hospital services and vice versa. At the heart of Sláintecare is the development of community and primary healthcare services. This provides the opportunity to develop the role of the public health nurse, community RGN and the practice nurse, who are ideally placed to provide solutions and meet the evolving health needs in Irish society.

Nurses are embedded within the community and are central to leading and providing child healthcare services, care of the older persons services, care of people with disabilities and the expanding area of management of people with non-communicable disease, making them essential to the future of our health service.

Technology

The advancement in healthcare and communication technologies is unrelenting. During the Covid-19 pandemic, the use of eHealth and telehealth increased and became more widespread. The increasing use of eHealth was expected as part of the Sláintecare implementation plan but the challenges presented by Covid-19 increased the urgency for its implementation.

It is crucial that as technology evolves and is integrated into services that appropriate resources are made available for technology hardware, connectivity, training and support, along with the development of new processes. It is essential that the introduction of technologies is robustly tested for user acceptance to ensure the systems work for service users and healthcare professional, and is available across the country.

Conclusion

The coming years will present challenges for the Irish health service in dealing with the legacy of Covid-19 and a difficult economic environment. However, there are opportunities for nursing and midwifery to grow and evolve to meet the changing health needs of society.

Nurses and midwives are in demand across the world, and increased opportunities will provide the potential for new experiences and career development. To retain and nurture the nursing and midwifery workforce, the health services need to fully recognise the contribution of nurses and midwives to healthcare in Ireland and to take care of this precious resource.

Steve Pitman is the INMO head of education

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CV=cardiovascular. SUSTAIN = Semaglutide Unabated Sustainability in treatment of Type 2 Diabetes.

*Results apply to Ozempic® across SUSTAIN trials, which included placebo, sitagliptin, dulaglutide, canagliflozin, exenatide PR and glargine U100.[1-9]

†In SUSTAIN 6, Ozempic® reduced CV risk (CV death, nonfatal myocardial infarction [MI] or nonfatal stroke) versus placebo in patients with type 2 diabetes at high CV risk treated with standard of care.[1,3]

‡When added to standard of care, which included oral antidiabetic treatments, insulin, antihypertensives, diuretics and lipid-lowering therapies.

§SUSTAIN 7, Ozempic® 1.0 mg vs. dulaglutide 1.5 mg.

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Ozempic®▼ semaglutide

Please refer to the Summary of Product Characteristics (SmPC) before prescribing. Ozempic® 0.25 mg solution for injection in pre-filled pen. Ozempic® 0.5 mg solution for injection in pre-filled pen. Ozempic® 1 mg solution for injection in pre-filled pen. One ml of solution contains 1.34 mg of semaglutide (human glucagon-like peptide-1 (GLP-1) analogue). **Indication:** Ozempic® is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise • as monotherapy when metformin is considered inappropriate due to intolerance or contraindications • in addition to other medicinal products for the treatment of diabetes. For study results with respect to combinations, effects on glycaemic control and cardiovascular events, and the populations studied, see sections 4.4, 4.5 and 5.1 of the Ozempic® SmPC. **Posology and administration:** Administered once weekly at any time of the day, with or without meals. Injected subcutaneously in the abdomen, thigh or upper arm. Starting dose: 0.25 mg once weekly. After 4 weeks the dose should be increased to 0.5 mg once weekly. After at least 4 weeks with a dose of 0.5 mg once weekly, the dose can be increased to 1 mg once weekly to further improve glycaemic control. When Ozempic® is added to a sulfonylurea or insulin, a reduction in dose of sulfonylurea or insulin should be considered to reduce the risk of hypoglycaemia. Blood glucose self-monitoring is necessary to adjust the dose of sulfonylurea and insulin, particularly when Ozempic® is started and insulin is reduced. A stepwise approach to insulin reduction is recommended. Children: No data available. Elderly: No dose adjustment required, therapeutic experience in patients age ≥75 is limited. Renal impairment: No dose adjustment is required for patients with mild, moderate or severe renal impairment. Experience in patients with severe renal impairment is limited. Not recommended for use in patients with end-stage renal disease. Hepatic impairment: No dose adjustment is required for patients with hepatic impairment. Experience with severe hepatic impairment is limited. Caution should be exercised when treating these patients with semaglutide. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Special warnings and precautions for use:** Should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis. Not a substitute for insulin. Diabetic ketoacidosis has been reported in insulin-dependent patients whom had rapid discontinuation or dose reduction of insulin. There is no experience in patients with congestive heart failure NYHA class IV and is therefore not recommended in these patients. Use of GLP-1 receptor agonists may be associated with gastrointestinal adverse reactions. This should be considered when treating patients with impaired renal function as nausea, vomiting, and diarrhoea may cause dehydration which could cause a deterioration of renal function. Acute pancreatitis has been observed with the use of GLP-1 receptor agonists. Patients should be informed of the characteristic symptoms of acute pancreatitis. If pancreatitis is suspected, semaglutide should be discontinued; if confirmed, semaglutide should not be restarted. Caution should be exercised in patients with a history of pancreatitis. Use of semaglutide in combination with a sulfonylurea or insulin may have an increased risk of hypoglycaemia, therefore consider reducing the dose of sulfonylurea or insulin when initiating treatment with Ozempic®. In patients with diabetic retinopathy treated with insulin and semaglutide, an increased risk of developing diabetic retinopathy complications has been observed. Caution should be exercised when using semaglutide in patients with diabetic retinopathy treated with insulin. These patients should be monitored closely and treated according to clinical guidelines. Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy, but other mechanisms cannot be excluded. When semaglutide is used in combination with a sulfonylurea or insulin, patients should be advised to take precautions to avoid hypoglycaemia while driving and using machines. **Fertility, pregnancy and lactation:** Women of childbearing potential are recommended to use contraception when treated with semaglutide. Should not be used during pregnancy or breast-feeding. Discontinue at least 2 months before a planned pregnancy. Effect on fertility unknown. **Undesirable effects:** *Very common (≥1/10);* HHypoglycaemia when used with insulin or sulfonylurea, nausea, diarrhoea. *Common (≥1/100 to <1/10):* Hypoglycaemia when used with other oral antidiabetic medications, decreased appetite, dizziness, diabetic retinopathy complications, vomiting, abdominal pain, abdominal distension, constipation, dyspepsia, gastritis, gastro-oesophageal reflux disease, eructation, flatulence, cholelithiasis, fatigue, increased lipase, increased amylase, weight decreased. *Uncommon (≥1/1,000 to <1/100):* Hypersensitivity, dysgeusia, increased heart rate, acute pancreatitis, injection site reactions. *Rare (≥1/10,000 to <1/1,000):* Anaphylactic reaction. The Summary of Product Characteristics should be consulted for a full list of side effects. **MA Numbers:** Ozempic® 0.25 mg pre-filled pen EU/1/17/1251/002. Ozempic® 0.5 mg pre-filled pen EU/1/17/1251/003. Ozempic® 1 mg pre-filled pen EU/1/17/1251/005. Each pre-filled pen delivers 4 doses and includes 4 disposable NovoFine® Plus needles. **Legal Category:** POM. For complete prescribing information, please refer to the Summary of Product Characteristics which is available on www.medicines.ie or by email from infoireland@novonordisk.com or from the Clinical, Medical and Regulatory Department, Novo Nordisk Limited, 1st Floor, Block A, The Crescent Building, Northwood Business Park, Santry, Dublin 9 Ireland. **Date last revised:** October 2020.

Adverse events should be reported to the Health Products Regulatory Authority. Information about adverse event reporting is available at www.hpra.ie. Adverse events should also be reported to Novo Nordisk on Tel: 1850 665 665 or complaintireland@novonordisk.com

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ONCE-WEEKLY OZEMPIC®▼ semaglutide injection

With the right education and support, the use of injectable therapies in type 2 diabetes can be implemented in both primary and secondary care, write **Ann Wall** and **Pat Broderick**

Injectable therapies in type 2 diabetes

WITH the restructuring of diabetes care in Ireland,[1] starting injectable therapies in primary care is becoming increasingly common. Type 2 diabetes is a progressive condition and many patients will require injectable therapies.[2] More than 40% of people with type 2 diabetes will require insulin. Insulin is usually required when a person reaches the maximum oral therapy suitable to them.

In addition, insulin can be used temporarily during steroid therapy to optimise glycaemic control intraoperatively or when the HbA1c is significantly elevated on diagnosis.[3] However, in patients with type 2 diabetes who are not achieving glycaemic targets on oral therapies, a glucagon-like peptide-1 receptor agonist (GLP-1 RA) is recommended before insulin, where appropriate.

Based on data from cardiovascular outcome trials, the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) guideline recommends a GLP-1 RA or a sodium glucose transporter-2 (SGLT-2) inhibitor as second-line therapy after metformin in patients with, or at risk of, atherosclerotic cardiovascular disease. It is also recommended as the second-line drug of choice where weight loss is a primary goal.[4]

GLP-1 RAs

GLP-1 is secreted by the small intestine in response to food and acts on: the brain to suppress appetite, the stomach to slow gastric emptying and the pancreas to stimulate insulin production and suppress glucagon secretion in a glucose-dependent manner. GLP-1 RAs can be used in combination with other hypoglycaemic agents including insulin; however if using with insulin or a sulphonylurea (SU), the dose of insulin or SU may need to be reduced to avoid hypoglycaemia.

If using in addition to a dipeptidyl peptidase-4 (DPP-4) inhibitor, it is recommended to stop the DPP-4 inhibitor.

Currently available in Ireland is liraglutide (Victoza), a daily subcutaneous (SC) injection and three weekly SC injections; semaglutide (Ozempic), dulaglutide (Trulicity) and exenatide prolonged release (Bydureon). Contraindications include: type 1 diabetes, pregnancy or breastfeeding, severe gastrointestinal disease, diabetic gastroparesis, a history of pancreatitis, medullary thyroid cancer, or end-stage renal disease.

Caution is advised if there is a high risk of pancreatitis, or with semaglutide, if pre-existing retinopathy and used in combination with insulin.[5] Inform patients of possible side-effects. The most common side-effect is nausea, which is often short-term and dissipates over time; eating smaller meals, keeping well hydrated and avoiding fatty foods can help. Vomiting or diarrhoea can occur less commonly and the risk of pancreatitis is rare; however, inform the patient to report any severe abdominal pain.

The choice of agent should be individualised and patient-specific factors should be taken into account, including patients' tolerance of possible side-effects, ease of use of the injection device and available supports. The characteristics of the GLP-1 RAs are outlined in *Table 1*.

Insulin

When a patient needs insulin therapy the healthcare professional (HCP) can be faced with a daunting array of different insulin regimes. The ADA/EASD recommends that initial insulin therapy in type 2 diabetes is basal insulin. The available types of basal insulin are listed in *Table 2*. When starting a patient on insulin, consideration must be given to the hypoglycaemic agents previously prescribed. If adding insulin to a SU it is recommended that the dose of the SU may need to be reduced or stopped to lower the risk of hypoglycaemia.

Basal insulin analogues such as detemir (Levemir) and glargine (Lantus) challenge the traditional view of insulin therapy as a last resort. They offer simple and effective glycaemic control with a reduced risk of hypoglycaemia compared with older insulin formulations such as NPH.[6] They are usually given once per day, at the same time every day and last up to 24 hours.

The next generation of basal insulin analogues, degludec (Tresiba) and glargine U300 (Toujeo), are considered ultra-long-acting insulins with a duration of action of up to 42 hours and 36 hours respectively. They are administered once a day but allow more flexibility with timing of administration. They have a flatter action profile, giving them the added advantage of substantial reduction in nocturnal hypoglycaemia.

Besides the traditional 100units/ml strength of insulin, Toujeo is available in 300units/ml and Tresiba in both 100units/ml and 200units/ml. This more concentrated strength is particularly useful as patients on larger doses of insulin can administer a smaller volume injection.

When starting someone on basal insulin, as a general guide the starting dose is eight

Table 1: Characteristics of GLP-1 RA pen devices

GLP-1 RA	Single-use or multiple-use pen	Pens available	Reconstitution or mixing required	Needles supplied	Recommended dose/titration*
Liraglutide (Victoza)	Multiple	One pen with variable dose of 0.6mg, 1.2mg, or 1.8mg	No	Needles not included	0.6mg daily for at least one week then 1.2mg daily for at least one week and if tolerated increase to 1.8mg daily
Dulaglutide (Trulicity)	Single	0.75mg or 1.5mg	No	Pre-attached hidden needle	Monotherapy 0.75mg weekly Add on therapy: 1.5mg weekly If vulnerable to side-effects, start lower dose for four weeks and increase if tolerated
Semaglutide (Ozempic)	Multiple (four doses per pen)	0.25mg, 0.5mg or 1mg	No	Needles included	Start 0.25mg weekly for four weeks Then 0.5mg weekly for four weeks and then if tolerated/required 1mg weekly
Exenatide once-weekly (Bydureon)	Single	2mg	Yes	Needles included	2mg weekly

**Dose titration as per individual summary of produce characteristics*

to 10 units or 0.1 to 0.2 units/kg a day, but this should be individualised to the patient. Insulin is then titrated to target fasting glucose level in the absence of hypoglycaemia. Detemir (Levemir) and glargine (Lantus) can be adjusted by two units every three days, but degludec (Tresiba) and glargine U300 (Toujeo) are adjusted slower, every three to four days, because of their longer action profile.

If hypoglycaemia occurs and there is no clear cause, it is recommended to reduce the insulin dose by 10-20%.[4] Ideally, the patient needs to be taught how to adjust the insulin themselves; research shows that patient-driven insulin adjustments have been more successful than clinician-controlled regimes.[7]

Table 2: Available types of basal insulin

Name	Strength	Duration of action
Degludec (Tresiba)	100 units/ml 200 units/ml	42 hours
Detemir (Levemir)	100 units/ml	Up to 24 hours
Glargine (Toujeo)	300 units/ml	Up to 36 hours
Glargine (Lantus)	100 units/ml	Up to 24 hours
NPH (Insulatard)	100 units/ml	Up to 24 hours

Education and support

Despite the benefits of injectable therapies, GLP-1 RAs and especially insulin therapy are often met with resistance from HCPs as well as from patients. This fear can lead to clinical inertia in starting the patient on injectable therapies, resulting in prolonged hyperglycaemia for the patient.[8]

HCPs worry about the safety of the patient or whether the person will be able to manage. They may also not have the time or experience to start injectables.[6] Increased access to diabetes education and the support of a diabetes clinical nurse specialist in integrated care can assist.

On the other hand, patients worry about the effect an injectable may have on their lifestyle, they may have a needle phobia, or especially in relation to insulin, have concerns about weight gain or hypoglycaemia.[6,9] It is vital therefore that HCPs prepare patients at diagnosis for the progressive nature of the disease and the likelihood of needing injectable therapies.[6,10]

As starting an injectable therapy to manage type 2 diabetes can be hard for patients, it is essential they are well informed on why this medication is recommended and what to expect from it. Allow sufficient time for education and to answer questions. A demonstration device can also help allay fears. When a patient is well informed and supported, they are more involved in the decision on management options, resulting in improved adherence to medication regimes.[4]

Patient information books are available from pharmaceutical companies, in addition to videos on how to use the devices. Some areas have a nurse referral service available for the initiation of some GLP 1-RAs. Ensure adequate follow-up to monitor progress and that the patient knows how to access ongoing support.

In conclusion, the use of injectable therapies in the management of type 2 diabetes is becoming more common and with the right education and support it can be successfully implemented in both primary and secondary care. Timely use of these injectable therapies in the appropriate patient will reduce clinical inertia and reduce the risk of prolonged hyperglycaemia.

Pat Broderick and Ann Wall are clinical nurse specialists in diabetes and integrated care, Cork Kerry Community Healthcare

References are available on request by email to nursing@medmedia.ie (Quote Wall A; 29 (1) 51-52)

Night shift workers at greater risk of asthma

Research indicates that those on permanent night shifts could be at heightened risk of moderate to severe asthma

ASTHMA is consistently in the top 20 diagnoses for admission to hospital in Ireland. New research suggests that shift workers, especially those working permanent night shift rotas, may be at heightened risk of moderate to severe asthma. Given the prevalence of both shift work and asthma in industrialised nations, the public health implications of these findings are potentially "far-reaching", warned the researchers.

Approximately one in five employees in the developed world works permanent or rotating night shifts. Shift work causes a person's internal body clock (circadian rhythm) to be out of step with the external light and dark cycle. This misalignment is associated with a heightened risk of various metabolic disorders, cardiovascular disease and cancer.

Symptoms of asthma, such as wheeze and airway whistling, vary considerably, according to the time of day or night, and the researchers wanted to find out if shift work might also be associated with an increased risk of asthma and/or its severity.

The researchers were also keen to explore how influential chronotype – individual body clock preference for morning ('lark') or evening ('owl') activity – and genetic predisposition to asthma might be.

They drew on medical, lifestyle and employment information supplied between 2007 and 2010 by 286,825 participants in the UK Biobank.

All these participants were aged between 37 and 72, and were either in paid employment or self-employed. Most (83%) worked regular office hours, while 17% worked shifts, around half of which (51%) included night shifts. Shift patterns comprised: never or occasional night shifts; irregular or rotating night shifts; and permanent night shifts.

Compared with those working office hours, shift workers were more likely to be men, smokers, and to live in urban areas and in more deprived neighbourhoods. They also drank less alcohol, slept fewer hours and worked longer hours.

Night shift workers were more likely to be 'owls' and to have poorer health. And they were more likely to work in service jobs or as process, plant and machine operatives; those working office hours tended to be in administrative roles and to have professional jobs.

Some 14,238 (around 5%) of all the study participants had asthma; in 4,783 (nearly 2%) symptoms were moderate to severe (based on their medications).

The researchers compared the effect of working office hours with shift work on asthma diagnosis, lung function and symptoms of asthma.

After taking account of age and sex, and a wide range of other potentially influential risk factors, there was a 36% increase in the odds of having moderate to severe asthma in permanent night shift workers compared to those working normal office hours.

Similarly, the odds of wheeze or airway whistling were 11-18% higher among those working any of the three shift patterns, while the odds of poorer lung function were around 20% higher in shift workers who never or rarely worked nights and in those working permanent night shifts.

Those who were definitely either larks or owls, known as 'extreme chronotypes,' were significantly more likely to have asthma even after taking account of a range of potentially influential risk factors. And the odds of moderate to severe asthma were 55% higher among larks working irregular shifts, including nights.

But genetic susceptibility to asthma didn't affect the odds of developing asthma among those working shifts.

This is an observational study, so can't establish cause, according to the researchers.

"However, it is plausible that circadian misalignment leads to asthma development," they pointed out.

"Interestingly, chronotype does change with age, getting later through adolescence and then earlier as adults age, suggesting that older individuals might find it more difficult to adjust to night shift work than younger adults," they said.

The researched warned that the public health implications of their findings were potentially far-reaching, since both shift work and asthma are common in the industrialised world.

Asthma prevalence is very high in Ireland with a ranking of number four in the world asthma league after Australia, New Zealand and the UK. Estimates vary, but as many as 470,000 individuals in Ireland have the condition.

There has been a very considerable increase in asthma prevalence in developed countries over the past two decades. While asthma tends to run in families, the reason for the increase is not genetic. It is more likely environmental – either due to a great change in the external environment over this period (allergic substances, pollution, smoking) or a change in our bodies' response to the external environment.

According to the authors of this study, there are no specific national clinical guidelines for how to manage asthma in shift workers, but they suggest that adapting shift work schedules to suit individual chronotype might be a worthwhile public health measure that is worth exploring further.

The article 'Night shift work is associated with an increased risk of asthma' was published online in the journal *Thorax*.

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Abbreviated Prescribing Information
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 x 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 x 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 when interpreting bone- imaging results. This medicinal product contains 50 mg sorbitol 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. Uncommonly 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 prefilled 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 Center, 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. **Adverse reactions can be reported to Medical Information at Accord-UK Ltd. via E-mail:** medinfo@accord-healthcare.com **or Tel:** +44(0)1271385257.
Date of Generation of API December 2019. IE-01454

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Adverse events should be reported. Reporting forms and information can be found on the HPRA website (www.hpra.ie), or by e-mailing medsafety@hpra.ie. Adverse events should also be reported to Medical Information via email; medinfo@accord-healthcare.com or tel:0044 (0) 1271 385257

May 2020. IE-01429

Focus on: Febrile neutropenia

In the first instalment of a two-part series, **Liz Meade** and **Petra Martin** give an overview of febrile neutropenia in cancer patients

WORLDWIDE the incidence of cancer is increasing each year.[1] In Ireland there are an average of 43,000 cases of cancer diagnosed each year and it is predicted that this will double by 2045.[2] Therefore, the numbers of patients receiving anticancer drugs and those diagnosed with neutropenia is also expected to increase.[1]

Neutropenia is defined as an absolute neutrophil count (ANC) < 1,000 x 10^9/L, severe neutropenia is as an ANC < 500 x 10^9/L or an ANC that is expected to decrease to < 500 x 10^9/L over the next 48 hours and profound neutropenia as an ANC< 100 x 10^9/L. Neutropenia increases the risk of infection, often leading to febrile neutropenia.

Febrile neutropenia is defined as an oral temperature of > 38.0˚C sustained for one hour and an absolute neutrophil count (ANC) of < 0.5 or expected to fall to < 0.5 x 10^9/L .[3,4]

Febrile neutropenia is an oncology emergency and a serious complication of chemotherapy treatment. It can have potential life-threatening complications if not managed promptly and effectively.[3,5,6] Neutrophils are the most abundant white cells in the body and are the first-line of defence against infection. Neutrophils only develop in the bone marrow and are short lived in circulation and the process of their proliferation and maturity is called granulopoiesis.[5]

Neutrophils are particularly susceptible to the cytotoxic effects of chemotherapeutic drugs. Anticancer drugs disrupt the growth of cells by disturbing DNA synthesis, which can lead to secondary effects, including the antimitotic effects of chemotherapy drugs on neutrophils. The increased death of early progenitor cells is further aggravated by repeated exposure to cytotoxic drugs.

Case study

A 66-year-old male presented in hospital in April 2019 with shortness of breath on exertion, no weight loss or haemoptysis. A retired technician, married with adult children, he had a history of hypertension, hypercholesterolaemia and osteoarthritis. His medications included aspirin 75mg, telmisartan 80mg, lercanidipine 20mg and simvastatin 40mg. He had an allergy to penicillin and was a 40-pack year smoker and a social drinker.

This patient presented with shortness of breath on exertion, no weight loss or haemoptysis. A chest x-ray revealed a small nodular opacity right mid-zone and a CT scan confirmed a small lesion right upper lobe with no metastasis. Bronchoscopy showed occluded right upper lobe, and endobronchial washing revealed small cell lung cancer (SCLC). A PET scan and brain scan did not reveal any metastatic disease. He was treated with concurrent chemotherapy with cisplatin/etoposide and radiotherapy for four cycles and prophylactic cranial radiation.

He had an episode of febrile neutropenia on day seven post his final cycle of chemotherapy and was admitted and treated with iv meropenem and gentamicin and recovered after seven days.

In April 2020 restaging CT revealed disease recurrence with right paratracheal and supraclavicular lymphadenopathy. Biopsy confirmed small cell cancer. He was treated with carboplatin/etoposide chemotherapy but progressed after two cycles with superior vena cava (SVC) obstruction. He underwent 10 fractions of radiotherapy and was subsequently commenced on topotecan chemotherapy for five days every three weeks with pegfilgrastim support.

A peripherally inserted central catheter (PICC) was inserted for vascular access. He presented to the oncology day ward day four post chemotherapy with high temperature 38˚C, hypotensive, and redness around PICC line site. Laboratory results: WCC 0.32, ANC 0.13, platelets 32, CRP 263, creatinine 66mmol/l. Blood cultures both peripherally and from the PICC line were taken.

The patient was commenced on iv meropenem and iv vancomycin. A septic screen including urinalysis, chest x-ray and a swab from PICC line was undertaken. He was commenced on filgrastim daily until his counts recovered. The patient was admitted with full isolation precautions. His blood cultures were positive with gram positive cocci and, following consultation with the consultant microbiologist, this was felt to be mostly likely due to contamination. He remained on the current antibiotics as his vital signs were normal and he was clinically well. His ANC recovered after eight days. He was due to have a dose reduction in his chemotherapy for subsequent cycles.

Mucositis as a result of chemotherapy disrupts the barrier function of the gut mucosa and permits microbial invasion. The skin, mouth, nasopharynx and gut have complex spectra of microbial organisms, which may be altered by cancer and its treatment, the use of antibiotics and other factors.[7]

Neutrophil counts are affected by dose, number of treatments and the period between treatments. Bone marrow suppression is also seen with targeted therapy and immunotherapy treatments.[6] Radiotherapy treatment can also affect bone marrow reserve and can contribute to febrile neutropenia.

Risk factors

There is a clear association between the severity of neutropenia, which increases the risk of febrile neutropenia, and the intensity of chemotherapy. Different regimes are classified according to their potential risk of producing neutropenia: high risk > 20%, intermediate risk 10-20% and low risk < 10%.[6]

Several factors, as well as the chemotherapy administered, can increase the risk of developing febrile neutropenia. These include older age, advanced disease, history of prior febrile neutropenia, mucositis, poor performance status, cardiovascular disease, and no antibiotic prophylaxis or G-CSF use. The risk of developing neutropenia increases when one or more comorbidities exist.[4,6,8]

Cancer patients are at a heightened risk due to the frequency of contact with the hospital system and the risk of nosocomial infections. Indwelling intravascular devices and surgical procedures also increase the risk of febrile neutropenia

Complications

Neutropenia and febrile neutropenia increase the risk of hospitalisation and complications from morbidities associated with heightened susceptibility to infections. Neutropenia is one of the leading causes of dose reductions or treatment cessation which can impact on patient outcomes.[6,9]

Major complications associated with febrile neutropenia range between 25% and 30% and include hypotension, acute renal, respiratory and heart failure.[3]

Mortality rates can be up to 20% among patients hospitalised with febrile neutropenia.[6] The cost of hospitalisation due to neutropenia is significant. In the US in 2012 there were 108,419 cancer-related hospitalisations with a total cost of $2.7 billion. In adult cancer patients the mean length of stay was 9.6 days with a mean hospital cost of $24,770 per stay. In western countries the mean hospital cost is €13,500.[5]

The length of stay with febrile neutropenia is significantly higher than with non-neutropenic admissions. The prevention and reduction of neutropenia-related complications could potentially decrease hospital admissions and associated costs.[1]

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Part two of this article will focus on the management of febrile neutopenia and will be published in the April 2021 issue of WIN

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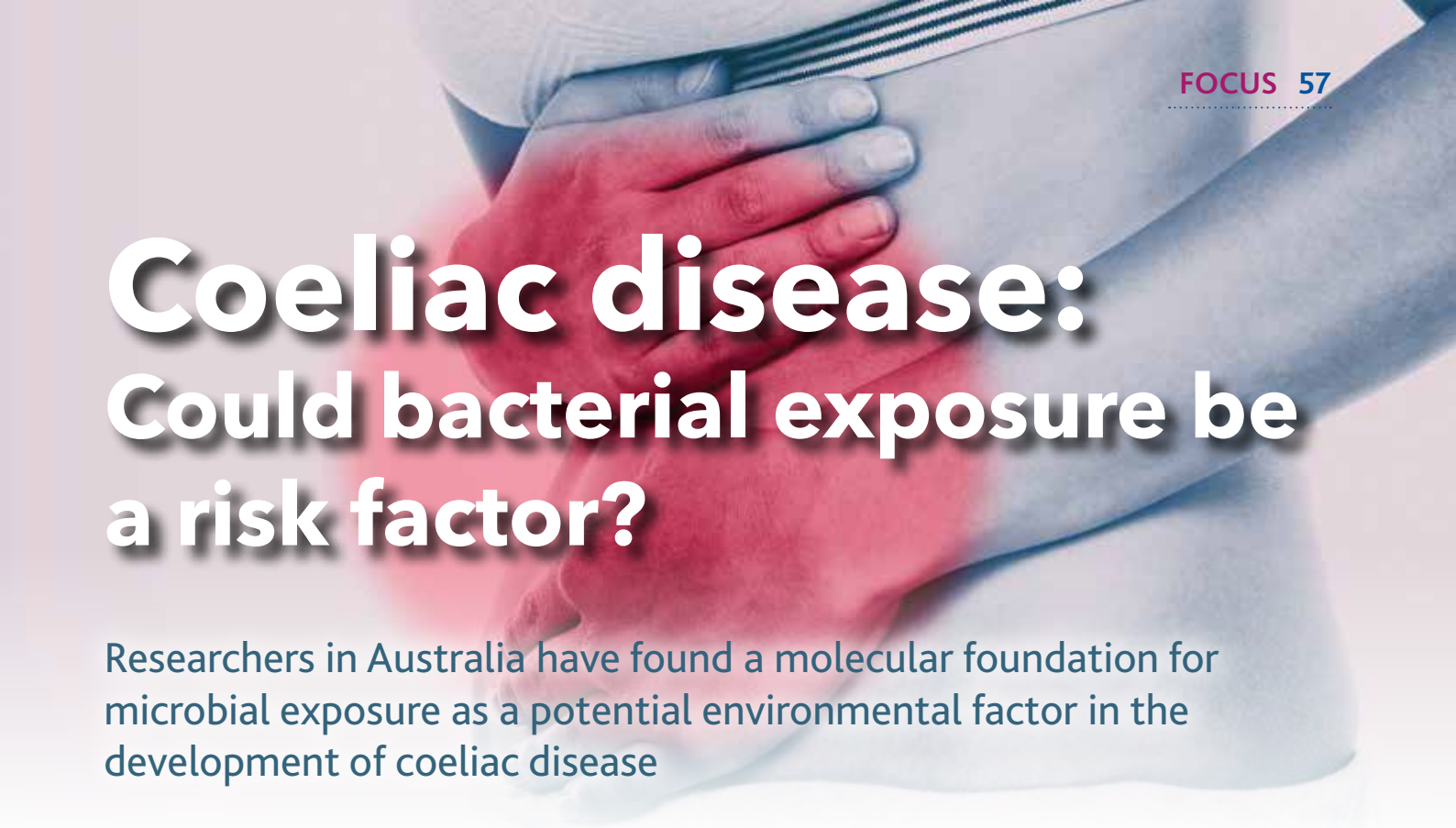


Coeliac disease: Could bacterial exposure be a risk factor?

Researchers in Australia have found a molecular foundation for microbial exposure as a potential environmental factor in the development of coeliac disease

BACTERIAL exposure has been identified as a potential environmental risk factor in developing coeliac disease, a hereditary autoimmune-like condition that according to the HSE affects about one in 100 people in Ireland.

The cause or causes of coeliac disease are unknown, but it is thought to be associated with a combination of genetic and environmental factors. People with coeliac disease must follow a lifelong gluten-free diet, as even small amounts of gluten can cause health problems.

While environmental factors are known to trigger coeliac disease in those with the genetic predisposition, exactly how that works has remained unclear.

Scientists from the Monash Biomedicine Discovery Institute (BDI) and ARC Centre of Excellence in Advanced Molecular Imaging in Melbourne, Australia, have now provided a molecular foundation for microbial exposure as a potential environmental factor in the development of coeliac disease.

The results of the study, done in collaboration with researchers at Leiden University Medical Centre and the Walter and Eliza Hall Institute of Medical Research, were published in the journal *Nature Structural and Molecular Biology*.[1]

Co-lead researcher Dr Hugh Reid, from Monash University, said the team showed, at the molecular level, how receptors isolated from immune T cells from coeliac disease patients can recognise protein fragments from certain bacteria that mimic those fragments from gluten.

Exposure to such bacterial proteins may be involved in the generation of aberrant recognition of gluten by these same T cells when susceptible individuals eat cereals containing gluten, he said.

"In coeliac disease you get aberrant reactivity to gluten and we have provided a proof-of-principle that there's a link between gluten proteins and proteins that are found in some bacteria," he said.

"That is, it's possible that the immune system reacts to the bacterial proteins in a normal immune response and in so doing develops a reaction to gluten proteins because, to the immune system, they look indistinguishable – like a mimic."

Dr Reid said the findings could eventually lead to diagnostic or therapeutic approaches to coeliac disease.

Coeliac disease

Coeliac disease is caused by an aberrant reaction of the immune system to gluten, a protein which occurs naturally in grains such as wheat, rye, barley and oats, and therefore is typically found in bread, pastries and cakes. Immune system cells, known as T cells, regard gluten as a foreign substance, and initiate action against it. In patients with coeliac disease, activation of these T cells leads to an inflammatory response in the small intestine causing a wide range of symptoms including diarrhoea, bloating and malabsorption of nutrients, to name a few.

Misdiagnosis is the biggest issue for people with coeliac disease in Ireland according to the Coeliac Society of Ireland, as three out of every four of the 50,000 thought to have the condition are yet to receive a formal diagnosis despite many of them spending years seeking treatment for their symptoms.

Research among the members of the Coeliac Society of Ireland has shown that it can take up to 10 years for individuals to receive a diagnosis.

Coeliac disease is now known to be a common condition. Women are two to three times more likely to develop coeliac disease than men. Cases of coeliac disease have been diagnosed in people of all ages.

In some cases, coeliac disease does not cause any noticeable symptoms, or it causes very mild symptoms. As a result, it is thought that at least 50% or possibly as many as 90% of cases are either undiagnosed or misdiagnosed as other digestive conditions, such as irritable bowel syndrome.

The cause or causes of coeliac disease are unknown, but it is thought to be associated with a combination of genetic and environmental factors.

People with coeliac disease must follow a lifelong gluten-free diet, as even small amounts of gluten can cause health problems. If left untreated, the disease can cause serious issues including malnutrition, osteoporosis, depression and infertility, and there is a small increased risk of certain forms of cancer, such as lymphoma of the small bowel.

– Alison Moore

Reference
1. Petersen J, Ciacchi L, Tran MT et al. T cell receptor cross-reactivity between gliadin and bacterial peptides in celiac disease. Nature Structural & Molecular Biology, 2020; DOI: 10.1038/s41594-019-0353-4

CHAMPIX® Film-Coated Tablets (varenicline tartrate)
ABBREVIATED PRESCRIBING INFORMATION – IE
(See Champix Summary of Product Characteristics for full Prescribing Information)
Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg.
Presentation: White, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8 – End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should usually start 1-2 weeks before this date. Patients who are not willing or able to set the target quit date within 1-2 weeks, could be offered to start treatment and then choose their own quit date within 5 weeks. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered for the maintenance of abstinence. A gradual approach to quitting smoking with Champix should be considered for patients who are not able or willing to quit abruptly. Patients should reduce smoking during the first 12 weeks of treatment and quit by the end of that treatment period. Patients should then continue taking Champix for an additional 12 weeks for a total of 24 weeks of treatment. Patients who are motivated to quit and who did not succeed in stopping smoking during prior Champix therapy, or who relapsed after treatment, may benefit from another quit attempt with Champix. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. Renal impairment; *Mild to moderate renal impairment*: No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events*: Dosing may be reduced to 1 mg once daily. *Severe renal impairment*: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease*: Treatment is not recommended. Hepatic impairment and elderly patients; No dosage adjustment is necessary. Paediatric patients; Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** *Effect of smoking cessation;* Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Changes in behaviour or thinking, anxiety, psychosis, mood swings, aggressive behaviour, depression, suicidal ideation and behaviour and suicide attempts have been reported in patients attempting to quit smoking with Champix in the post-marketing experience. A large randomised, double-blind, active and placebo-controlled study was conducted to compare the risk of serious neuropsychiatric events in patients with and without a history of psychiatric disorder treated for smoking cessation with varenicline, bupropion, nicotine replacement therapy patch (NRT) or placebo. The primary safety endpoint was a composite of neuropsychiatric adverse events that have been reported in post-marketing experience. The use of varenicline in patients with or without a history of psychiatric disorder was not associated with an increased risk of serious neuropsychiatric adverse events in the composite primary endpoint compared with placebo. Depressed mood, rarely including suicidal ideation and suicide attempt, may be a symptom of nicotine withdrawal. Clinicians should be aware of the possible emergence of serious neuropsychiatric symptoms in patients attempting to quit smoking with or without treatment. If serious neuropsychiatric symptoms occur whilst on varenicline treatment, patients should discontinue varenicline immediately and contact a healthcare professional for re-evaluation of treatment. Smoking cessation, with or without pharmacotherapy, has been associated with exacerbation of underlying psychiatric illness (e.g. depression). Champix smoking cessation studies have provided data in patients with a history of psychiatric disorders. In a smoking cessation clinical trial, neuropsychiatric adverse events were reported more frequently in patients with a history of psychiatric disorders compared to those without a history of psychiatric disorders, regardless of treatment. Care should be taken with patients with a history of psychiatric illness and patients should be advised accordingly. Patients taking Champix should be instructed to notify their doctor of new or worsening cardiovascular symptoms and to seek immediate medical attention if they experience signs and symptoms of myocardial infarction or stroke. In clinical trials and post-marketing experience there have been reports of seizures in patients with or without a history of seizures, treated with Champix. Champix should be used cautiously in patients with a history of seizures or other conditions that potentially lower the seizure threshold. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. There have been post-marketing reports of hypersensitivity reactions including angioedema and reports of rare but severe cutaneous reactions, including Stevens-Johnson Syndrome and Erythema Multiforme in patients using varenicline. Patients experiencing these symptoms should discontinue treatment with varenicline and contact a health care provider immediately. **Fertility, pregnancy and lactation:** Champix should not be used during pregnancy. Women of child bearing potential should avoid becoming pregnant during treatment with Champix. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. There are no clinical data on the effects of varenicline on fertility. Non-clinical data revealed no hazard for humans based on standard male and female fertility studies in the rat. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness, somnolence and transient loss of consciousness, and therefore may influence the ability to drive and use machines. Patients are advised not to drive, operate complex machinery or engage in other potentially hazardous activities until it is known whether this medicinal product affects their ability to perform these activities. **Side-Effects:** Very commonly reported side effects were nasopharyngitis, abnormal dreams, insomnia, headache and nausea. Commonly reported side-effects were bronchitis, sinusitis, weight increased, decreased appetite, increased appetite, somnolence, dizziness, dysgeusia, dyspnoea, cough, gastrooesophageal reflux disease, vomiting, constipation, diarrhoea, abdominal distension, abdominal pain, toothache, dyspepsia, flatulence, dry mouth, rash, pruritis, arthralgia, myalgia, back pain, chest pain, fatigue and abnormal liver function tests. Other side effects were, diabetes mellitus, suicidal ideation, seizures, cerebrovascular accident, angina pectoris, atrial fibrillation, electrocardiogram ST segment depression, myocardial infarction, haematemesis, haematochezia, Stevens Johnson Syndrome, angioedema and decreased platelet count. For full list of side effects see SmPC. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** S1A.

Package quantity; Marketing Authorisation numbers:

Pack of 56	0.5 mg tablets HDPE Bottle	(EU/1/06/360/001)
Pack of 56	1mg tablets Card	(EU/1/06/360/016)
Pack of 53	11 x 0.5 mg and 42 x 1mg tablets Card	(EU/1/06/360/023)

Marketing Authorisation Holder: Pfizer Europe MA EEIG, Boulevard de la Plaine 17, 1050 Bruxelles Belgium.**For further information on this medicine please contact:** Pfizer Medical Information on 1800 633 363 or at EUMEDINFO@pfizer.com. **For queries regarding product availability please contact:** Pfizer Healthcare Ireland, Pfizer Building 9, Riverwalk, National Digital Park, Citywest Business Campus, Dublin 24 + 353 1 4676500.
Last revised: 08/2018
Ref: CI 20_0

Reference:
1. CHAMPIX Summary of Product Characteristics

Date of preparation: October 2020 PP-CHM-IRL-0189

Smoking linked to more severe Covid symptoms

A recent study has found that current smokers are more likely to have a higher symptom burden than non-smokers with Covid-19

SMOKING is associated with an increased risk of Covid-19 symptoms and smokers are more likely to attend hospital than non-smokers, a study has found. The study by researchers from King's College London, published recently in *Thorax*, investigates the association between smoking and the severity of Covid-19.

Researchers analysed data from the UK's ZOE Covid Symptom Study App. Of the participants of the app, 11% were smokers. This is a lower proportion than the overall UK population of 14.7%, however, it reflects the demographics of the self-selected sample of the ZOE Covid Symptom Study.

While more than one-third of users reported not feeling physically well during the period of study, current smokers were 14% more likely to develop the classic triad of symptoms suggesting diagnosis of Covid-19 – fever, persistent cough and shortness of breath – compared to non-smokers.

Current smokers were also more likely to have a higher symptom burden than non-smokers. Smokers were 29% more likely to report more than five symptoms associated with Covid-19 and 50% more likely to report more than 10, including loss of smell, skipping meals, diarrhoea, fatigue, confusion or muscle pain. A greater number of symptoms suggested more severe Covid-19.

Additionally, current smokers who tested positive for SARS-CoV-2 were more than twice as likely as non-smokers to attend hospital. The researchers recommended that a smoking cessation strategy be included as an element to address Covid-19, as smoking increased both the likelihood of symptomatic disease and disease severity. Reduction in smoking rates could also reduce the health system burden from other smoking-related conditions that require hospitalisation.

Dr Mario Falchi, lead researcher and senior lecturer at King's College London, said: "Some reports have suggested a protective effect of smoking on Covid-19 risk. However, studies in this area can easily

be affected by biases in sampling, participation and response. Our results clearly show that smokers are at increased risk of suffering from a wider range of Covid-19 symptoms than non-smokers."

Claire Steves, lead researcher, consultant physician at King's College London, said: "As rates of Covid-19 continue to rise and the NHS edges towards capacity, it's important to do all we can to reduce its effects and find ways to reduce hospital admissions. Our analysis shows that smoking increases a person's likelihood to attend hospitals, so stopping smoking is one of the things we can do to reduce the health consequences of the disease."

'Current smoking and Covid-19 risk: results from a population symptom app in over 2.4 million people' was published in the journal *Thorax*.

DOI: 10.1136/thoraxjnl-2020-216422

Meanwhile, a HSE survey asked people in Ireland how Covid-19 had affected their smoking behaviour over the past year. While many reported to have quit smoking, some 5% said that they had started smoking again due to Covid-19.

Given the pressures faced by everyone over the past year it is not surprising that some have used smoking as a way of managing stress or boredom. The HSE Quit Service, which is available to all, can help to plan for quitting and to learn ways to cope with difficult periods without smoking.

Martina Blake, National Lead, HSE Tobacco Free Ireland Programme, said, "Most people who smoke want to quit but for many the idea of quitting can seem impossible. We know however, that smoking isn't just an unhealthy habit that you need to break. There are the physical cravings for nicotine, the psychological dependence and the emotional dependence, which all need to be worked on when quitting.

"The HSE Quit Service is here to help by providing the tools and supports to make it possible. This practical support and resources give the best chance of making it to day 28 and once you reach that, you are well on the way to long-term success and the benefits of a smoke-free life."

According to the HSE, the past year has seen an increase in people seeking online support to quit smoking, with 51% more people signing up for an online Quit plan. Dr Paul Kavanagh, public health medicine specialist for the HSE, said that stopping smoking is the single most important thing any of us can do for our health, our future and our loved ones.

"Smoking is incredibly harmful. One in two smokers will die from a tobacco-related disease and a smoker can expect to lose on average about 10 years of life due to smoking. It is an addiction and is often associated with and reinforced by routine activities, people and situations – for example at the end of a meal, driving the car, chatting on the phone, socialising with certain friends, drinking tea/coffee/alcohol.

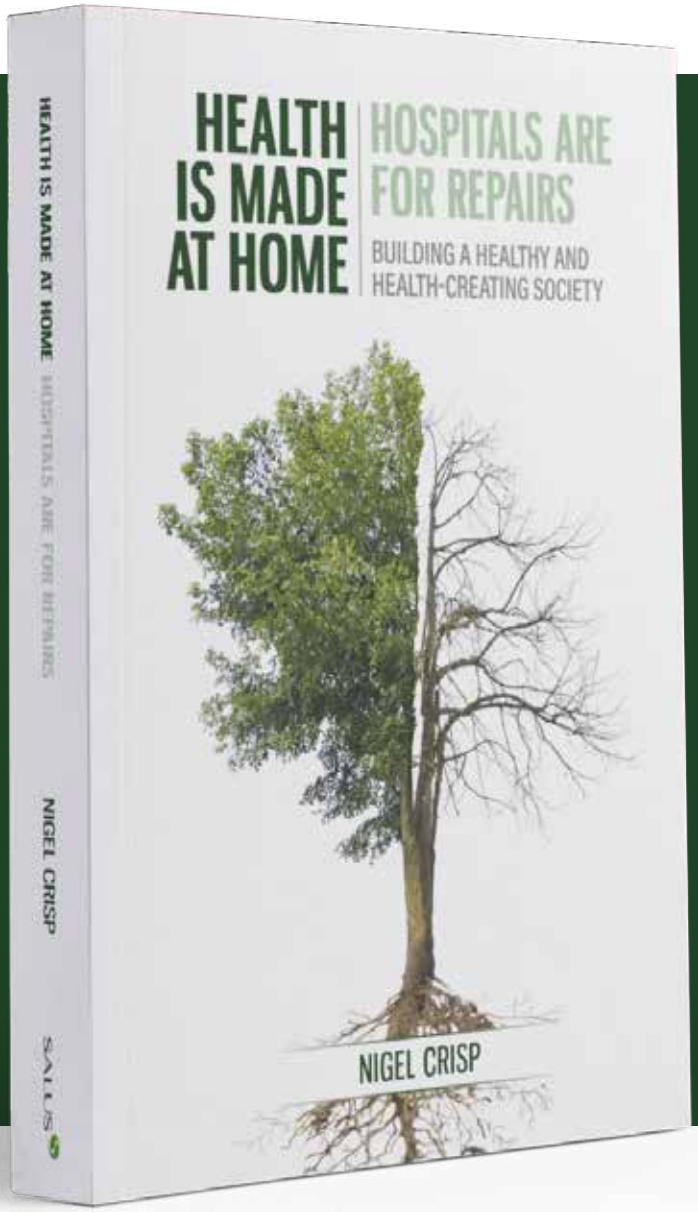
"The good news is that quitting smoking helps build up your natural resistance to all types of infections including Covid-19," said Dr Kavanagh.

HEALTH IS MADE AT HOME

HOSPITALS ARE FOR REPAIRS

BUILDING A HEALTHY AND HEALTH-CREATING SOCIETY

NIGEL CRISP



Health services have been fighting for our lives for the past year. Throwing all of their resources at the Covid-19 pandemic. The millions of health and care workers involved have been magnificent and we must resource them better for the future.

And it's been up to us, the general public, how far and how fast the virus spreads. There will still be a vital role for us when this pandemic is over because health services by themselves can't deal with many of today's major health problems such as loneliness, stress, obesity, poverty and addictions. They can only react, doing the repairs but not dealing with the underlying causes.

There are people all over the country who are tackling these causes in their homes, workplaces and communities. People like the Berkshire teachers working with children excluded from school; the unemployed men in Salford improving their community; and the bankers tackling mental health in the City.

They are not just preventing disease but creating health. And they take pressure off the health services, so they are always there when we need them.

Health is made at home challenges us to set aside our normal assumptions and take off our NHS spectacles to see the world differently and take control of our health. And it calls for a new partnership between the health services, government and the general public to build a healthy and health-creating society.

As societies recover from the pandemic, we need strengthened health services, a better emphasis on disease prevention but we also need a new focus on creating health - and promoting the causes of health. Ultimately this is about human flourishing.

About the author

Lord Nigel Crisp is an independent crossbench member of the UK's House of Lords where he co-chairs the All-Party Parliamentary Group on Global Health. He co-chairs Nursing Now, the global campaign on nursing. Chief Executive of the NHS in England from 2000-2006 he now works and writes extensively on global health with a focus on Africa. His main current interests are global health partnerships, health creation and nursing.

'Nigel Crisp is our leading independent thinker on health and global health. In this powerful call to action, he invites us to consider how to renew our collective commitment to the health of the nation. This is nothing less than a book for our times.'

Dr Richard Horton, Editor in Chief of the Lancet

'This book is stuffed with great examples of communities collaborating to find better solutions. Trust and relationship-building are the new bandages to promote healing.'

Heather Henry, Nurse Entrepreneur

'Nigel Crisp has hit the nail on the head... a new way of thinking... preventing problems, creating our own good health and dismantling poverty become the order of the day, the homeless remain off the streets for good, and we root for the interests of our future generations.'

Lord John Bird, Founder of The Big Issue

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SALUS

Helping to heal after miscarriage

ACCORDING to the HSE, one in every five pregnancies ends in miscarriage. Sadly, for some there is still a stigma around miscarriage and too many women suffer in silence.

Vicki Renz of Oh My Mama Body, a platform supporting pregnancy, postpartum and miscarriage topics, is passionate about breaking the taboo around the topic of miscarriage and helping women to find their voices instead of suffering in silence.

She says that all of the women she has surveyed who miscarried admit that the words (or lack of words) of others can be most harmful. From uncaring medical terms such as 'just a bunch of cells' to unsympathetic family members saying "at least you know you can get pregnant", to people saying nothing at all because it feels too awkward.

Many women prefer to remain silent and not mention their miscarriage at all. For some, miscarriage is shrouded by feelings of shame, guilt and unworthiness. Some women feel like a shell of their previous self, walking around hollow on the inside and showing a brave face to the outside world.

Healing After Miscarriage, a book of poems, aims to offer consolation and understanding. The depth of feeling, emotion and understanding in the poetry and illustrations hope to offer solace where it is needed most.

Ms Renz says her aim is to break the silence and perceived stigma and shame around miscarriage. As well as giving birth to two healthy boys, Ms Renz experienced five miscarriages and knows just how distressing it is to be on the receiving end of ill-considered and unsympathetic remarks. She wrote the book so that friends and family of someone who has lost a baby through miscarriage can offer words of comfort when they themselves don't know what to say.

Speaking about the book, Ms Renz said that she became "acutely aware that so many women were suffering at the perceived cruelness of words at a time when they are already feeling traumatised and distressed. I really felt that a gift of consolation is something that would help so many women with their emotions. To have a safe place of solace and comfort, where they feel understood and supported."

The poems offer understanding that only a mother who has lost a pregnancy can truly put into words.

Healing after Miscarriage by Vicki Renz is published by Oh My Mama Body and is available from Amazon. ISBN-13 : 978-3000674846

CROSSWORD Competition

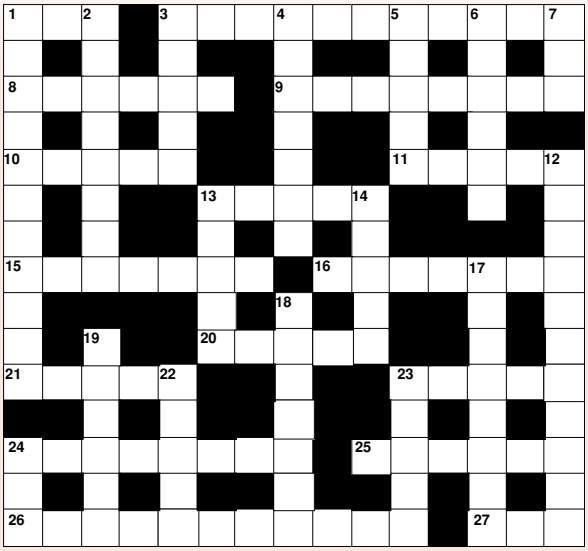
WIN a €50 gift voucher

Across

1 Infant's bed (3)
3 Archaic term for the antenatal period - or what many people have been enduring during the pandemic (11)
8 At higher volume (6)
9 A rare dog is upset by drivers' anger (4,4)
10 Salt water (5)
11 Castor (5)
13 Denims (5)
15 & 23a Batters chose to disperse and take part in a Highland Games sport (4,3,5)
16 Huskies pull it in Arctic regions (3,4)
20 Reside (5)
21 Surname of the German brothers who collected a great number of fairy tales (5)
23 See 15 across
24 & 25 See Troy Carney roar out: "It's bringing blood to the heart" (8,6)
26 Cole Porter song that took the entire 24 hours to write? (5,3,3)
27 Drink made with wine and cassis (3)

Down

1 Having a party, involving a claret binge? (11)
2 Holidaymakers (8)
3 French pancake (5)
4 Sack that chap - to blazes with him! (7)
5 Make a substantial donation (5)
6 A rubber (6)
7 & 12 Its first words are "Our Father" (3,5,6)
13 Islamic crusade (5)
14 A group of fish with unusual halos (5)
17 Is surgery needed after this kind of delivery is bowled in cricket? (3-5)
18 Rotted (7)
19 Structure used in drilling for the black stuff (3,3)
22 Get to Mayo with fishing equipment for an Impressionist painter (5)
23 Hackneyed (5)
24 Tin (3)



December/January crossword solution

Across: 1 Bum 3 Hippocampus 8, 25 and 19d Santa's Little Helper 9 Yuletide 10 Ewers 11 Tosca 13 Vents 15 Opening 16 Portico 20 Merry 21 Dream 23 Balti 24 Japanese 26 Merchantman 27 Dot

Down: 1 Basset hound 2 Mince pie 3 Heaps 4 Payment 5 Avert 6 Priest 7 See 12 As You Like It 13 Venom 14 Snowy 17 Isolated 18 Present 22 Month 23 Bairn

The winner of the December/January crossword is: Geraldine Mahon Geashill, Co Offaly

You can now email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.
Closing date: Monday, February 22, 2021
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

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in just

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*approximately. 1 bottle = 125ml therefore serve last shot with the extra 5ml

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**https://www.hse.ie/eng/about/who/cspd/ncps/medicines-management/oral-nutritional-supplements/

Date of preparation: October 2020
Job code: EN/3.2kcal.005.20

New nutrition guideline aims to shorten hospital stays for patients

SOME 30,000 bed days and €24 million can be saved across Irish public hospitals per year if all sites implement a new national standard for inpatient nutrition, according to the Irish Society for Clinical Nutrition and Metabolism (IrSPEN).

These benefits were highlighted by IrSPEN at a recent briefing and guidance event the society hosted on the new mandatory National Clinical Guideline 22 on inpatient nutrition in public hospitals.

IrSPEN also forecasts that the length of patient stays will be shortened and that the recovery of hospitalised Covid-19 patients can be improved through the use of the new national standard.

Nutrition screening and use of oral nutrition support for adults in the acute care setting is the first time a mandated guideline has been published on nutrition in public hospitals. The key elements of the guideline are:

- All patients must be screened by nurses for nutritional status on admission to a public hospital
- Identified patients to be given supplementary oral nutrition support
- High-risk patients to be referred for nutrition assessment by a dietitian
- All inpatients to be rescreened every week.

The protocol was developed through the National Clinical Effectiveness Committee (NCEC) and published by the Department of Health.

Public hospitals have also been encouraged to establish working groups to implement the screening and treatments.

IrSPEN president and consultant surgeon Prof John Reynolds said 30% of people who come into hospital have malnutrition problems, which greatly affect their outcomes.

"Those who typically present as malnourished include people who live with serious diseases, who have difficulty swallowing, people with dementia and frail older people. These patients stay on average 30% longer in hospital and have up to three times the rate of complications.

"Many patients are too sick and unwell to have a normal appetite, and for those patients, we need to act sooner to provide supplementation, together with an enriched hospital menu including higher energy and protein content."

IrSPEN director Niamh Rice said full public hospital implementation of the guideline would bring significant benefits for both vulnerable patients and the future management of health resources.

"Ensuring that vulnerable patients become identified and properly nourished while in hospital will aid their recovery and reduce other infections, complications or poor wound healing. A budget impact analysis shows that improved patient nutrition can help to release 31,750 bed days across public hospitals and annual net savings of €24m."

Clinical specialist dietitian Carmel O'Hanlon added that the approach is also beneficial for Covid-19 patients.

"Patients admitted with Covid-19 are likely to have been unwell for up to 10 days while at home and have had significant loss of appetite. Most post-ICU Covid-19 patients will also have difficulty getting back to full diet and need oral nutrition supplements."

See also **www.irspen.ie**

Potel Award recognises work of student nurse at Bon Secours Hospital

Pictured at the presentation of the 2020 Potel Award at Bon Secours Hospital, Dublin were award winner Sarah Quigley (foreground) and Ber Mulcahy (background), director of nursing, Bon Secours Hospital. *The Potel Award – which is named after the founder of the Bon Secours order, Josephine Potel – recognises student nurses training at the hospital for their academic performance and for their work on the wards. Although celebrations had to be curtailed in line with government guidance, the hospital felt that it was important to recognise the achievements of its nurses particularly during the International Year of the Nurse*

Check on older people during lockdown – ALONE

MEMBERS of the public are being urged to continue to check on older relatives, friends and neighbours during the current lockdown.

ALONE, the charity that supports older people, has expressed concern about the mental and physical health of older people during lockdown, some of whom have been isolating and/or social distancing since last March.

"While we understand the importance of keeping older people safe from Covid-19, we also recognise the negative effects of the pandemic on the older people in our society.

"We are encouraging older people to mind their mental health in the coming weeks and to develop a routine that will help them to stay positive during these difficult times."

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Interview Techniques

Monday, 1 March 2021
OR
Thursday, 1 April 2021

FREE FOR INMO MEMBERS

Online from 11.00am - 12.30pm

Fee: Free members – €65 non members

This short online programme is specifically designed for intern students to prepare them for a competency-based interview. It will enable students to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to and dealt with previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation. **Facilitated by Steve Pitman, Head of Education, INMO Professional.**

A link of how to log on to this session will be sent to you prior to the event.

Booking is essential and please **pick a date that suits you**
To book log on to **www.inmoprofessional.ie**
If you have any queries on this please email: **education@inmo.ie** or call: **01 6640641/18**

ICN warns of 'mass exodus' from nursing profession due to Covid-19

COVID-19 is causing "unique and complex" trauma among nurses worldwide, according to new survey evidence from the International Council of Nurses (ICN), which warns that the effects of the pandemic on healthcare systems could trigger a "mass exodus" from the profession.

With the global Covid-19 death toll among nurses now exceeding 2,200 and infection levels among nursing workforces in many countries remaining high, the ICN has published preliminary findings from its survey of 130-plus nursing associations, which suggest the pandemic is causing a complex form of trauma with potentially devastating short- and long-term consequences for nurses' health.

Further, the ICN is calling on governments to take urgent action to address what it calls the 'Covid effect'.

ICN chief executive officer Howard Catton said: "We are witnessing a unique and complex occupational trauma that is affecting the global nursing workforce. Nurses are dealing with relentless, unprecedented demands from their patients, resulting in physical exhaustion. But they are also facing enormous mental health pressures leading to serious psychological distress.

"Around the world, looking after Covid-19 patients involves dealing with an increased number of deaths, having to stand in for relatives who are not able to be with their loved ones, even as they are dying, being concerned over the lack of PPE, facing abuse from members of their communities and 'pandemic deniers', and fearing transmitting the virus to their loved ones at home."

The ICN's data shows that since the first wave of the pandemic, the proportion of nurses reporting mental health distress has risen from 60% to 80% in many countries.

The ICN has also gathered studies from every region of the world confirming rising trauma, anxiety and burnout within the nursing profession.

The world is already short of around six million nurses, according to the ICN, a problem Mr Catton said will only be exacerbated by the effects of the pandemic.

"There can be no doubt there will be a large impact on the size of the nursing workforce, which is already heading for a 10 million deficit. Even if 10-15% of the current nursing workforce quits because of Covid-19, we could have a potential shortfall of 14 million nurses by 2030, which is the equivalent of half the current nursing workforce."

"Such a shortfall would impact all healthcare services in the post-Covid-19 era to such an extent that the health of the nursing workforce could be the greatest determinant of the health of the world's population over the next decade," added Mr Catton.

Retention and support of older nurses key to mitigating global nursing shortfall, finds international report

A NEW report co-written by International Council of Nurses (ICN) chief executive officer Howard Catton has provided a 10-point plan to support older nurses and retain them in the workplace in the face of a projected global nursing shortfall.

Ageing Well? Policies to Support Older Nurses at Work, which builds on the World Health Organization's *State of the World's Nursing* report, comes on foot of the ICN projection that there will be a global shortfall of 10 million nurses by 2030, by which time, according to the report, approximately 4.7 million nurses will have retired.

The report outlines the following 10-point plan for supporting older nurses in the workplace:

- Understanding the workforce profile and employment needs of older nurses
- Avoiding age bias in the recruitment process
- Providing flexible working that meets older nurses' needs
- Ensuring older nurses have access to professional development and career opportunities
- Ensuring occupational health and safety policies enable staff wellbeing
- Supporting job redesign to reduce workload and stress to optimise the contribution of older nurses
- Maintain pay and benefits that meet older nurses' needs
- Support older nurses in advanced and specialised practice and mentorship roles
- Maintain succession planning to enable knowledge transfer and leadership development
- Provide retirement planning options and flexible pension provision.

Mr Catton said: "This projected shortfall of more than 10 million nurses does not take into account the effects of the Covid-19 pandemic. After the past nine months, nurses are exhausted, some have post-traumatic stress disorder, and very many of those who came back to the workforce to help out are not staying. I also suspect that nurses who pre-Covid had been intending to work up to their normal retirement age, may now say they have had enough.

"In the past, rich countries have seen importing nurses from poorer countries as a key part of the solution to address their own shortages. That has never been acceptable when it robs countries with weaker healthcare systems of much-needed nursing resources, and a post-pandemic world might also see different migration patterns that mean the usual 'donor' countries will no longer perform that role. Each country should aim to be self-sufficient in producing enough nurses to meet their population's needs."

The report's lead author, Prof James Buchan, adjunct professor at the WHO Collaborating Centre, University of Technology, Sydney, said: "We need to improve the retention of older nurses, otherwise we risk losing the most experienced members of the profession at a time when the pandemic has exposed the risk of global nursing shortages."

The report, which was produced by the International Centre on Nurse Migration, the ICN and the Commission on Graduates of Foreign Nursing Schools, can be downloaded from: **www.icn.ch**

All of the meetings and conferences listed below will take place online

February

Monday 1
National Children's Nurses Section annual general meeting. 10am

Monday 1
Nurse/Midwife Education Section annual general meeting. 1pm

Thursday 4
Retired Section annual general meeting. 11am via Zoom

Saturday 6
Special Education Schools Networking Group annual general meeting. 9.30am via Zoom

Saturday 6
Midwives Section annual general meeting. 2pm

Monday 8
RNID Section annual general meeting. 11am via Zoom

Tuesday 9
Telephone Triage Section annual general meeting. 11am via Zoom

Saturday 13
ODN Section annual general meeting. 11.30am

March

Thursday 4
SALO Networking Group 11am

Saturday 13
PHN Section meeting. 11am via Zoom

Tuesday 23
Care of the Older Person Section conference *(see page 18)*

For further details on any listed meetings or events, contact jean.carroll@inmo.ie (unless otherwise indicated)

INMO Professional Library Opening Hours

February
The library is closed to visitors. Please contact us by phone or email if you require assistance

For further information on the library, please contact
Tel: 01 6640 625/614
Fax: 01 01 661 0466
Email: library@inmo.ie

INMO Membership Fees 2020

A Registered nurse/midwife *(including part-time 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 *Working (employed in universities & IT institutes)*	€116
E Associate members *Not working*	€75
F Retired associate members	€25
G Student nurse members	No Fee

Condolences

- On behalf of all of Ireland's nurses and midwives, the INMO wishes to express its deepest condolences to the family and friends of Bernie McAndrew. Bernie worked as a staff nurse in Belmullet District Hospital until a few years ago and most recently worked as a practice nurse. Bernie sadly contracted Covid-19. She will be greatly missed by her colleagues and the community in Belmullet. *Ar dheis Dé go raibh a hanam*.
- The Limerick Branch of the INMO extends deepest sympathy to the family of Loraine Cliffe, CNM1 in the ICU at University Hospital Limerick (UHL). Condolences are also extended to Loraine's colleagues and friends who worked alongside her at UHL. May she rest in peace.
- On behalf of our members and everyone in the INMO, we offer our sincere condolences to the family and friends of Solson Saviour, his wife Bincy and their young son. Solson, who tragically passed away recently, was a valued member of the nursing community in Co Wexford and Co Kilkenny. We owe a debt of enormous gratitude to our international colleagues, many of whom are here keeping us safe without the support of their own families at this incredibly difficult time.

Breastfeeding: The best start

Breastmilk is the ideal food for newborns and infants. It gives infants 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. Breastmilk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

INMO
Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann
Working Together

The Irish Nurses and Midwives Organisation supports breastfeeding
For more information log onto **www.breastfeeding.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

Nurse Lead

Centric Health are recruiting a Nurse Lead to lead our new project 'Heart Care at Home' (designed to monitor, support and improve the quality of life of patients with Heart Failure whilst at home). Some of the responsibilities include: delivering high-quality remote patient care, managing work schedules and prioritising cases for nursing team and working with the research team to collect data.

If you would like to enquire about this job, please contact Lauren at **lauren.cotter@centrichealth.ie**

Night Nurses

The Irish Cancer Society are seeking Night Nurses who can provide a minimum of two nights per week and have some palliative experience. Job description on **www.cancer.ie**

Email CV to **recruitment@irishcancer.ie**
Informal enquiries to 01-231 0524 or mferns@irishcancer.ie

Irish Cancer Society

Practice Nurse

Practice Nurse required in Edgeworthstown, Co. Longford for maternity cover starting in March. Usual practice nursing duties including childhood vaccinations and phlebotomy, preferably antenatal care also.

Experience desirable but not essential, training provided. Supportive staff and friendly atmosphere. Please reply by emailing **drbsharkey@gmail.com**

Irish Nurses Rest Association

A committee of management representing the Guild of Catholic Nurses of Ireland, the INMO, the Association of Irish Nurse Managers and Director of Public Health Nursing exists to administer the funds of the Irish Nurses Rest Association. It's open for applications from nurses in need of convalescence or a holiday for a limited period who are unable to defray expenses they may incur or for the provision of grants to defray other expenses incurred in purchase of a wheelchair/other medical aids.

Please send applications to:
Ms Margaret Philbin, Rotunda Hospital, Dublin 1.
email: mphilbin@rotunda.ie

International Council of Nurses ABU DHABI UAE 2021 CONGRESS

International Council of Nurses 2021Congress and Exhibition, June 5-9, 2021

Email: icn2021@icn.ch
Web: www.icn/ch/events/icn-congress-abu-dhabi

Registration closes at midnight on February 12, 2021

Irish **Nurses** and **Midwives** Organisation
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Recruit a Friend

And We Will Give You a **€20 One4all** Gift Card*

Please recruit your friend/colleague and ask them to complete an INMO new member Application Form (*please contact any INMO office for a supply of Application Forms*). Insert **your** name and INMO membership number on the 'Recruited By' portion of the application form at the end of Section 1.

*For every new member or re-joining member recruited, you receive a €20 One4all Gift Card.

New grads who got their NMBI PIN in 2020 **start out on point 1** of the salary scale. **After 16 weeks** of work post internship (including pre-reg experience), under the strike settlement you **skip the 2nd point** of the scale and **go straight to the 3rd point,** worth **€33,388** in basic salary.

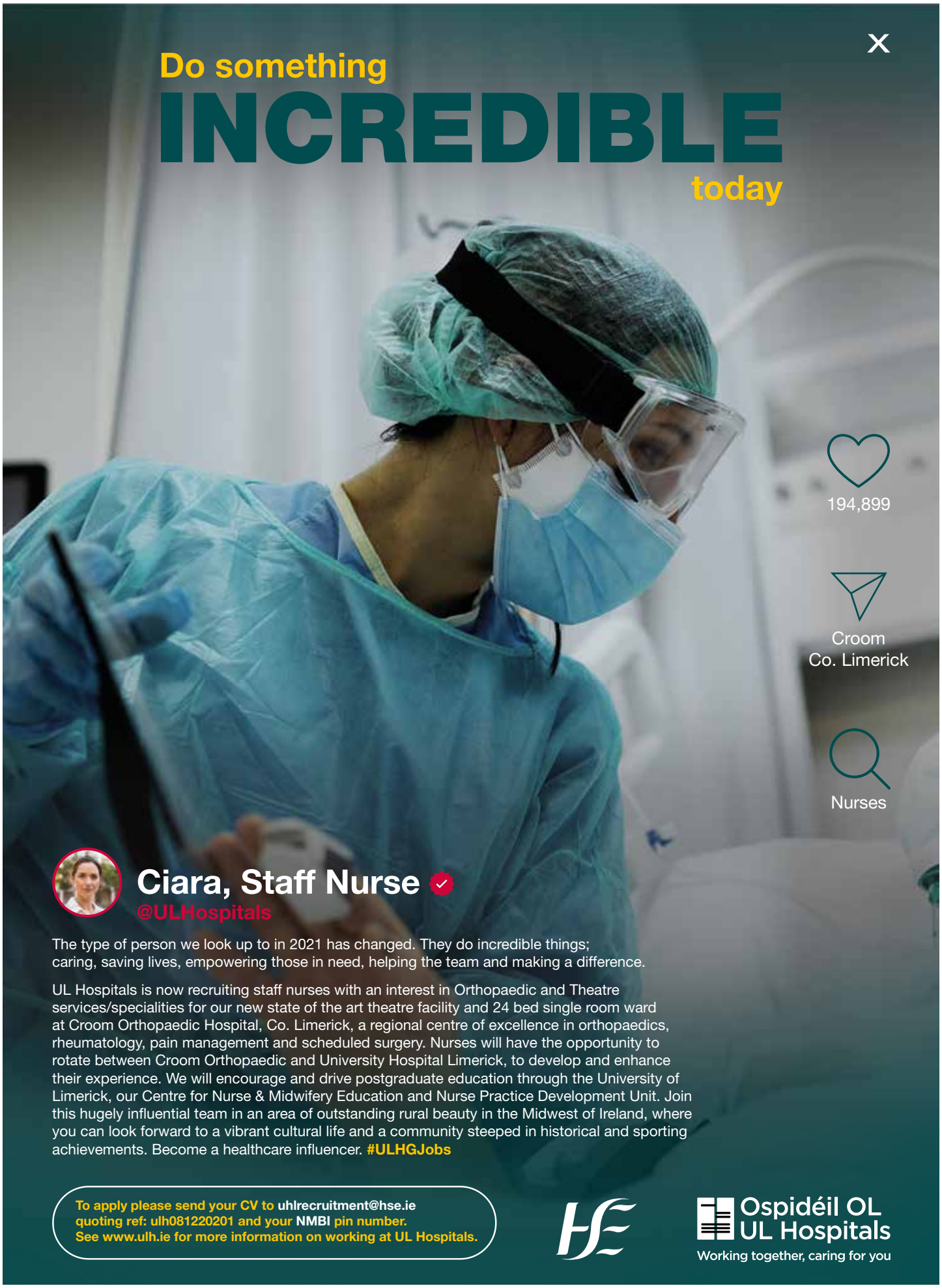
If you **qualified in 2019,** you should be moving to **point 4** on your next increment date and **can apply for the Enhanced Practice contract** and placed on the new salary scale starting at **€37,161.**

You may also be entitled to the **new medical/surgical ward location allowance** worth **€2,347** per annum.

Many of you may have moved up the scale with the location allowance applied automatically but be sure to check with your payroll/HR department.

If you have any questions get in touch with INMO Student / New Grad Officer Catherine at **catherine.oconnor@inmo.ie**

If you're not a new graduate but have questions about your pay call our information office on **01 6640600.**


Do something
INCREDIBLE
today
194,899
Croom
Co. Limerick
Nurses
Ciara, Staff Nurse
@ULHospitals
The type of person we look up to in 2021 has changed. They do incredible things; caring, saving lives, empowering those in need, helping the team and making a difference.
UL Hospitals is now recruiting staff nurses with an interest in Orthopaedic and Theatre services/specialities for our new state of the art theatre facility and 24 bed single room ward at Croom Orthopaedic Hospital, Co. Limerick, a regional centre of excellence in orthopaedics, rheumatology, pain management and scheduled surgery. Nurses will have the opportunity to rotate between Croom Orthopaedic and University Hospital Limerick, to develop and enhance their experience. We will encourage and drive postgraduate education through the University of Limerick, our Centre for Nurse & Midwifery Education and Nurse Practice Development Unit. Join this hugely influential team in an area of outstanding rural beauty in the Midwest of Ireland, where you can look forward to a vibrant cultural life and a community steeped in historical and sporting achievements. Become a healthcare influencer. #ULHGJobs
To apply please send your CV to uhlrecruitment@hse.ie
quoting ref: ulh081220201 and your NMBI pin number.
See www.ulh.ie for more information on working at UL Hospitals.
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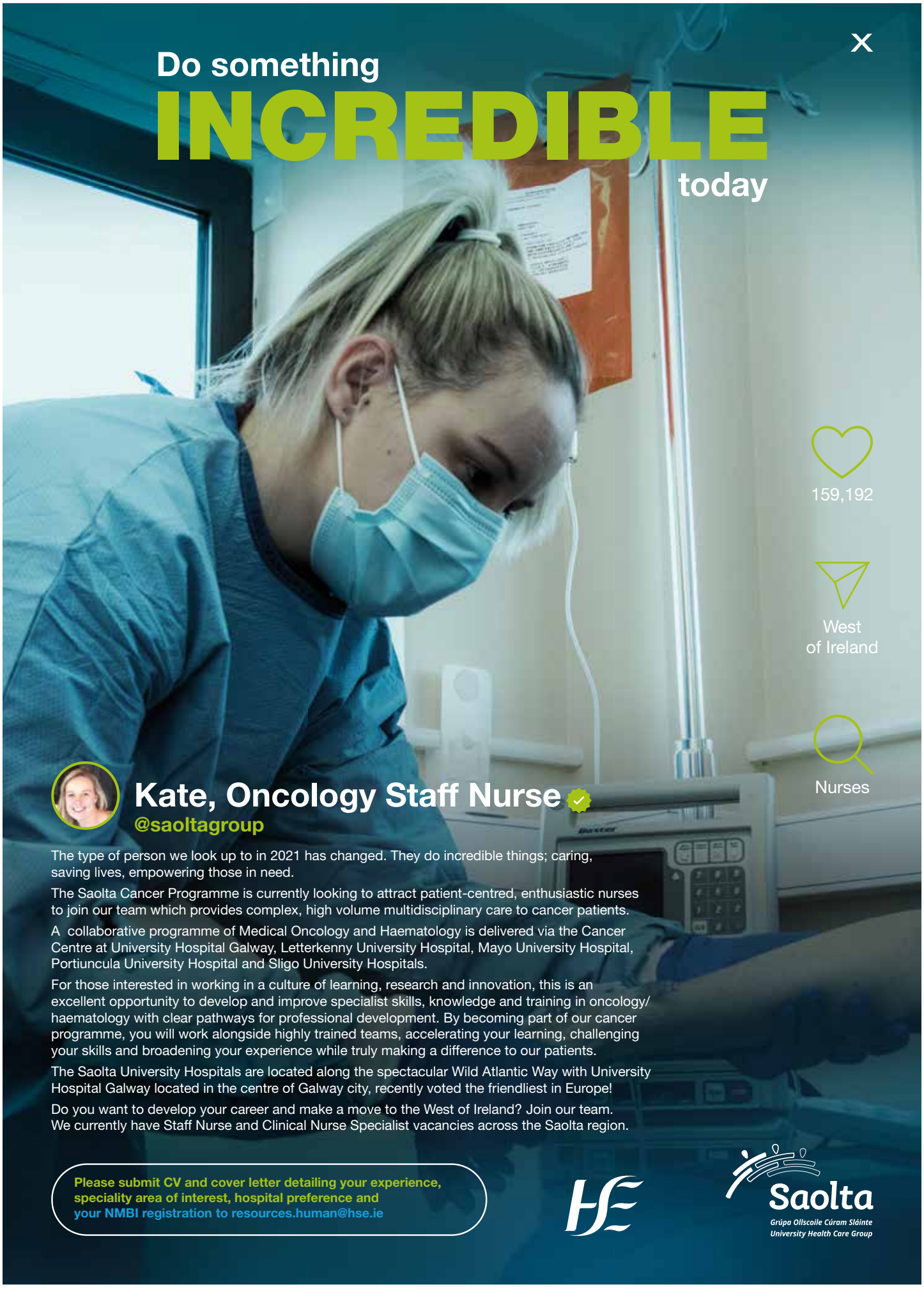
Working together, caring for you


Do something
INCREDIBLE
today
159,192
West
of Ireland
Nurses
Kate, Oncology Staff Nurse
@saoltagroup
The type of person we look up to in 2021 has changed. They do incredible things; caring, saving lives, empowering those in need.
The Saolta Cancer Programme is currently looking to attract patient-centred, enthusiastic nurses to join our team which provides complex, high volume multidisciplinary care to cancer patients.
A collaborative programme of Medical Oncology and Haematology is delivered via the Cancer Centre at University Hospital Galway, Letterkenny University Hospital, Mayo University Hospital, Portiuncula University Hospital and Sligo University Hospitals.
For those interested in working in a culture of learning, research and innovation, this is an excellent opportunity to develop and improve specialist skills, knowledge and training in oncology/ haematology with clear pathways for professional development. By becoming part of our cancer programme, you will work alongside highly trained teams, accelerating your learning, challenging your skills and broadening your experience while truly making a difference to our patients.
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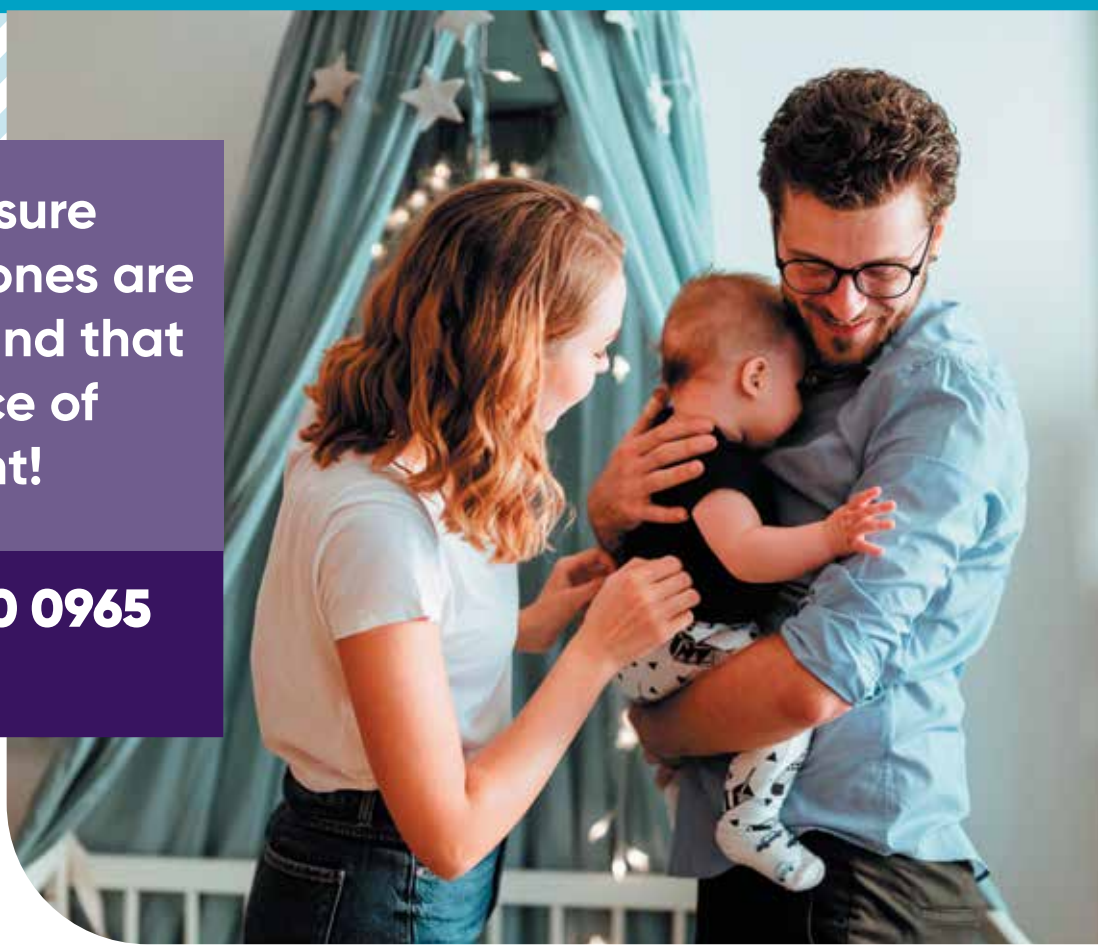

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